



# 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:	10 August 2021
Centre ID:	OSV-0002058
Fieldwork ID:	MON-0033739

## 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, two weekends per month and a number of one week breaks during the summer months. 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:

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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
Tuesday 10 August 2021	9:30 am to 3:30 pm	Tanya Brady	Lead

## What residents told us and what inspectors observed

This centre has capacity for four children at a time to avail of respite breaks. On the day of inspection the centre was in the middle of hosting a week of 'summer camp' for children who use their services. Three children attended on the day and went with staff to explore a large park with a picnic lunch. The inspector adhered to the National COVID-19 guidance and reviewed documentation in a clean zone within the building and maintained social distance whilst also wearing personal protective equipment.

As this inspection was announced to the provider in advance, children who use the centre and their families or representatives had been sent a questionnaire seeking their views of the service offered in the centre. The inspector reviewed these and found that they contained mainly positive statements. The centre was referred to as 'home from home', with another commenting that it had a 'comfortable and homely feel'. They were particularly complimentary towards how professional and caring the staff team were and how knowledgeable they were in relation to children's likes, dislikes and needs.

The inspector observed the staff team engaging with the three children that were present on the day and they were seen to be responsive and engaging. Where one child had found initially transitioning from the car into the house more challenging, the staff responded by going out to the garden, using the child's headphones and offering them space. Another child was observed playing in the garden and staff were available to provide elements of a sensory programme such as deep touch to the shoulders if needed to reassure them.

The following sections of the report outline the findings of the regulations reviewed during this inspection and their impact on the quality and safety of the service provided to the children who stay in this centre.

## Capacity and capability

Overall, the inspector found that the provider and the person in charge were monitoring the quality of care and support provided for children in the centre. There were clearly defined management structures in place which identified the lines of authority and accountability.

The person in charge is supported in their role both by a full time team leader in this centre and by the person participating in management. This ensured that the lines of authority and accountability were clearly defined and all staff that met the

inspector were clear on who they reported to.

There was a suite of audits being completed including; food audits, infection control audits, supervision audits, care plan audits, medication audits, person in charge and team leader ad hoc reviews and observations and health and safety walk around audits. There was evidence of follow up and completion of actions following these audits and evidence of improvements being made as a result of these actions. A number of meetings were occurring such as staff meetings or management meetings. Children's care and support needs were central on the agenda of all of these meetings.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted a complete application for the renewal of registration of this centre in advance of this inspection. The submitted documentation met the requirements of the regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was responsible for four designated centres of which this is one, at the time of this inspection. Based on the compliance levels of this inspection, this arrangement was not found to have had a negative impact on the service provided to residents. The person in charge demonstrated a good understanding of residents' needs and they were supported in their role by a team leader in the centre.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that there were sufficient staff in this centre, who were suitably qualified and experienced, to meet the assessed needs of residents. Should a gap arise on the roster the person in charge used a small consistent number of relief staff who worked in the providers other respite service. The family questionnaires all referenced the consistency of the staff team as a positive aspect of the service provided in this centre. The provider had ensured good continuity of care for residents, and the planned and actual rosters were well maintained.

The inspector reviewed a sample of staff personnel files which contained all of the

information required by the regulations, such as two written references and evidence of Garda vetting.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a small number of staff due refresher training in mandatory areas such as fire safety or management of behaviour that is challenging, while these were seen to have been scheduled for completion some had been due for a period of time. However, the staff team had also completed additional training in line with children's needs and were in receipt of regular formal supervision to support them to carry out their roles and responsibilities effectively.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to children. The providers six monthly unannounced visits, and associated reports on the safety and quality of care and support, were comprehensively and consistently conducted. Actions plans arising from these were being implemented to ensure that the actions found were addressed.

The annual review of the quality and safety of service provided was centre specific and adequately reflected consultation with children's representatives. It was evident that improvements were made as a result of the findings of the providers reviews which were positively impacting on children using the service.

Judgment: Compliant

### Regulation 3: Statement of purpose

This is an important governance document that outlines the service to be provided in the centre. The statement of purpose contained all information required by the regulations, with one minor amendment being made on the day.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had ensured that procedures and a policy were in place that guided practice with the policy having been reviewed in June 2021. Only one complaint had been received since the previous inspection and it had been resolved to the satisfaction of all parties. A record of compliments was also kept.

Judgment: Compliant

## Quality and safety

The inspector was satisfied that the children who attended this centre for respite breaks were provided with a good quality service in keeping with the ethos of the provider. It was found that the children were appropriately supported and encouraged to enjoy a good quality of life when staying in the centre. This was reflected in the overall good level of compliance found across the regulations reviewed.

Children and their families were consulted in the running of the centre and their active involvement was reflected in the personal plans and care plans that were developed in a person centred manner.

The premises was a large spacious single story property with a large garden to the rear and attached sensory rooms. In advance of a child coming to stay the staff ensure that preferred toys or decorations are in the rooms and that the room is set up for the assessed individual needs of the child. Some building works are scheduled to provide improved access within a bathroom and the inspector walked through the proposed changes with the person in charge. Some actions were required in the garden and this is detailed below.

