



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

Issued by the Chief Inspector

Name of designated centre:	Yew Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Roscommon
Type of inspection:	Short Notice Announced
Date of inspection:	03 June 2021
Centre ID:	OSV-0004470
Fieldwork ID:	MON-0032448

About the designated centre

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

Yew Services is a respite service, which is run by the Brothers of Charity Services. The centre is located on the outskirts of a town in Co.Roscommon and provides accommodation and support for four children and young adults. Both male and female children and young adults under the age of 18 years, who wish to avail of planned respite breaks can be accommodated in this service. Crisis respite is also provided for emergency situations. The centre is a two-storey building, which comprises of single occupancy bedrooms, shared bathrooms, office spaces, a sensory room, kitchen and dining area, utility area and sitting rooms. Ramped access is available into the centre and a play and garden area is available to the rear of the centre for residents to use. Staff are on duty both day and night to support residents availing of this service.

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
Thursday 3 June 2021	09:40hrs to 14:40hrs	Anna Doyle	Lead

What residents told us and what inspectors observed

This service provides respite care to nine people under the age of 18. For ease of reference to read this report, the word 'child' or 'children' is mostly used. However, the inspector is mindful that both children and teenagers avail of respite care here.

Overall, the delivery of care was centred around the needs of the children and teenagers to ensure that a consistent team of staff was supporting them when they availed of respite care.

On the day the inspector did not get the opportunity to meet any of the children or teenagers who availed of this service. This was based on changes to the routine on the day of the inspection which was in line with the needs of the children availing of respite that day.

However the inspector did get the opportunity to talk two family representatives over the phone, reviewed some of the personal plans and records, spoke to staff and conducted a walk around of the premises.

The house was clean and spacious. There was a large sensory room downstairs which was very well laid out and provided a great space for children and teenagers to 'chill out'. To the front of the property there was a large playground area and the inspector saw pictures of some of the children enjoying this facility during the summer months.

Some projects had started last year which incorporated some fun and educational opportunities for the children. For example; they had a 'grow, cook and eat' project which incorporated each child learning from the start how to grow produce. Some growing pots were also displayed in the garden and staff informed the inspector that some of the children got very excited each time they availed of respite to check on the progress of their plants.

Indeed on review of some of the personal plans, the inspector saw numerous pictures that showed the children enjoying some other activities. For example, the children were getting pumpkins ready for Halloween, others were out for walks in the countryside or in nearby parks. Christmas appeared to have been an exciting time as christmas lights adorned the outside of the property for everyone to enjoy.

The staff spoken to really knew the children and teenagers very well and they demonstrated a person centred approach to the care provided. The staff rotas were also organised in a way that meant the same staff worked with the same children when they availed of respite. This meant that consistent care was provided to them. This was very important to the children who enjoyed a consistent routine. The inspector also observed another example where consistency was ensured for a child. For example; the person in charge had developed an easy read statement of purpose for the centre. This was displayed in the hallway of the house, however one

child did not like where this was placed and each time they availed of respite it was removed so as not to cause the child anxiety. This informed the inspector that the child's preferences were respected.

Staff also worked collaboratively with the parents to ensure that the needs of everyone was catered for. This was also evident when the inspector spoke to family members. One family member said 'we work together, I tell them new ways that help my child and they incorporate them into their care in respite, in turn they tell me things that work well for my child and I incorporate them at home'. They said that staff 'go over and beyond' to support them and their child.

Another family member spoken to said that their child was always very excited to go to respite and that they always prepared for going there by packing a lot of their own personal items that they then used to decorate their bedroom in respite. This was very important to their child and staff were very aware of this too. It created a 'home from home' for the child as the family member stated.

Both family members also said they were informed if there were any changes to their child and that if they had a concern they would have no hesitation in raising it and were assured that the staff would address it. In fact when the inspector reviewed the complaints records, they found that concerns were taken seriously and acted on promptly. These concerns may not have been considered serious, however they were acted on quickly. For example; where a child's personal possessions had been missing when they returned home after respite, it was acted on a returned immediately to the child.

Family questionnaires had also been completed by the provider to collect their views on the services provided. Overall they were very satisfied with the care provided and described the service as 'excellent', 'staff are honest and transparent' 'amazing dedicated staff', 'choice is always promoted' 'children are treated with the utmost respect'. One family said that since their child had started in respite their communication skills had improved significantly.

Indeed the inspector found that when reviewing the personal plans that communication was a key aspect of the service provided. Communication plans were in place for each person, depicting the way they liked to communicate. The inspector also found that a speech and language therapist provided tailored training to staff on the specific communication styles for children where required.

