



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

Issued by the Chief Inspector

Name of designated centre:	No.1 Heather Park
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	16 January 2023
Centre ID:	OSV-0005121
Fieldwork ID:	MON-0029787

About the designated centre

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

No. 1 Heather Park provides planned short-term breaks to children, both male and female, ranging in age from six to 18 years. The designated centre can accommodate a maximum of six children with intellectual disabilities, who may also be autistic, at a time. Breaks are usually offered on an eight week rotation and can be for either two or three nights. Overnight stays are available after school hours on weekdays during the school term-time and operate full-time over weekends and school holidays. At the time of inspection the service was operating on a 12 night per fortnight basis. The centre is located in a rural area on the outskirts of Cork City. Two transport vehicles are available to support the children to attend school and participate in social activities. There is an after-school service operating in the same building as the designated centre. The centre is single-storey with large garden spaces to the front and rear of the building. There is also a sensory garden at the side of the building. The garden areas are secured by gates and there are electrical gates located at the entrance to the property. There are double doors in the middle of the centre that can be closed, if required. This facilitates the building to be subdivided into two areas. The staff skill-mix includes a social care leader, nurses, social care workers and care assistants. At the time of this inspection children stayed in both areas of the building seven nights a fortnight and in one area only five nights a fortnight. There are a minimum of two staff on duty at any time in each area when children are staying there. There is one sleepover staff and one waking night staff allocated to each area.

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 (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
Monday 16 January 2023	09:00hrs to 19:30hrs	Caitriona Twomey	Lead

What residents told us and what inspectors observed

As was identified in the previous inspection completed on behalf of the Chief Inspector of Social Services, the findings of this inspection indicated that children received a high-quality and highly-personalised service from a staff team who knew them and their needs well. Some areas requiring improvement to meet the requirements of the regulations were identified and these will be outlined throughout this report.

The designated centre is registered to accommodate a maximum of six children at any one time and provides a short break service to children attending four schools under the patronage of the provider. 24 children, aged nine years and older, were accessing the service at the time of this inspection. The centre is a single-storey building located in a rural area of County Cork. There is an after-school service operating in the same building, however this is not part of the designated centre. There are enclosed garden areas in front of, and behind, the centre. There are double doors in the middle of the centre that can be closed. This facilitates the division of the designated centre into two areas. In one area there is a reception, staff office, kitchen and dining area, a living room, a relaxation room, two bathrooms, and four children's bedrooms. In the other area there are two children's bedrooms, a kitchen, a dining and living room, a laundry room, medication store room, and two staff bedrooms, one with en-suite bathroom facilities. The person in charge explained that due to the profile of the children supported, the centre was routinely subdivided into two areas. While members of the staff team go between both areas as required, the children do not. At the time of this inspection, the centre operated 12 nights a fortnight, providing an overnight short break service in both areas of the building over seven nights and in one area only for an additional five nights. Two staff were allocated to each area when occupied. By night, each area was allocated one sleepover and one waking staff.

During the September 2021 inspection of this centre completed on behalf of the Chief Inspector, with the exception of sibling groups, only one child stayed in each area at a time. This measure had been introduced as part of the provider's enhanced infection prevention and control (IPC) measures in response to the COVID-19 pandemic. During this inspection, management advised that due to the assessed needs of the children and their compatibility with their peers, the majority of children now stayed in an area of the centre on their own. Three groups of two compatible children had been identified and it was planned to complete further reviews to identify other possible groups. Four children had accessed the service for the first time in 2022, while others had left due to finishing school and turning 19 years old. Short breaks were typically offered on an eight week rotation however a number of children had been assessed as requiring an enhanced service. This meant that they stayed in the designated centre every four weeks. The number of children receiving this level of service had increased since the last inspection.

This was an announced inspection. On arrival the inspector was greeted by the

person in charge. As this inspection took place during the COVID-19 pandemic, enhanced infection prevention and control procedures were in place. The inspector and all staff adhered to these throughout the inspection. The child who had stayed in the centre the previous night had already left to attend school, and two other children were due to begin a two-night stay that afternoon. The inspector had an opportunity to spend some time with both children that evening.

