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The Children's Sunshine Home operating as LauraLynn, Ireland's Children's Hospice

Statement of Purpose and Function

Disability Services

Name of Designated Centre: The Children's Sunshine Home *(operating as LauraLynn, Ireland's Children's Hospice)*

Address: Leopardstown Road, Foxrock, Dublin 18

Telephone Number: 01-2893151

Fax Number: 01-2899972

e-mail address: reception@lauralynn.ie

website: www.lauralynn.ie

HIQA Registration Number: REG-0030473

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1. Introduction

The Children's Sunshine Home, operating as LauraLynn, Ireland's Children's Hospice (The Service) is a voluntary healthcare organisation. Established originally as The Children's Sunshine Home, it is funded primarily under Section 38 of the Health Act by the Department of Health through the Health Services Executive for the provision of an agreed level or quantum of service under a service level arrangement. Additional funding is received through other sources such as grant aid and fundraising. We operate in accordance with our Vision & Mission statement and in keeping with the statutory requirements and standards applied from external sources, such as HIQA, DOH, HSE, and Child Protection Services.

The Service is a Registered Charity, and is a Company set up under the Companies Act, limited by Guarantee and not having a Share Capital.

2. Mission

Our mission for our disability service is to provide a Community of Care that delivers;

- evidence-based, personalised services to children with complex care needs and complex disabilities, and
- a home to our residents where quality-of-life is paramount

We will strive to advance the development and delivery of services to those we support through advocacy, research and education. Our ambition ultimately is that the children and adults in our care are supported to reach their full potential.

To deliver exemplar, holistic care; within a dynamic culture of compassion, collaboration and excellence.

3. Objectives

In 2019 the Service launched our Strategic Plan 'Growing a Community of Care' for 2019 – 2023, which outlines our core focus for the disability service as to:

- Extend our children's disability respite service in the greater Dublin area to serve more children and families.
- To enhance our adult disability service to ensure it's an exemplar service and the best possible one for our residents.
- To build the financial, human, educational and reputational resources necessary for us to achieve these ambitions.

These objectives reflect our determination to **make every day better for those in our care** through the provision of high-quality, clinical and social care, in an environment that promotes inclusion, having fun and making the most of every moment.

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4. Values

Our three values, Compassion, Collaboration and Excellence underpin every aspect of care and support provided. We believe in delivering excellence by providing hospitality to all who come in contact with us and we promote dignity, respect and compassion towards every child or adult and their family.



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5. Facilities (See Appendices 3 for Site Map & Building Floor Plans):

5.1 Hazel House Residential Respite House for Children; provides respite care to children with complex care needs with a maximum occupancy of 7 children at any time. There are two children resident in this house, one of whom is awaiting full-time residential care in an alternative setting and 4 respite care beds and 1 crisis bed. Medical and specialised positioning equipment, mobile hoists and individual slings are available and utilized based on the children's individual needs.

Room	Maximum number of children accommodated	Equipment	Size
Teddy Bear Bedroom	2 (respite beds)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call alarm	28.95sqm
Balloon Bedroom	2 (1 interim residential bed and 1 respite bed currently not used due to residential placement in room)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call Alarm	26.72sqm
Flower Bedroom	2 (respite beds)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call Alarm	26.72sqm
Ladybird Bedroom	1 (residential bed)	Overhead Track Hoist Piped oxygen Piped suctioning Profiling bed Nurse Call Alarm	18.10sqm
Bathroom	1	Overhead Track Hoist Profiling bath Shower trolley Nurse Call Alarm	22.72sqm
Kitchen/Sitting Room/Sensory area	7	Overhead Track Hoist Positioning equipment Nurse Call Alarm	65.50sqm
Family Room	3	Overhead Tracking Hoist Nurse Call Alarm	14.28sqm
Family Toilet/Shower room		Disabled bathroom Pull Cord Alarm	5.46sqm
Toilet		Disabled toilet Baby Changing Station Pull Cord Alarm	3.87sqm

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5.2 Willow View & Hollyoak; provides high support residential care to a maximum of 7 adult residents (mixed men and women). Medical & specialised positioning equipment, mobile hoists and individual slings are available and utilized based on the adult's individual needs.

Room	Maximum number of adults accommodated	Equipment	Size
Bedroom 1	2	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 2	2	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 3	1	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 4	1	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 5	1	Profiling bed Nurse Call Alarm	24.93sqm
Sensory Room	4	Sensory Equipment Nurse Call Alarm	24.93sqm
Bathroom	1	Profiling bath Shower trolley Nurse Call Alarm	16.21sqm
Toilet	1	Disabled access Pull Cord Alarm	2.72sqm
Kitchen/Living room	7	Positioning Equipment Nurse Call Alarm	50.68sqm
Sitting room	2	Nurse Call Alarm	12.8sqm
Sitting Room Hollyoak	4	Nurse Call Alarm	17.20sqm
Clinical Room Hollyoak	1	Roll on Weighing Scales Clinical Equipment	17.20sqm
Bathroom Hollyoak	1	Profiling bath Shower trolley Nurse Call Alarm	25.64sqm
Activities/Recreation Room Hollyoak	7	Positioning Equipment Nurse Call Alarm	78.37sqm

*Hollyoak and Willow View are located beside each other and share facilities. Rooms in Hollyoak not listed above are designated as temporary store rooms.