## Regulation 17: Premises

This is a large accessible building with individual bedrooms for the children who stay in the centre. There are a number of smaller communal rooms where children can relax or explore either on their own or in smaller groups. In addition, there is a large open plan living and dining area with an adjacent kitchen where children can be all together.

While there were areas of minor decoration and repair needed, this has been



scheduled for completion following the upcoming planned building works to expand the size of the bathroom. Externally there was maintenance required in the garden, such as filling in gaps in the soft play surface and repair of the trampoline however, these had been identified by the provider and were scheduled with some having started and waiting for conclusion. At the end of the garden a wide strip of lawn had been left to grow wild and had not had the grass cut nor was it maintained. This was a potential risk to the children as it contained a substantial number of stinging or thorny plants, and was fully accessible. The provider arranged on the day of inspection for this to be cut and removed.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The provider and person in charge had ensured that there were systems in place to ensure that the variety and complexity of the children's eating, drinking and swallowing needs were appropriately and safely supported. Details were available to the staff team regarding allergies or texture modifications required and the staff team spoke to the inspector about how they ensured all elements of mealtimes were catered for. In addition where the children used non oral methods for eating and drinking such as via tube feeding this was also appropriately supported.

There were menu planners available and the systems for the storage of food and drink adhered to best practice guidelines.

Judgment: Compliant

### Regulation 26: Risk management procedures

Arrangements were in place to assess, manage and review risk on an ongoing basis in the centre. The registered provider had a risk management policy in place that had been reviewed on March 2021 and there was an up-to-date health and safety statement available in the house. There was a risk register for the centre which was comprehensive and individual risks were on the children's personal files and were reviewed.

All equipment in use in the centre was serviced and maintained by professionals as recommended such as, hoisting systems, electric beds and the multi-sensory equipment. Manual handling risks for all children were reviewed every six months and these were seen by the inspector to be updated if there had been surgery or injury.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge had policies and procedures in place to prevent infection and to protect children from the risk of infection.

The premises were observed to be clean, there was sufficient access to hand sanitising gels and hand-washing facilities and all staff had adequate access to a range of personal protective equipment (PPE) as required. All staff had received training in this area and there were updated nursing records. Risks were identified and control measures in place to manage a variety of long term infections such as methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* (C. diff) in addition to the prevention of COVID-19. Mechanisms were in place to monitor staff and residents for any signs of infection.

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 and these were checked to ensure all children who availed of respite experienced at least one, in addition to assuring that full evacuation using the minimum numbers of staff could be completed. Additional risks were identified such as, lone working in the multi-sensory rooms to the rear of the centre or the non release of the front door magnet locking system. These risks were assessed and reviewed regularly and the inspector found evidence that they were discussed with the staff team.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that there were effective systems in place in relation to the prescribing, storage, administration and disposal of medications.

There was a clear system in place for the receipt and return of medicines when children arrived and completed their stay in respite. Daily checks were completed on both stock levels and on the administration records and any errors identified were immediately acted on.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each child who stayed in respite had an initial comprehensive assessment of need completed and there was evidence that these were reviewed on an annual basis. Daily notes were maintained throughout the duration of a stay in the centre and these outlined the activities or outings that had been completed.

Children had a personal document called 'All about me' in place and it was detailed and outlined preferences and dislikes. In addition all children had a life skills record and goals set within this, such as rubbing in own shampoo or taking towels to the laundry room. Evaluations were completed following a stay in respite and updated information regarding daily routines was recorded and used to inform subsequent stays in the centre.

Judgment: Compliant

## Regulation 6: Health care

The provider and person in charge had systems in place to ensure the healthcare needs of the children were provided for and access to GP services (and other health and social care professionals), as required, formed part of the service provided. Where required children had oxygen, epilepsy, tube feeding or other specific care plans in place. Up to date medical information formed part of the pre-admission process and this allowed the person in charge to ensure that appropriate staff were available to support children as appropriate.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Children were supported to enjoy the best possible mental health and if required had positive behaviour support plans in place. It was also observed that staff actively used strategies from these to support children in regulating their behaviour and were knowledgeable regarding sensory strategies to use.

There were a number of restrictive practices in use in the centre and these varied depending on individual children or combinations of children at any one time. There was evidence that these were continuously audited and reviewed.

Judgment: Compliant

## Regulation 8: Protection

A safeguarding policy was in place which gave clear guidelines for staff on procedures to follow should a concern arise. There were no current safeguarding concerns in the centre.

Comprehensive and detailed intimate care plans were in place for those children that required them and these were maintained and updated as required.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Aleana House OSV-0002058

Inspection ID: MON-0033739

Date of inspection: 10/08/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Staff member will be completing fire training 17/09/2021  Full MAPA course completed on 23/08/2021 by one staff  Refresher MAPA training will be completed by staff 15/10/2021 and 22/10/2021	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Wild overgrown area at the bottom of garden has been cleared and sprayed by Gardener. This was completed on 6/09/2021  Soft Play area has been repaired- completed 10/09/2021  Trampoline – waiting for parts – completion date -29/10/2021  Painting work- to be completed by 17/12/2021	

## Section 2:

## Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	25/10/2021
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	17/12/2021