The person in charge walked with the inspector around the designated centre. At the time of the last inspection some premises works were planned due to a recent flood, and two bathrooms were to be renovated. These works had been completed and the centre was observed to be clean, bright, spacious and well-maintained. The centre was decorated in a child-friendly and welcoming style. The way it was furnished and decorated allowed it to be individualised to the needs and preferences of each child who stayed there. The main areas and furnishings were neutral so as not to be overwhelming and with the addition of soft furnishings, toys, books, mirrors and other removable decorations, colour and activities were introduced. One child preferred a minimally decorated environment. If this was not provided, the child would remove items. The way in which the centre was decorated enabled staff to easily adapt the area where this child stayed prior to each stay.

In addition to decorations, art, and activity boards, accessible information was also on display throughout the building. There were information boards in the main corridors and other communal rooms. These displayed information regarding complaints, this inspection, activities for the day, who was working in the centre, and other key information. The inspector was also informed that three versions of the information regarding complaints had been developed, each one tailored to different communication needs and abilities. The most appropriate version was put on display in each child's bedroom during their stay.

The centre was warm, homely and relaxing. The living room areas had large comfortable furniture and large televisions. Wireless internet access and streaming services were available. These were enjoyed by a number of children, either on the centre's televisions or their own electronic devices. As well as couches and chairs, bean bags, and mats were available in some parts of the designated centre, including the relaxation room. These were popular places for some of the children to spend their time. Bedrooms were either furnished with a double or single bed. As each area usually had only one child staying in it at a time, a choice of bedrooms was offered. There was sufficient storage in each room for children's belongings. Both kitchens in the centre were clean, well-equipped and well-organised. In advance of each child's stay, staff ensured that their preferred foods were available in the centre. Some children followed special diets and staff had a good awareness of these. Where required, separate storage and food preparation was facilitated. New dining tables had been bought for both areas since the last inspection. When walking around the centre, some damaged surfaces were observed. The impact of these will be discussed later in the 'Quality and safety' section in the context of measures to protect against infection. The inspector also identified some fire doors which required review by a competent person. These findings will be outlined in more detail later in the report.

The back garden was also subdivided. This arrangement ensured that children staying in either area had access to a safe outdoor space to play. On occasion children may play together outdoors. The gardens had outdoor seating, and a variety of play and sporting equipment. A sensory garden had been developed to the side of the centre. This was decorated with colourful plant pots and ornaments. In warmer weather staff and some children planted flowers in the gardens.

After school, both children had been encouraged to engage in an activity prior to returning to the centre for their evening meal. It was a very cold evening which likely contributed to one choosing not to leave the vehicle and the other only going for a short walk. The inspector met briefly with each child in the living room of the area they were staying in. Both children acknowledged the inspector but chose to continue watching preferred programmes rather than engage further. This was respected. The children appeared very comfortable in the centre and with the support provided to them by staff. All interactions observed and overheard were warm and respectful. One child had spent some time looking at books before their dinner and following their meal was watching the television. Staff had prepared one of the other resident's favourite meals which they were enjoying when the inspector greeted them. This child appeared very much at home in the centre.

As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. 14 questionnaires, completed by relatives, were returned to the inspector. The feedback outlined was very positive with one respondent reporting that they were extremely happy with the service provided and another advising that the whole family was supported indirectly. One reported that their child considers the centre a home away from home, while another reported that their child is always happy to go and loves being there. The centre was described as warm, welcoming, and homely and a number of respondents highlighted how much their relative enjoyed spending time in the garden areas. Respondents made comments that their child's eating habits were catered for in the centre, that their favourite foods were provided, and that they were encouraged to try new foods while there. Activities that children enjoyed both in the centre and in local areas were outlined. Some expressed a wish for their child to go to other places in the community such as the beach, cinema, to a café, or a shopping centre and to try activities such as swimming and horse riding. One respondent noted that just going for drives can be frustrating for their child. Increasing the variety of community-based activities that children participated in was raised by the inspector with management who advised that this was something that they and the staff team continually encouraged. Anyone who had made complaint about the service provided was satisfied with how this was addressed. The staff team were universally praised and described as so lovely, extremely kind, always going above and beyond, willing to help in anyway that they can, amazing, well-prepared, and doing an excellent job. One respondent praised the preparation done by the staff team in advance of, and the contact with parents during, a visit. Another referenced the efforts the team put into getting the small details right for their child. These reports were consistent with the feedback from representatives featured in the most recent annual review, and the over 50 compliments recorded since the last inspection of the centre in September 2021.