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5.3 Outdoor Recreational Areas

Recreational areas are accessible, safe, secure and well maintained. There are walkways throughout the garden areas and benches for resting at frequent intervals. There are 3 playgrounds, all fenced and gated. Two playgrounds have been adapted and are accessible to adults and children with physical disabilities, with a wheelchair swing and roundabout.

A beach themed space is provided in a courtyard area while to the rear of the Service there is a sensory garden area comprising of a quiet corner, play area, chess game, musical instruments, seating and tracks for walking wheelchairs on.

5.4 Restaurant & Kitchen

A facility for adults, children, families, volunteers and staff for refreshments and meals (maximum capacity 39 people). It is open for breakfast (8.30am – 11.00am), lunch (12.30 – 2.00pm) and tea (4.30pm – 6.00pm) and for hot beverages and refreshments throughout the day. The HACCP compliant kitchen meets the dietary needs of children and adults, serving all residential areas with nutritious meals prepared under the guidance of the dietician and nursing staff.

Room	Maximum capacity	Equipment	Size
Dining Room	39 people	Hand Wash Sink	100 sqm
Kitchen & Wash Up Area		Dishwasher Cooking equipment Fridges Freezers Hand wash basins Catering equipment	43.2 sqm
Goods In Area		Dry Goods Store Cold Room	21.52 sqm
Goods Out Area		Cleaners Store Catering Office	10.0 sqm
Staff Changing Room		WC Shower Locker facilities	5.10 sqm

6. **Services Provided:**

6.1 Residential services are currently provided to 7 adults and 2 children (1 child is currently awaiting residential placement in alternative setting) with disabilities, 24-hour 7 days a week, 52 weeks of the year.

6.2 Respite and Crisis Care support is provided to children with profound learning difficulties, accompanying physical disabilities, complex medical and healthcare needs, and who may have additional

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sensory impairments in Hazel House, with a maximum of 5 children at any time (capacity of 6 + 1 crisis care when residential children appropriately placed), 24-hour 7 day week, 50 weeks of the year.

6.3 Specific Therapies: All therapies are provided through a referral process as a shared resource between Disability and Children's Palliative Care services. Health and Social Care Professional Posts are funded either through the HSE or are supported through fundraising.

- Physiotherapy services are provided in accordance with the guidelines of their registered body. The physiotherapist works to provide the best possible care and quality of life for children and adults with particular focus on respiratory and posture care.
- Occupational Therapy service is available on referral for advice and support with regards to seating requirements.
- Dietetics service ensures that diets meet each individual child and adult's nutritional requirements and preferences.

7. Designated Registered Service Provider

Name	Orla O'Brien
Position	CEO
Principle Address	LauraLynn, Ireland's Children's Hospice, The Children's Sunshine Home, Leopardstown Rd, Foxrock, Dublin 18
Principle Telephone Number	01 289 3151 Mobile: 086 2840834
Current Professional registration, relevant qualifications and experience	RGN and RSCN (1990) Paediatric Intensive Care Course (OLCHC) Diploma in Physics and Chemistry (RCSI) Diploma in Management and Industrial Relations (NCI) Diploma in Healthcare Risk management (UCD) BSc Nursing management (UCD) MSc Leadership and Management (RCSI, IOL) 28 years' acute paediatric healthcare experience at various levels from Staff Nurse to the Chief Operations Officer, Children's Hospital Group prior to appointment as CEO at LauraLynn in April 2018.
Alternative Telephone Number	01 2893151
Fax Number	01 289 9972
E-mail address	ceo@lauralynn.ie

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8. Person in Charge

Name	Anne-Marie Carroll
Position	Director of Nursing
Principle Address	LauraLynn, Ireland's Children's Hospice, The Children's Sunshine Home, Leopardstown Rd, Foxrock, Dublin 18
Principle Telephone Number	01 289 3151
Current Professional registration, relevant qualifications and experience	Certificate Intellectual Disability Nursing (1991) BSc Nursing Management (RCSI; 2004) PG Dip Healthcare Risk Management & Quality (UCD; 2014) PG Dip Healthcare Management (RCSI; 2018) 28 years post registration experience 7 years CNM 2/3 in disability services 4 years DON Disability Services 8 years DON Disability & Children's Palliative Care Service
Alternative Telephone Number	087 6637377
Fax Number	01 289 9972
E-mail address	ACarroll@lauralynn.ie

9. Arrangements when the person in charge is off site:

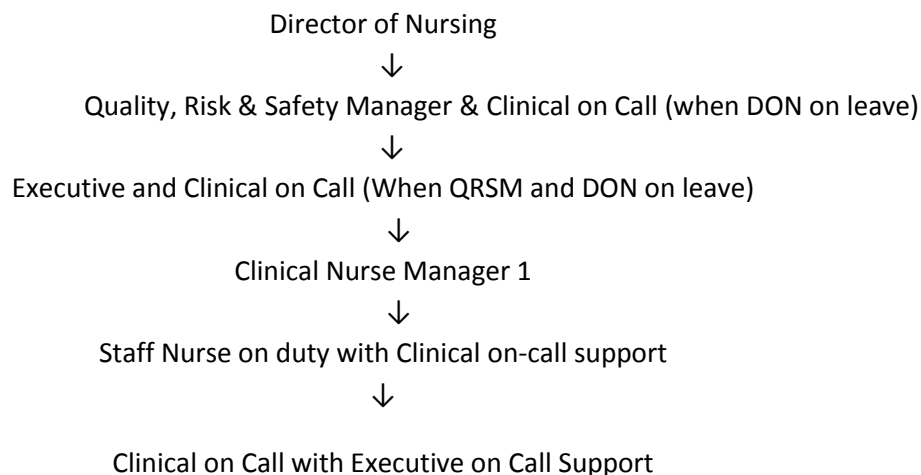
The Director of Nursing is the Person in Charge (PIC) and is normally on site Monday to Friday during office hours.