As stated the inspector reviewed a number of plans which included pictures of activities that children engaged in. The children were observed to look happy and engaged in the activities. Given all of the information and feedback reviewed, the inspector was assured that overall the care being provided was person centred and in line with the children's needs.

Capacity and capability

Overall this centre was well managed and both the person in charge and the staff team demonstrated a committed, person centred approach to support the children here. However, some improvements were required to the premises, and risk management measures. Changes to information supplied at the time the centre was registered had also not been notified to the Chief inspector, this is discussed under staffing arrangements. The provider dealt with this promptly and provided assurances after the inspection to verify that this had been addressed.

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team. They knew the children very well and demonstrated a real commitment to improving the children's lives and working collaboratively with family members and allied health professionals to support the children here. This culture was also evident when speaking to staff.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis. In particular they commented that new ideas and ways of supporting children were taken on board. For example; one staff spoke about a child being supported with their anxiety using some 'yoga techniques' that a staff member had suggested. The staff reported that this was very effective for the child.

A sample of staff personnel files were reviewed and were found to contain the information required under the regulations. For example; Garda vetting was in place for staff.

From a small sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children. For example, staff had undertaken a number of in-service training sessions which included; first aid, childrens first, fire safety, manual handling, positive behaviour support and infection prevention and control. The providers own audits showed that refresher training was due for some staff in positive behaviour support however; there were plans in place to complete this once public health advice permitted this.

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The staffing arrangements were managed around the needs of the children and to ensure consistency of care to them. Where there was a changing need, the provider had taken actions to address this. For example; one child needed additional support at night for a short time and a second night staff had been allocated during this time. There were always two staff on duty during the day to support the children and one night a week a second sleepover was rostered on duty as required.

While this was in line with the needs of the children, it meant that when it occurred

the second sleepover was required to sleep in the vacant bedroom (where respite care could be provided). This was not in line with the conditions for which this centre had originally being registered for. While the inspector found that this had no negative impact on the children here, it was not in line with the conditions of registration of this centre as this bedroom was not assigned as a staff sleep over bedroom. The provider responded to this promptly and put in a waking night staff instead of the sleepover staff to address this issue. Written assurances were provided after the inspection to verify this.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Both the annual review and the last six monthly audit report had highlighted a small number of actions which required attention. The inspector followed up on some of these actions and found that they had been completed. For example; a healthcare plan had been recommended for one child to guide staff and this had been completed.

Since the last inspection the Statement of Purpose had been developed into an easy read version for the children. The Statement of Purpose had also been reviewed as required under the regulations. Some very minor improvements (which were not impacting on the services provided here) were required which the person in charge intended to amend.

A review of incidents that had occurred in the centre since the beginning of the year informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Regulation 14: Persons in charge

The person in charge was fulltime in the centre. They had the necessary skills and competencies required to manage the centre and demonstrated a very person centred approach to the care being provided there.

Judgment: Compliant

Regulation 15: Staffing

There was a consistent staff team employed in the centre and sufficient staff on duty to meet the needs of the residents. The staffing arrangements were managed around the needs of the children and to ensure consistency of care to them. Where there was a changing need, the provider had taken actions to address this.

Judgment: Compliant

Regulation 16: Training and staff development

From a small sample of training records viewed the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the children. The providers own audits showed that refresher training was due for some staff in positive behaviour support however; there were plans in place to complete this once public health advice permitted this.

Staff met said that they felt very supported in their role and were able to raise concerns, if needed, to a manager on a daily basis.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place, led by a person in charge who provided good leadership and support to their staff team.

The centre was being monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports.

Judgment: Compliant

Regulation 3: Statement of purpose

Since the last inspection the Statement of Purpose had been developed into an easy read version for the children. The Statement of Purpose had also been reviewed as required with the regulations. Some very minor improvements which were not impacting on the services provided here were required which the person in charge intended to amend.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of incidents that had occurred in the centre since the beginning of the year informed the inspector that the person in charge had notified the Health Information and Quality Authority as required under the regulations.

Judgment: Compliant

Registration Regulation 8 (1)

A second sleepover staff was being accommodated in a vacant bedroom that was assigned for respite care where required. This was not in line with the information supplied when the centre was registered and the provider had not notified the Chief Inspector as required. This was promptly addressed after the inspection.