As well as spending time with the children in the centre and speaking with staff, the inspector also reviewed some documentation. Documents reviewed included the most recent annual review, and the reports written following the three most recent unannounced visits to monitor the safety and quality of care and support provided in the centre. These reports will be discussed further in the 'Capacity and capability' section of this report. The inspector also looked at staff rosters, staff training records, the directory of residents, the centre's risk register, practices to protect against infection, fire safety documentation, the centre's statement of purpose, and the guide prepared for residents. A sample of the assessments and personal plans of the 24 children who regularly stayed in service in the centre were also reviewed.

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 on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

Overall, good management systems and practices were in place. The provider adequately resourced and staffed the centre. Information was collected and used to improve the quality of the service provided. Management systems ensured that all audits and reviews, as required by the regulations, were completed. Findings indicated that additional oversight of elements of children's personal plans and the documents included in respite packs was required. Action was also required to address the current situation whereby staff were at times operating outside of the provider's medication management policy.

There was a clearly-defined management structure in place that identified lines of accountability and responsibility. Social care, nursing, and care staff reported to the team leader, who reported to the person in charge, who reported to the person participating in management. They in turn reported to the director of services who reported to the board.

The person in charge was employed on a full-time basis and worked in this centre only. Throughout the inspection they demonstrated a proactive and responsive approach to managing the centre and clearly knew each of the children and their support needs very well. The person in charge was based in the centre and continued to complete one shift per fortnight where they provided direct support to children. All other hours were supernumerary. This arrangement provided all staff with opportunities for management supervision and support. The person in charge was appointed to this role in May 2022. Prior to this they had been a team leader in the centre. The former person in charge was now the person participating in the management of the centre. This change in management structure had been planned at the time of the September 2021 inspection.

Staff meetings took place fortnightly in the centre and were included in the staff

roster. These regular meetings provided staff with opportunities to raise any concerns they may have about the quality and safety of the care and support provided in the centre. A record of meeting minutes was made available to the inspector. A number of set agenda items were discussed, including audit findings and any recent incidents. This facilitated the team to identify trends and learn from these events. Management and staff also used these meetings to reflect on children's most recent stays in the centre and to plan for upcoming visits.

The provider had completed an annual review and twice per year unannounced visits to review the quality and safety of care provided in the centre, as required by the regulations. The annual review was completed in August 2022 and involved consultation with a number of children's representatives. As referenced in the opening section, this feedback was exceptionally positive. Unannounced visits had taken place in December 2021, July 2022, and again in December 2022. Where identified, there was evidence that all actions to address areas requiring improvement were being progressed or had been completed. One example included the provider's identification that some furniture was damaged and required replacement so that it could be cleaned effectively in line with infection prevention and control (IPC) requirements. Both dining areas had since been supplied with new furniture. Management and staff were also completing a number of other audits and checks on a regular basis in the centre. Areas monitored included medication management, adverse incidents, fire safety, the physical environment, and practices associated with infection prevention and control (IPC). The inspector's findings on review of the respite information packs, as outlined in the next section of this report, suggested that greater management oversight of these documents was required. The person in charge also completed a six-monthly audit regarding the centre's compliance with the regulations. In all cases where matters had been identified that required improvement, there was evidence of follow-up.