The Quality Risk & safety Manager (QRSM) is a PPIM and assumes the PIC role when the DON is on leave. An annual schedule is in place to ensure PIC cover is maintained. In the absence of the PIC/DON, a member of the Senior Nurse Team will be identified for clinical leadership to support the Quality Risk & Safety Manager. In the absence of the DON and the QRSM the Executive on Call are PPIM's and assume the PIC role with clinical leadership being provided by an identified member of the Senior Nursing Team. Two CNM 1 posts are operational, 1 for adult and 1 for children's service. The CNM1's normally work Monday to Friday office hours, with occasional weekends/evenings. CNM 1's take leave opposite each other to ensure continuity with clinical support and leadership.

A Staff Nurse is rostered 24/7 in the disability service and assumes shift lead responsibility in the absence of the CNM1. A Senior Nursing team Clinical on-call roster is in operation 24/7 365 days per year, to ensure efficient and effective back-up support is available to staff on duty in the event of unforeseen emergencies. The Executive Team operate an on call roster covering the entire Service, 24/7 365 days per year, as an escalation route for managers in the event of major incidents, out of hours media enquiries and service continuity issues. (Ref Guideline No 3.24; Executive and Clinical On-Call Guideline)

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The rostered Clinical on-call system applies to the hours where there is no on site senior nursing team cover.

- ✓ An identified nursing team member will carry the Clinical on-call mobile phone; 087 222 8252.
- ✓ CNM1's and care teams on duty will be informed of the arrangements in place.
- ✓ A record of all calls received will be kept in the on call log.

10. Executive Management Team

Name	Position	Function
Orla O'Brien	CEO	Registered Provider
Anne-Marie Carroll	Director of Nursing	PIC
Lauri Cryan	Head of Human Resources	PPIM
Sarah Meagher	Head of Fundraising	PPIM
Kerry McLaverty	Head of Operations	PPIM
Ailie Moseley	Quality, Safety & Risk Manager	PPIM (deputy PIC)
Sarah O'Callaghan	Head of Marketing and Communications	PPIM
Ingrid Blake	Finance Manager	PPIM
Joanne Balfe	Consultant Paediatrician	PPIM

***NB – A rota of the Executive Management Team is in operation for site emergencies 24/7**

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11. Persons participating in the Management of the Disability Service

Persons Participating in the Management of the Disability Service	Qualifications	Experience
Ingrid Blake, Finance Manager	BA (Hons) Accounting & Finance FCA (Chartered Accountant) Diploma in International Financial Reporting Standards (IFRS) Prince2 Foundation and Practitioner Certificates (Project Management)	3 years' experience with the Health Service Executive at General Manager level (Secondment role) Previous experience 11 years in the private sector post qualification as a Chartered Accountant. 7 of these years were at management level.
Joanne Balfe, Consultant Paediatrician.	Medical degree (MB, BAO BCh, LRSCI&PI) (RCSI)1997 MRCPI paed- 2000 MSc in Healthcare law and ethics (RCSI) 2012 Diploma in Paediatric Palliative Medicine (Cardiff) 2017 Diploma in Leadership and Quality Improvement (RCPI) 2018	21 years' experience in paediatrics, 15 years in paediatric neurodisability. 13 years at consultant level. 12 years working in Paediatric palliative care.
Ailie Moseley Quality, Risk & Safety Manager	PG Dip Managing Health & Social Care Diploma in Quality & Leadership	17 years' experience in Healthcare Sector (public and Private). 9 of these years in middle and senior management in NHS and Irish Health & Social Care Sector
Kerry McLaverty, Head of Operations	BSc Sports Medicine MSc Physiotherapy HIQA/IHI Health & Social Care Quality Improvement Science (Cert) MBA	14 years' experience working in Healthcare sector 9 years as HSCP in Disability Services (children's and adults) including 2 years in Children's Palliative Care 2 years as Clinical Services Manager (Disability & Children's Palliative Care) 3 years as Head of Operations (Disability & Children's Palliative Care)
Sarah O'Callaghan, Head of Marketing and Communications	PG Dip Business Studies BA Hons Psychology Diploma in PR	26 years' experience as communications, public affairs and marketing professional in multinational private and charity sector. 7+ years of executive management experience.

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Persons Participating in the Management of the Disability Service	Qualifications	Experience
Sarah Meagher, Head of Fundraising & Marketing	Ma Econ BA Econ	10 years' experience in LauraLynn at Executive level Previous 17 years' experience in commercial area
Lauri Cryan, Head of Human Resources	Accounting Technician (IATI) Degree in Marketing MBS in HR	2 years' experience in financial services 10 years' experience in advertising. 22 years in human resources in the health service

12. Risk Management

The Service ensures that there is an effective Risk Management System in place in order to provide a high quality, safe environment to children, adults and their families using the service and an environment and culture that is safe for staff, volunteers and visitors and contractors. (Ref Policy No 7.1, Risk Management Policy)

The risk management process in the Service is both proactive and responsive in its applications and incorporates the identification, assessment, management and ongoing review of risks on an organisational and individual level.