Judgment: Substantially compliant

Quality and safety

Overall the children enjoyed a safe quality service in this centre and respite care was planned to provide consistency of care to the children here. Some improvements were required under risk management and to the premises.

As stated the property was clean and spacious, however some areas needed attention. For example; the house was in need of some modernisation and updates. This included, a new bathroom, paintwork and some upgraded bedroom furniture. The inspector was also informed that funding had been approved for a brand new respite facility which would be more in line with the needs of future children who are currently on a waiting list to receive respite care in the area.

Personal plans were in place for everyone. Including easy read visual schedules, communication plans and healthcare plans where needed. The children were supported by their family with their health care needs and appointments. Of the family members spoken with, they reported that they were satisfied that they were informed of any changes to their child's well being during and after any respite breaks. Where required, positive behaviour support plans were in place which detailed the supports the children may need to manage their anxieties. Staff knew those supports very well also.

The general welfare and development of the children was also supported. Activities were planned that were fun and some activities also provided learning opportunities, as detailed earlier in this report.

There were systems in place to manage and mitigate risk in the centre. This included a risk register for overall risks in the centre and individual risk assessments for children as required. Incidents in the centre were reviewed regularly and any actions agreed to mitigate risks had been implemented. However, some improvements were required to one potential risk. For example; a stairgate had been installed for safety reasons and there was not risk assessment to demonstrate whether this had been risk assessed to assure it did not impede a safe evacuation of the centre in the event of a fire. This required improvements.

All staff had been provided with training in children's first. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the wellbeing and safety of the children.

Infection control measures were also in place. Staff had been provided with training in infection prevention control and donning and doffing of personal protective equipment (PPE). There were adequate supplies of PPE available in the centre. This was being used in line with national guidelines. There were adequate hand-washing facilities and hand sanitising gels available and there were enhanced cleaning schedules in place. There was also bright clear signage for the children and visitors to remind them of some of the precautions to be followed in the centre. Staff were knowledgeable about what to do in the event that a staff or a child was suspected of having COVID-19 and measures were in place to ensure that both staff and children were monitored for possible symptoms. For example; before a child was coming to the centre a call was made to family members to see if there was any concerns in relation to COVID-19.

There were also examples found of where the childrens' rights were respected. For example; they were provided with choices and were supported with their communication styles in order to make those choices. Easy read information was also available to support making this process.

Regulation 13: General welfare and development

The general welfare and development of the children was supported. Activities were planned that were fun and some activities also provided learning opportunities for the children.

Judgment: Compliant

Regulation 17: Premises

The house was in need of some modernisation and updates. This included, a new

bathroom, paintwork and some upgraded bedroom furniture.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Improvements were required to one potential risk in the centre. A stair gate had been installed for safety reasons and there was no risk assessment to demonstrate whether this had been risk assessed to assure it did not impede a safe evacuation of the centre in the event of a fire. This required improvement.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There was systems in place to prevent/ manage an outbreak of COVID-19 in the centre.

Judgment: Compliant

Regulation 6: Health care

The personal plans contained information regarding the children's health care needs. Staff were knowledgeable about those needs and families were informed of any changes to the health and wellbeing of the children.

Judgment: Compliant

Regulation 8: Protection

All staff had been provided with training in children's first. Of the staff met, they were aware of the procedures to follow in the event of any concerns around the well being and safety of the children.

Judgment: Compliant

Regulation 9: Residents' rights

Examples were found of where the childrens' rights were respected. For example; they were provided with choices and were supported with their communication styles in order to make those choices. Easy read information was also available to support this process.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Registration Regulation 8 (1)	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Yew Services OSV-0004470

Inspection ID: MON-0032448

Date of inspection: 03/06/2021

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
Registration Regulation 8 (1)	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 8 (1): This issue has now been resolved and a waking staff has replaced the sleepover staff. This is in line with the registration of the centre.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Due to COVID 19 maintenance was delayed, a plan is in place for painting and maintenance. A plan is also in place for upgrading of bedroom furniture and bathroom.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Management have risk assessed and conducted a further fire evacuation in the house. A night-time fire evacuation with minimum staffing has been conducted and management are assured that a safe evacuation can take place in the centre in the event of a fire. Risk Assessments and Risk Register have been updated and continue to be reviewed.	

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
Registration Regulation 8(1)	A registered provider who wishes to apply under section 52 of the Act for the variation or removal of any condition of registration attached by the chief inspector under section 50 of the Act must make an application in the form determined by the chief inspector.	Substantially Compliant	Yellow	04/06/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	08/07/2021

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
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