In advance of this inspection, the inspector reviewed notifications that had been submitted regarding this designated centre to the Chief Inspector. A sample of the records of any adverse incidents that had occurred were also reviewed by the inspector while in the centre. It was identified that although the majority had been reported, one adverse incident, identified as required in the regulations, had not been reported to the Chief Inspector. The person in charge apologised for this oversight. There were many incident reports completed regarding medication errors. On review, the majority of these identified errors did not relate to staff practice but rather with errors identified when medicines were received when a child arrived in the centre. These challenges will be discussed further when outlining the findings regarding medication management in the next section of this report.

Planned and actual staff rotas were available in the centre. From a review, the inspector assessed the staffing was routinely provided in the centre in line with the staffing levels outlined in the statement of purpose. The inspector also reviewed staff training records regarding areas identified as mandatory in the regulations. It was identified that one staff member required training in the management of the behaviour that is challenging including de-escalation and intervention techniques. They were booked to attend this in the month following the inspection. A small number of staff were also booked to attend safe administration of medication and

epilepsy training in the coming months. As two staff worked with each child at all times, there was always a staff trained in these areas available.

When in the centre, the inspector reviewed a sample of the written service agreements in place regarding the terms on which a child would spend time in the centre, the services to be provided, and any fees to be charged. These had been completed in advance of a child staying in the centre. Most agreements specified that the service would be available until and including the year the child reached 18 years of age, whereas more recent contracts were subject to an annual review.

As the provider was seeking to renew the registration of this centre, they had submitted copies of the centre's statement of purpose and the information prepared for residents to the Chief Inspector to support this application. The statement of purpose is an important document that sets out information about the centre including the types of service and facilities provided, the profile of the people who stay there, and the governance and staffing arrangements in place. This document met the majority of the requirements of the regulations. Some revision was required to ensure that the admission criteria were clearly outlined, and to ensure that the whole-time equivalents (WTE) of the staff team were accurate. Similarly the residents' guide also met the majority of the requirements, however the costs (or lack thereof) associated with staying in the centre needed to be included, as did additional information regarding how to access any inspection reports regarding the centre.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted an application to register this centre in line with the requirements outlined in this regulation.

Judgment: Compliant

Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities

The registered provider had paid the annual fee outlined in this regulation.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed on a full-time basis and had the skills,

<p>qualifications and experience necessary to manage the designated centre.</p>
<p>Judgment: Compliant</p>
<p>Regulation 15: Staffing</p>
<p>The number and skill mix of staff was appropriate to the number and assessed needs of the residents, the statement of purpose, and the size and layout of the designated centre. Children received continuity of care and support from a consistent staff team which included a number of relief staff. Staff personnel files were not reviewed as part of this inspection.</p>
<p>Judgment: Compliant</p>
<p>Regulation 16: Training and staff development</p>
<p>The majority of the staff team had recently attended the majority of trainings identified as mandatory in the regulations. Any outstanding training was scheduled for the month following this inspection.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 19: Directory of residents</p>
<p>A directory of residents was available in the centre. On review it was identified that some of the information specified in Schedule 3 had not been included or updated in the records for some of children who stayed in the centre. This was addressed by the close of inspection.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 22: Insurance</p>
<p>The registered provider ensured that insurance against injury to residents was in place.</p>

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs, and the management structure ensured clear lines of authority and accountability. The provider had sufficiently resourced the centre to ensure the effective delivery of care and support. An annual review and unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed. There was evidence that where issues had been identified, actions were completed to address these matters. Management presence in the centre provided all staff with opportunities for management supervision and support. Staff meetings were regularly taking place which provided staff with opportunities to raise any concerns they may have. Increased oversight was required of some of the documentation in the centre to ensure that staff were implementing the provider's policies and procedures. The situation whereby staff were at times operating outside of the provider's medication management policy also needed to be addressed.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Each resident assessed as meeting the admission criteria was provided with multiple opportunities to visit the centre with their families, prior to staying overnight. There were written service agreements in place, however not all requested were available for review by the inspector.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that the admission criteria were clearly outlined and the whole-time equivalent staffing levels outlined were accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

One injury was not included in a quarterly notification submitted to the Chief Inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

An effective complaints procedure was in place. Multiple versions of information regarding the complaints process had been developed to maximise their accessibility for the children who stayed in the centre. No complaints had been made since the previous inspection. One concern had been logged. There was evidence that this had been followed up promptly, measures required for improvement were put in place, and the satisfaction of the person who raised the concern was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

Not all policies and procedures specified in Schedule 5 of the regulations had been reviewed within a three year timeframe, as is required. Management advised that these had been reviewed and were expected to be approved and circulated shortly.