The process outline in Appendix 1 shall be applied in relation to all incidents or potential incidents, accidents and near misses (Ref No: 7.4 Incident Reporting Policy and Procedure).

Clinical Incident Assessment

Child/Adult

- Serious accidental injury
- Serious illness
- Suspected/reported non-accidental injury or abuse
- Clinical advise and support

Staff

- Serious accident
- In the event of unforeseen staff shortages the on call person will assist/advise the Site PIC in sourcing adequate cover

Non-Clinical Incident Assessment

Facilities

- Outbreak of fire
- Loss of heating/electricity/water
- Disruption to catering services
- Breach in security

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13. Registration Details

Registration Number	REG-0030473
Date of Registration	07.01.2019
Expiry date of registration	06.01.2022
Conditions attached by the chief inspector to registration	<p><i>Condition 1</i> – The designated centre The Children’s Sunshine Home shall be operated at all times in conjunction with the Health Act 2007 as amended from time to time;</p> <p><i>Condition 2</i> – The designated centre The Children’s Sunshine Home shall be operated at all times in compliance with 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 and in compliance with all other regulations made under the Health Act 2007 as amended from time to time;</p> <p><i>Condition 3</i> - The designated centre The Children’s Sunshine Home shall be operated at all times in compliance with the National Standards for Residential Services for Children and Adults with Disabilities (January 2013) (as amended, consolidated, restated or replaced from time to time) and in compliance with all other standards made under the Health Act 2007 and as the Chief Inspector may notify to the registered provider from time to time;</p> <p><i>Condition 4</i> – The designated centre The Children’s Sunshine Home shall be operated at all times in compliance with all other legislation regulations and standards which are applicable to it;</p> <p><i>Condition 5</i> – Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre The Children’s Sunshine Home shall be operated at all times in accordance with, and shall provide only the services set out in its Statement of Purpose, as delivered and amended from time to time in accordance with Regulation 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulation 2013 (S.I. No. 367/2013), (as amended, consolidated, restated or replaced from time to time);</p> <p><i>Condition 6</i> – The maximum number of persons that may be accommodated at the designed centre The Children’s Sunshine Home is 19.</p>

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14. Capacity of centre

The maximum capacity for the Centre is 14.

Currently the maximum number of adults supported in residential care is 7 and the number of children supported in residential/respite care is 7.

15. Staffing Complement

The Service employs staff for Disability Residential services, through HSE Section 38 funding, additional resources are provided through fundraising activities (Services) to enhance the provision of integrated disability and children's palliative care services.

Posts that are specific to the Disability Service

POSITION	HSE W.T.E	SERVICES W.T.E
CNM1	2.00	
Staff Nurse	14.60	
Nursery Nurse (NN)	2.51	
Healthcare Assistants (HCA)	9.50	2.38
Activities Co-Ordinator (NN/HCA)	1.60	
TOTAL	30.21	2.38

Posts that have a dual function between Disability & Hospice Service

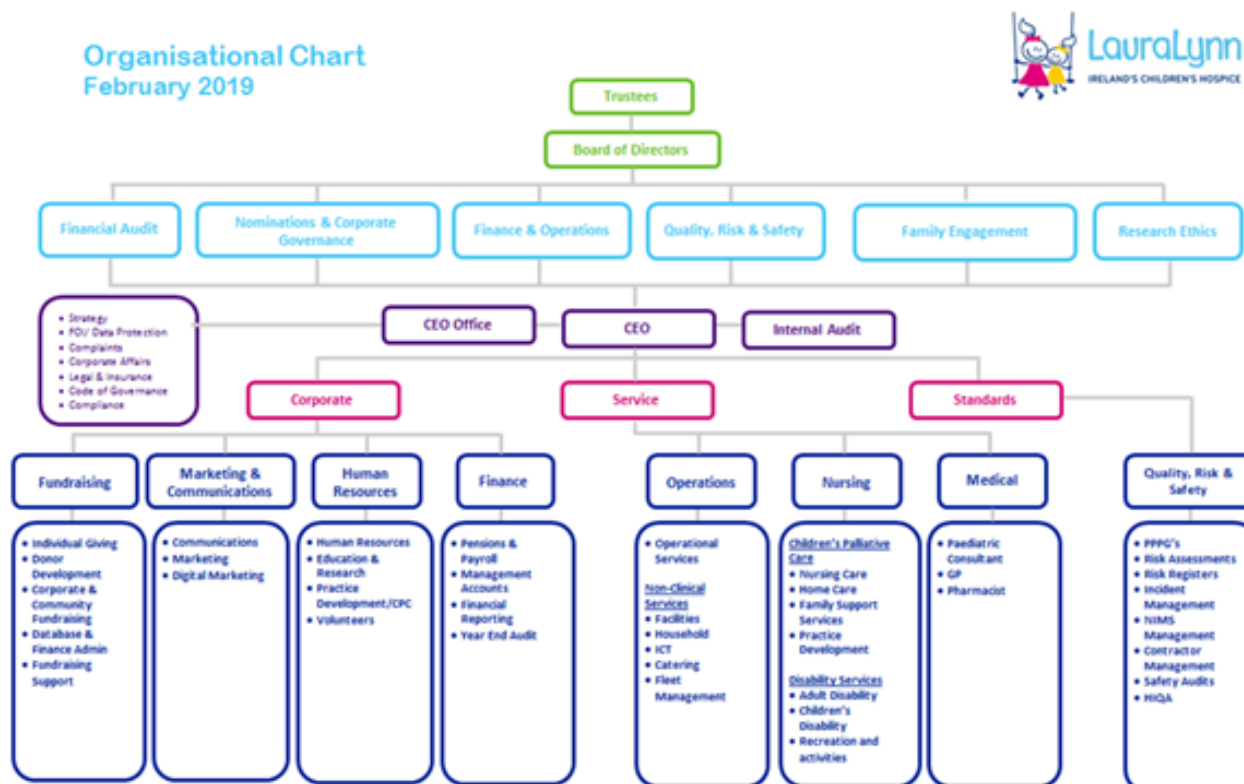
POSITION	HSE W.T.E	SERVICES W.T.E
C.E.O.		1.00
Director of Nursing/Person in Charge	1.00	
HR Manager	1.00	
HR Officer	0.81	1.60
Facilities Manager	1.00	

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POSITION	HSE W.T.E	SERVICES W.T.E
Head of Operations	1.00	
Quality Risk & Safety Manager		1.00
Practice Development & CPC (C.N.M. 2)	1.00	
Administration Assistant	1.86	1.50
Receptionist		1.00
Volunteer Co-ordinator		1.00
Head of Finance	1.00	
Social Worker	0.79	
Chaplain	1.00	
Dietician	0.23	
Nurse Tutor	1.00	
Physiotherapy Manager	0.50	
Maintenance Person	1.00	
Support Services Assistant	3.00	
G.P.	0.31	
TOTAL	16.50	7.10

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16. Organisational Structure:



17. Number, age-range and sex of residents/respite adults and children for whom it is intended that accommodation should be provided:

Age Range	Gender	Number	Facilities Provided
23 – 45	M & F	7	Adult Disability Residential Care
9 – 18 th birthday	M	2	Children's Disability Residential Care
Birth – 18 th birthday	M & F	5	Children's Disability Respite & Crisis Care

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18. Specific care and support needs that the centre is intended to meet:

All adults and children supported in the disability service have intellectual and physical disabilities and require a maximum or high level of support. All are totally dependent for all their care needs.

Each child and adult has clearly defined needs including:

- Physical;
- Medical/Nursing;
- Social Interaction;
- Communication;
- Emotional;
- Recreational;

All children and adults require regular monitoring and review in respect of meeting these needs.

19. The type of nursing care to be provided

Care is provided by a team that includes; GP, Nursing Staff, Health Care Assistants/Nursery Nurses, Physiotherapist, Administrative Secretary, Catering and Household Staff. (Support is accessed from Paediatrician, Occupational Therapist, Dietician, Social Worker, Chaplain and Children's Palliative Care Clinical Nurse Specialist on a referral basis). All services offered are further enhanced by a team of volunteers who contribute in a very significant way. Nursing care provided is holistic and person centred in its approach with registered nurses on duty 24/7.

Each individual's care is planned by a Registered Nurse in consultation with the individual and/or their family. Each adult and child in residential care has an Integrated Care Plan which incorporates their person centred plan. Plans are formally reviewed annually, with the individual, family, other relevant service providers and the multi-disciplinary team.

Each child in Disability Respite has an integrated care plan established prior to admission in consultation with the child and/or family; care plans are reviewed on each admission and focussed on goals identified at annual reviews and on every admission.

20. Eligibility, Admission and Discharge Criteria

The Service's Eligibility, Admission and Discharge Policy is in operation to ensure that admissions to the service are timely and determined on the basis of fair and transparent criteria. (Ref Policy No: 4.10. Eligibility, Admission and Discharge Policy - Disability Residential Respite Services)

20.1 Eligibility & Admission to the Disability Residential Respite Service

The Adult Disability Residential Service does not accept referrals for adults over the age of 18 years for Residential or respite service.

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The Children's Disability Residential Service does not accept referrals for residential care for children.

The Children's Disability Respite Service accepts referrals for respite for children who:

- Who are aged between 1 and 17 years of age (up to last day of 17th year) - young people referred at 16 years of age and over are considered individually depending on what transition plans for adult services are already in place.
- Have profound learning difficulties, accompanying physical disabilities, complex medical and healthcare needs and may have additional sensory impairments.
- Who are vulnerable to acute changes in health which necessitates 24-hour care.
- Whose complex needs require them to be managed by a registered nurse (i.e. Gastrostomy Tube Feeding, uncontrolled/unstable Epilepsy, unstable respiratory conditions).
- Who are registered and supported by a Primary Disability Service.
- Who live in the CHO East (Wicklow, Dun Laoghaire, Dublin South East), CHO 7 (Dublin South City, Dublin West, Dublin South, West Kildare/West Wicklow) & CHO 9 (Dublin North, Central Dublin, North West Dublin North)

The Children's Disability Respite does not accept referrals for children who

- Are independently mobile;
- Exhibit behaviours that challenge or put themselves or others at risk;
- Children with tracheostomy/artificial airways;
- Who require high medical and clinical team support.
- Who live outside of CHO East, CHO 7 & CHO 9 areas.