Judgment: Substantially compliant

Quality and safety

The inspector found that the quality and safety of care provided was of a high standard. A review of documentation and the inspector's observations indicated that children's rights were promoted and that they were supported to try and enjoy new experiences while in the centre. Children received a very personalised service and it was clear they were both comfortable and safe while there. Transition plans had been developed and implemented for those who had accessed the service for the first time in 2022. These involved visits to the centre with the support of relatives and gradually increasing the time spent in the centre at a pace comfortable for the child. All four children appeared to have settled in well and were enjoying their stays.

As outlined in the opening section of this report, the designated centre was warm, welcoming, well laid out and decorated in a child-friendly manner. Children enjoyed

spending time in this centre. One child had recently chosen to celebrate their birthday there and staff had welcomed their relatives to the centre for a small party. Before children turned 19 and finished their time in the service, a celebration was planned which involved a recognition of their achievements and a party with their family and favourite foods. Relatives' feedback and documents in the centre indicated that children enjoyed the many activities available in the centre including colouring, music, games, books, watching television, helping staff in the office or kitchen, and most especially playing in the garden with the variety of play equipment. Outside of the centre, children enjoyed walks in the woods, visiting playgrounds, going to the park, beach and shop, and going out for preferred meals. Two vehicles were available to support school drop offs and collections, and to facilitate outings and activities.

The inspector reviewed a sample of the assessments and personal plans in place for the children who stayed in the centre. These were first developed in advance of a child's first stay and reviewed regularly following their admission to the service. These provided information about the children and guidance on the support to be provided by staff. There was evidence that these plans were reviewed several times a year by each child's assigned key worker. Information was available regarding children's interests, likes and dislikes, the important people in their lives, any medical or other diagnoses, their respite routine, and daily support needs including communication abilities and preferences, personal care, healthcare and other person-specific needs such as mealtime or behaviour support plans. Any reports completed by multidisciplinary professionals involved in the child's care were also available.

There was a separate section in each child's file which included their most recent prescription and, where appropriate, guidelines for the use of PRN medicines (medicines only taken as the need arises). These guidelines were not referenced elsewhere in the child's plan. For example, one child was prescribed a medicine to be administered when they were having difficulty sleeping, however this was not referenced in the part of their plan regarding night-time support. The person in charge advised that they would ensure that these guidelines would be referenced, where applicable, in children's plans so that all supports to be provided at specific times were clearly outlined. Personal development plans with goals specific to the short breaks service had also been developed for each child. As was found during the September 2021 inspection, not all goals were reviewed during each child's stay in the centre, as planned. This shortcoming had also been identified by the person in charge in an audit completed in September 2022. It was also noted that for one child, staff were primarily reviewing a goal from the previous, rather than the current year.

In addition to the personal plan, a respite recording pack was developed for each child's stay in the centre. Prior to each stay, the child's key worker or another staff member contacted their family to assess if there were any changes since the last visit or new information that staff needed to know to support the child. This information was included on the update form that was part of the recording pack. Other documents in the pack included records of the receipt and return of medications and of personal possessions, and a review sheet to be completed prior

to the child returning home. Following each visit, the recording pack was filed. On review by the inspector, it was identified that at times these documents were not updated and therefore contained outdated information. Review sheets were not always completed in full at the end of each stay. It was also noted that it was not always recorded that all personal items had been returned when children left the centre. The documentation regarding medication had also not been completed correctly on some occasions.