20.2 Discharging from Disability Residential Respite Services

Adult Disability Residential Service:

- The 7 resident adults have security of a permanent home and are not required to leave against their wishes unless there are compelling reasons for the move i.e. National Policy, suitability of accommodation,
- Each adult/their representative is consulted with in advance of any move and has access to an advocate if they wish to object
- The arrangements for the transition of any adult within the residential service to a new residential service will be carried out in consultation with each adult/their representative and all transitions will occur in a timely manner with planned supports in place

Children's Residential Service

- The Service currently provides high support residential care to 1 child and 1 teenager with profound and multiple learning disabilities and complex healthcare needs.
- One child has a transition plan in place and is being supported to transition to a long term foster placement.
- The teenager has security of a permanent home and is not required to leave against their wishes unless there are compelling reasons for the move

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- The arrangements for the transition of any child within the residential service or to a new residential setting will be carried out in consultation with children's families and occur in a timely manner with planned supports in place.

Children's Disability Respite Service

- The decision to discharge the provision of LauraLynn services is the responsibility of the Disability Referrals Team.
- Each child's eligibility to the Service will be reviewed annually or more frequently if need indicated.
- Transition planning to adult Disability Services will commence when the child reaches 14 years of age, The Service will work with the CHO Disability Case Manager to ensure the child is prepared for transition to adult service.
- A family may choose to voluntarily withdraw from children's Disability Respite Services and request to be discharged

21. Arrangements for residents/respite children to engage in social activities, hobbies and leisure interests

Children and adults avail of a range of activities on and off-site (health permitting). These are co-ordinated by the Recreation and Activities Co-ordinator/CNM's and supported by the Care Team, Health Care Assistants and Volunteers.

A variety of organised social activities are available to the children and adults. On-site individual and/or group sessions are held in residential houses and general use playrooms. Active community-based participation is also promoted through social outings, visiting community groups and volunteer involvement. Activities and therapies are creatively developed and informed by individual preferences, needs and goals as identified in care plans. Specialised therapies are designed to facilitate communication and sensory stimulation.

Current activities provided within the service and accessible to the residents within the local community are:

Onsite – Reading, musical recitals, massage, pet therapy, therapeutic play, bowling, cinema evenings, painting, cooking/baking, Special Olympics.

Offsite - Attendance at sporting fixtures, museums, concerts, national parks, petting farms, zoo, Airfield Nature Farm/gardens, swimming, horse riding, miscellaneous (e.g. trip to circus).

This list is not exhaustive.

22. Access to education, training and employment

Our Education Policy and Education and Training Opportunities and Day Activation Services Procedure promotes educational and training opportunities for children and adults to maximise their individual learning needs, strengths and abilities.

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Each adult in residential care is supported in accessing Day Services (health permitting) provided by local Disability Services. Children in residence are supported to continue education (health permitting), where residential children are unable to travel to school the Service supports applications for Home Tuition.

Respite children are supported to continue to attend school when in respite where possible, if not possible the family identify goals for the child to attain whilst in respite.

23. Arrangements made for consultation with, and participation of, residents in the operation of the service

Residential adults and children, and children attending for Disability Respite are consulted with on a regular basis as individuals, regarding their specific needs and desires. Due to the high level of disability and for some, lack of capacity to choose, consultation occurs with the adult and their families, the majority of consultation regarding service developments takes place with families. Where possible, autonomy is promoted by giving the adults and children the opportunity to plan their day for example - when they would like to get up, choices are given regarding meals and meal times and when they would like to rest/go to bed. Advocacy services are engaged if and when required to ensure that all stakeholders are acting in the best interest of children and adults.

The Service has established a subcommittee of the Board to represent family's interests and views. In principal the subcommittee consists of family representatives (from all strands of the service), Board members, CEO, Head of Operations, Director of Nursing, Marketing and Communications Manager and the Volunteer Co-ordinator. Nominations/volunteer parents represent hospice care and disability services.

The objectives of the subcommittee with regards to the best interests of children, adults and families in each strand of the Service are:

- To provide an effective representative body for families (parents, siblings, grandparents, guardians, carers)
- To communicate effectively with the Board of Directors and staff to families/carers
- To develop and foster communications within the 'Families Groups'
- To allow for greater openness for communication and put forward suggestions, issues and concerns for the improvement of the service in an open and constructive manner
- To agree on the key actions and deliverables of the subcommittee and to review and monitor the implementation of these actions

The outcomes of Family Satisfaction Surveys are used to inform the services of changes or development requirements. In order to ascertain the views and suggestions from front line staff the CNM 1's will consult and represent them at committees/working groups, specific projects include facilitating focus groups with frontline staff.

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24. Fire Precautions and Emergency Procedures

The Services Health & Safety Statement incorporates arrangements for:

- the prevention of an outbreak of fire through the establishment of day-to-day fire prevention practices;
- the instruction and training of staff;
- the holding of fire and evacuation drills;
- the maintenance of escape routes;
- the provision of adequate fire protection equipment and systems;
- the inspection and maintenance of the fire protection equipment and systems;
- liaising with the Fire Authorities;
- maintenance of a Fire Safety Register;
- Visitors, staff, volunteers and residents sign in sheets are in operation at all entrances/exits and all must sign in and out of buildings;
- Emergency Evacuation Box is situated in each care area.

The Emergency Management Plan defines roles and responsibilities in the event of a major internal emergency. This includes actions to be taken in the event of any emergency defined as serious, unexpected and potentially dangerous situation requiring urgent action.