The inspector reviewed the medication management processes in place in the centre with one of the staff members. This staff member was very knowledgeable about the systems in place and completed quarterly medication audits in the centre. Any findings or learning from these audits were discussed at staff meetings. Medicines were stored in a secure area, with six separate designated storage spaces, in an assigned room. This room was clean and had an uncluttered space available to prepare medicines. A secure medication fridge was available and the temperature was monitored daily. There were clear processes in place regarding the receipt, prescribing, storing, disposal and administration of medicines. The inspector was advised that one child was prescribed a controlled drug. The processes in place regarding the administration and recording of this medicine were outlined, and the separate storage arrangements were shown to the inspector.

As referenced previously, a large number of medication errors had been recorded in the centre. Most often these did not relate to staff practices. Examples of those reviewed by the inspector included medicines not being provided although included on a child's prescription, medicines not being correctly labelled (for example, the dose on the label was not consistent with the current prescription), or medicines not being labelled at all. It was explained to the inspector that some of the children were in the process of medication reviews meaning that their prescription may change regularly. Although the dose may change, the medicine may remain the same resulting in labels no longer being accurate. On another occasion, a family had provided medicines no longer labelled or in their original packaging. The inspector asked what actions were taken following the recording of these errors. Staff explained that they contact family members and at times have also made contact with a child's general practitioner (GP) or pharmacy. It was acknowledged that it was not always possible to address these issues during the child's stay. When asked what happens in those situations, staff advised that on occasion medicines either without labels or labelled incorrectly had been administered. This was not in keeping with the provider's own medication management policy. One staff member advised that they were part of a group currently reviewing this policy and they had highlighted that the section regarding respite care was not consistent with current practice in the centre. It was hoped that the revised policy would provide clear guidance for staff to implement when these situations arise. A review of some medication documents also identified other practices not in keeping with the provider's policy. These included the maximum dose, to be administered in 24 hours, of a PRN medicine (medicine only taken as the need arises) not being outlined on a prescription, and on more than one occasion it was identified that children's medicines were not documented as received or returned by two staff.

The centre's risk register was also reviewed. This included individual risk

assessments. The register was last reviewed in November 2022. It was identified that some of the impact ratings required review to ensure they were reflective of the actual risk posed by the identified hazard, including possible injuries to children. As outlined in the last paragraph, at times the staff team were not administering medicines in line with the provider's own medication policy. This practice had not been risk assessed.

There was evidence of some good infection prevention and control (IPC) practices in the centre. A system was in place to ensure that all surfaces, equipment, and toys used were cleaned and disinfected following each child's stay. A colour-coded cleaning system was in place in the centre whereby different coloured equipment was used to clean specific areas. This was to reduce cross-contamination. Refuse was well managed and pedal bins were available throughout the centre. As referenced previously the centre was observed to be clean and well-maintained. However, when walking around the centre some damaged surfaces, on the units in one kitchen and on some furniture, were observed. Some bathroom fittings had also rusted. Given this damage it would not be possible to clean these surfaces effectively.

An IPC audit was completed monthly in the centre and there was evidence of follow up on matters identified. Records indicated that staff had completed training in IPC, including hand hygiene. Supplies of personal protective equipment were available. First aid boxes were available, however on review it was identified that one item had passed its use-by date. A contingency plan to implement in the event of a suspected or confirmed case of COVID-19 was in place and reflected the service provided in the centre. This required further review to outline the procedures to be followed should a staff member present as symptomatic while at work and also to remove an appendix which referenced a pathway to be followed that did not apply to this centre.

Systems were in place and effective for the maintenance of the fire detection and alarm system, fire fighting equipment, and emergency lighting. Staff were completing regular visual checks regarding fire safety, which included emergency exits, the alarm system and emergency lighting. When walking around the centre it was identified that two self-closing mechanisms were not working effectively and there was a slight gap on the side of a kitchen door. These required review by a competent person to ensure that if required in the event of a fire, they would ensure that the doors acted as effective containment measures to prevent the spread of fire and smoke. Each child had a recently reviewed personal emergency evacuation plan (PEEP). Regular drills were taking place and were completed within timeframes assessed as safe by the provider. It was noted that fire drill records did not specify the location of the simulated fire or the fire exits used. It was therefore not possible to tell if drills supported children and staff to become familiar with evacuation procedures involving all of the fire exits in the centre. Management committed to incorporating these details into their drill records.

Regulation 10: Communication

Residents were supported at all times to communicate in line with their needs and wishes. Staff had a good knowledge and awareness of children's individual communication needs. Accessible information had been developed in multiple formats to aid understanding. Children had access to media including televisions and the internet while staying in the centre.

Judgment: Compliant

Regulation 11: Visits

Children were free to receive visitors and both communal and private spaces were available to facilitate this. However, given the nature of the service provided in the centre, children did not typically have visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Children had access to and retained control of their personal items while in the centre. Management advised that children did not typically bring money with them when attending the service. If required, there were systems in place to manage children's money. There was adequate space in each bedroom for children to store their belongings.

Judgment: Compliant

Regulation 13: General welfare and development

Children had access and opportunities to engage in activities in line with their preferences, interests and developmental needs. Activities were available in the centre and the local community. Children were supported to attend school while staying in the centre. Personal goals often included the learning of life skills. Management committed to continuing to encourage all children accessing the service to participate in a variety of community-based activities.

Judgment: Compliant

Regulation 17: Premises

The centre was designed and laid out to meet the needs and objectives of the service and the number and assessed needs of residents. Rooms were of a suitable size and layout and included suitable storage arrangements. A number of indoor and outdoor recreational spaces were available. The decoration of the centre was bright, welcoming and child-focused. The environment was regularly and effectively adapted to meet the varying needs and preferences of the many children who spent time in the centre.

Judgment: Compliant

Regulation 18: Food and nutrition

The children who wished to be were involved in meal preparation. Both kitchens had adequate space to store food hygienically. Children's preferences and dietary needs were catered for and choices of meals and snacks were provided. There was a sufficient number of staff to ensure that any children who required support with eating or drinking received it.

Judgment: Compliant

Regulation 20: Information for residents

The guide prepared for residents required revision to reflect the terms and conditions related to staying in the centre, including any associated costs, and the arrangements for accessing any inspection reports.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The risk register required review to ensure that the risk ratings were reflective of the risk posed by the hazards identified in the centre. The risks associated with operating, at times, outside of the provider's medication policy had not been assessed.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Procedures had been adopted to ensure residents were protected from healthcare-associated infections including COVID-19. A COVID-19 contingency and isolation plan specific to this centre was in place. This required revision to include the possibility of staff becoming symptomatic while working in the centre. The staff team had completed training in infection prevention and control, including hand hygiene. The centre was observed to be clean. However there were some damaged surfaces evident which therefore could not be cleaned effectively. The contents of first-aid boxes required review to ensure all items remained in date.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire detection and alarm systems, emergency lighting, and fire fighting equipment were available in the centre. Regular evacuation drills had taken place and were completed in a time assessed as safe by the provider. Two self-closing mechanisms and the fitting of another fire door required review to ensure that the doors would serve as effective containment measures if required in the event of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that appropriate practices relating to the ordering, prescribing, storage, disposal and administration of medicines were implemented in the centre. Some improvements were required to ensure that, in line with the provider's own policy, medicines were consistently documented by two staff as signed and received, and that the maximum dose to be administered in 24 hours of PRN medicines was included on each prescription. Although significant efforts were made to prevent such a scenario occurring, it was acknowledged that at times staff had administered medicines that were either not labelled or incorrectly labelled. This was not in keeping with the provider's own policy.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each child's health, personal and social care needs were assessed prior to admission and reviewed at regular intervals thereafter. Personal plans were in place and recently reviewed.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were well met in the centre. There was an annual assessment of children's healthcare needs which was regularly reviewed. Staff had contact with some children's healthcare professionals, as required, and at times attended appointments to support children and their families.

Judgment: Compliant

Regulation 7: Positive behavioural support

Children who required one, had behaviour support strategies in place. These included proactive approaches to prevent or reduce the likelihood of an incident occurring, and also responses to be implemented if required. There was a focus on promoting a restraint-free environment in the centre with a management commitment to reducing and removing, wherever possible, any restrictive practices used.