The Service operates an Escalation Process (Ref Appendix 2) in the event of an Internal Emergency/Major Incident. The purpose of this document is to describe the escalation process for staff to follow in the event of an internal emergency/major incident within designated centre and Service wide. This procedure should be used in conjunction with the service's Emergency Management Plan and Contingency Plan.

25. Religious services:

We are a non-denominational Service and accept referrals from people of all faiths or to those belonging to no faith traditions. We ensure that any ceremonial service or ritual that takes place is in a multi-faith manner based on the faiths or non-faiths of the children or adults.

Our Chaplain facilitates a Quiet Time Service for the children and adults as required/requested and offers a quiet non faith based sensory time with reflective and inspirational music and periods of silence. The care team support arrangements for children adults to attend a religious service should they choose.

26. Arrangements made for contact between residents and their relatives, carers, representatives and the local community and for children in care contact between his/her HSE Child and Family Social Workers

We operate a visiting children/adults policy which recognises the right for all children and adults to maintain personal relationships and links with the community, and for residents, staff and stakeholders to be treated with dignity and respect. (Ref Policy No: 4.6 Visiting Children/Adult's Policy Disability Services). We do not place restrictions on visits unless requested by the child/adult/parent/advocate, or for reasons of privacy and safety. Parents/Guardians of children/adults are requested to approve visits of those who

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are not related or who are not on the list of approved visitors in their Integrated Care Plan. Visiting guidelines are on display in prominent areas in the Service.

Visits and telephone contact with relatives and friends are actively encouraged, private rooms are available for visitors if required and access to IT/Skype is available as and when required.

27. Compliments & Feedback

It is the policy of the Service to ensure that there is an effective and comprehensive system in place for people using our services to provide us with feedback. The service welcomes and encourages feedback from the people who access our service and commits to learn from the information it receives and to use the learning to inform continuous improvements in our services. (Ref Policy No 1.3; Your Feedback Matters – Tell Us What You Think (incorporating feedback & complaints))

The service welcomes feedback from all stakeholders to ensure the delivery of high quality supports and services at all times. All feedback and concerns, verbal or written are acknowledged, reviewed, explored thoroughly, treated confidentially and responded to fully in a timely manner. Where necessary quality improvement plans are developed to prevent recurrence. Suggestion boxes are available at every entrance for comments and feedback.

The Service has a nominated Complaints Officer, Claire O’Sullivan (Executive PA). The request for a review of the management of a formal complaint can be referred through the Services internal appeals procedure or the complainant will be informed of their right to review by the Ombudsman or the Ombudsman for Children. (Ref Appendix 4)

28. The arrangements made for dealing with reviews and development of the residents individualised personal plan referred to in the regulations

Each adult and child in residence has a formal annual review of their Care Plan & Global Assessments which incorporates their Person Centred Plan. The formal annual review is attended by the resident (when appropriate), the resident’s circle of support (family, appropriate members of the service’s care team, the relevant disability day service/education provider and HSE Social Worker (where relevant)). Each resident and/or their families/advocate are given a copy of the care plan during the annual review and as requested thereafter. The nominated keyworker reviews the care plan at a minimum monthly to ensure it is reflecting the adult or child’s care and support needs.

Each child attending respite services has a review of their care plan on every admission.

29. Specific therapeutic techniques used in the service and arrangements for their supervision

Children and adults in residence have access to appropriate therapeutic interventions, by referral, which are carried out by appropriately qualified therapists.

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Therapies include:

- Physiotherapy;
- Occupational Therapy;
- Other appropriate therapies that may be requested or required from time to time

Therapists are orientated, guided and supervised on site by the most appropriate shift leader or manager.

30. Privacy and Dignity

It is the policy of the Service to ensure that there are systems and practices implemented which uphold privacy and dignity to embed a culture of person-centred care, maintain standards, develop a supportive professional environment and promote positive attitudes, behaviours and dialogue between staff, the children and adults that use the service and their families.

Each resident has his or her own bedroom or bed space (for those who share twin bedded room) and are encouraged with the support of staff and families to keep personal possessions and to make their area as homely as is possible.

Our Intimate Care Policy (Ref Policy no:4.4) ensures that children and adults receive personal care and treatment in privacy, each bedroom has a privacy curtain/blind that will screen off the doorways, bathrooms are only used by one person at a time.

Sitting rooms are available for adults and children to meet in private with their family/visitors. Telephones and Skype are available if and when needed and personal time and space is allocated for this as appropriate.

It is noted that many of the children and adults require assistance with managing such equipment and as such may need the facilitation of a team member for this activity.

Each child and adult has an individual personal file in which all data is managed and maintained by the key worker and/or shift leader. Records are kept private and locked in a secure location for safe-keeping. Each child or adult and/or their family may have access to their own records as they require in keeping with their individual capacity.

Each child and adult is allowed personal independence and autonomy in keeping with their age, cognitive ability and capacity. Each child and adult is communicated with the utmost respect and dignity, always addressing the child or adult directly when engaging with them in all activities. Each child and adult is consulted in relation to all aspects of their care and supports and in keeping with their age, cognitive ability and capacity.

31. Day care services

As a general rule, day care services are not offered. However, from time to time parents may prefer to avail of day respite care for their child rather than availing of overnight care. Where possible this is provided and a programme of activities is established to meet that child's needs. The Recreation and

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Activities Coordinator schedules activities each week that meet the needs of the individuals that are unable to attend Day Services for whatever reasons.