Judgment: Compliant

Regulation 8: Protection

There were no safeguarding concerns in the centre at the time of this inspection. All staff had received training in relation to safeguarding both children and adults, and the prevention, detection, and response to abuse. Staff were familiar with the designated liaison person / designated officer and their own role in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Each child received a service tailored to their individual needs, preferences and requests. Staff captured children's feedback on their stays at the end of each visit and maintained regular contact with families during and between stays. Children were encouraged to exercise choice and control during their stays, for example choosing their bedroom, activities, outings and meals.

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
Registration Regulation 9: Annual fee to be paid by the registered provider of a designated centre for persons with disabilities	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially

	compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for No.1 Heather Park OSV-0005121

Inspection ID: MON-0029787

Date of inspection: 16/01/2023

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: The PIC will ensure that any outstanding mandatory training at the time of inspection will be completed and that the training matrix will be kept under ongoing review to ensure trainings are kept updated as required.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: The Provider will arrange for the directory of residents is reviewed by the PIC on a regular basis to ensure that all the necessary information is included therein.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The Provider will ensure that <ul style="list-style-type: none"> • PIC will complete an audit of a sample of care plans on a regular basis to ensure they reflect the most up to date information available received via update form and that goals are updated at end of each visit. The PIC will also ensure this is discussed at each team meeting and form part of the standard team meeting agenda. 	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The Provider will update the Statement of Purpose to provide clarify on the admission	

criteria and accurately reflect the WTE staffing levels of the designated Centre.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC will ensure that all notifications are submitted within the relevant timeframe.	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Provider will ensure that all policies due a review will be reviewed within the relevant timeframe.	
Regulation 20: Information for residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 20: Information for residents: The Provider will update the residents guide to outline that there is no fee payable for attending the designated Centre and to include information on where HIQA inspection reports can be accessed.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The Provider will ensure that <ul style="list-style-type: none"> • The Risk Register is reviewed to ensure all risk ratings accurately reflect the risks identified. • The PIC will complete a Risk Assessment that will identify the risks associated with and identify the controls in place when the Centre receives medication in a format that is not in line with the medication policy. 	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The Provider has made arrangements to ensure that: <ul style="list-style-type: none"> • The PIC will update the local contingency plan to clearly state where staff should isolate prior to leaving the Centre should they become symptomatic while on duty. • The PIC will ensure that the First Aid Boxes reviewed on a regular basis to ensure all 	

contents are within date and supplies are ordered as required.

- The PIC will ensure that any damaged surfaces will repaired or replaced to ensure that cleaning can be completed effectively.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Provider will ensure that the fire doors are reviewed by a competent person and that the self-closing mechanisms and fittings are repaired where required on the fire doors within the Centre.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

The Person in charge will ensure that

- the respite services section of the medication policy is reviewed
- A protocol is included on steps to be taken if medication received from families is not compliant with the policy e.g. incorrect or missing labels, the maximum PRN dosage to be administered is on the prescription etc.
- That regular medication audits are carried out in the designated Centre, as part of the medication audit it will review a sample of sign in sign out sheets to ensure that they are completed appropriately.
- That PRN administration protocols are referenced in the care plan for the child.

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	31/03/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	16/01/2023
Regulation 20(2)(a)	The guide prepared under paragraph (1) shall include a summary of the services and facilities provided.	Substantially Compliant	Yellow	31/03/2023
Regulation 20(2)(d)	The guide prepared under paragraph (1) shall include how to access any inspection reports on the centre.	Substantially Compliant	Yellow	31/03/2023
Regulation	The registered	Substantially	Yellow	31/03/2023

23(1)(c)	provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Compliant		
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(3)(a)	The registered provider shall	Substantially Compliant	Yellow	28/02/2023

	make adequate arrangements for detecting, containing and extinguishing fires.			
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 prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	30/06/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/03/2023
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	Not Compliant	Orange	31/01/2023

	required to be notified under paragraph (1)(d).			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2023