32. List of key policies that inform practice in the service

	Policies required in regulations	In place
1.	The prevention, detection and response to abuse, including reporting of concerns and/or allegations of abuse to statutory agencies	<ul style="list-style-type: none"> Child Protection and Welfare Policy. <i>Ref No: 5.1</i> Management of suspected or Alleged Abuse for Vulnerable Adults Policy. <i>Ref No: 5.2</i> Safeguarding & Protection from Abuse Policy. <i>Ref No: 5.3</i>
2.	Admissions, including transfers, discharge and the temporary absence of residents	<ul style="list-style-type: none"> Eligibility, Admission and Discharge Policy. <i>Ref No 4.10</i>
3.	Incidents where a resident goes missing	<ul style="list-style-type: none"> Missing Resident Procedure. <i>Ref No: ND017</i> Temporary absence of a resident procedure <i>Ref No:ND20</i>
4.	Provision of personal intimate care	<ul style="list-style-type: none"> Intimate Care Policy. <i>Ref No: 4.4</i>
5.	Provision of behavioural support	<ul style="list-style-type: none"> Behavioural & Emotional Support Policy. <i>Ref No: 4.9</i>
6.	The use of restrictive procedures and physical, chemical and environmental restraint	<ul style="list-style-type: none"> Restrictive Practices Policy. <i>Ref No: 4.8</i>
7.	Residents personal property, personal finances and possessions	<ul style="list-style-type: none"> Finance Management Policy. <i>Ref No: 1.4</i> Procedure for managing residents personal cash, possessions, debit cards, petty cash and restricted funds - DCS <i>Ref No: ND029/ND030</i>
8.	Communication with residents	<ul style="list-style-type: none"> Communications with Residents policy. <i>Ref No: 4.11</i>
9.	Visitors	<ul style="list-style-type: none"> Visiting Children/Adult's Policy. <i>Ref No: 4.6</i>
10.	Recruitment, Selection and Garda vetting of staff	<ul style="list-style-type: none"> Policy on Recruitment & Selection. <i>Ref No: 3.1</i> Policy on Volunteer Recruitment. <i>Ref No: 3.4</i>
11.	Staff training and development	<ul style="list-style-type: none"> Staff Education & Training Policy <i>Ref No: 3.8</i>
12.	Monitoring and documentation of nutritional intake	<ul style="list-style-type: none"> Food Safety Policy. <i>Ref No: 6.4</i> Nutrition and Hydration Policy. <i>Ref No:6.5</i>
13.	Provision of information to residents	<ul style="list-style-type: none"> Provision of Information to Residents Policy <i>Ref No: 4.12</i>
14.	The creation of, access to, retention of, maintenance of and destruction of records	<ul style="list-style-type: none"> GDPR Policy. <i>Ref No: 2.2</i> FOI Policy. <i>Ref No: 2.3</i> Policies, Procedures and Guidelines – Development, Review, Approval & Communication. <i>Ref No: 1.6</i>

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	Policies required in regulations	In place
15.	Health and safety, including food safety, of residents, staff and visitors	<ul style="list-style-type: none"> • Recognising, protecting and promoting the rights of children and adults Ref No: 4.14 • Food Safety Policy. Ref No: 6.4 • Health & Safety Statement • Risk Management Policy. Ref No: 7.1 • Incident Reporting Policy – Identification, Documentation, Rectification, Review and Communication. Ref No: 7.4
16.	Risk management and emergency planning	<ul style="list-style-type: none"> • Risk Management Policy. Ref No: 7.1 • Health & Safety Statement • Escalation Process in the event of an Internal Emergency/Major Incident. Ref No: ND027 • Incident Reporting Policy – Identification, Documentation, Rectification, Review and Communication. Ref No: 7.4
17.	Medication management	<ul style="list-style-type: none"> • Medication Management Policy. Ref No: 6.1 • Administration of Intramuscular Injections Procedure. Ref No 6.1.3 • Administration of rectal medications. Ref No: 6.1.8 • Administration of eye and ear drops procedure. Ref No: 6.1.9
18.	The handling and investigation of complaints from any person about any aspects of service, care, support and treatment provided in, or on behalf of a designated centre	<ul style="list-style-type: none"> • Your Feedback Matters – Tell us what you think. Ref No: 1.3
19.	Education policy which complies with relevant legislation in respect of the education needs of children with disabilities (in centres where children reside)	<ul style="list-style-type: none"> • Education Policy Ref No:4.7
20.	Access to education, training and development	<ul style="list-style-type: none"> • Education and Training Opportunities and Day • Activation Services Procedure. Ref No:ND018
21.	CCTV (in designated centres where CCTV systems are in use)	<ul style="list-style-type: none"> • GDPR Policy Ref No: 2.2 • CCTV Policy Ref No: 2.6

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33. Arrangements in place for the Review, Approval and Communication of the Statement of Purpose and Function

The Statement of Purpose and Function is considered a live document, managed by the Director of Nursing in consultation with the CEO and Board of Directors. Updates to the Statement of Purpose and Function occur as required with the approval of the CEO, at a minimum the SOPF is reviewed quarterly. The SOPF is publicly accessible on the Services website and to families on request. The SOPF is communicated to staff on induction to the Service and available on the staff resource folder on computer and in the PPPG folders in each residential house. Updates to the SOPF are communicated by staff email to disability services staff and Executive Management team

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34. Appendices

Appendix 1: Incident or Potential Incident Reporting

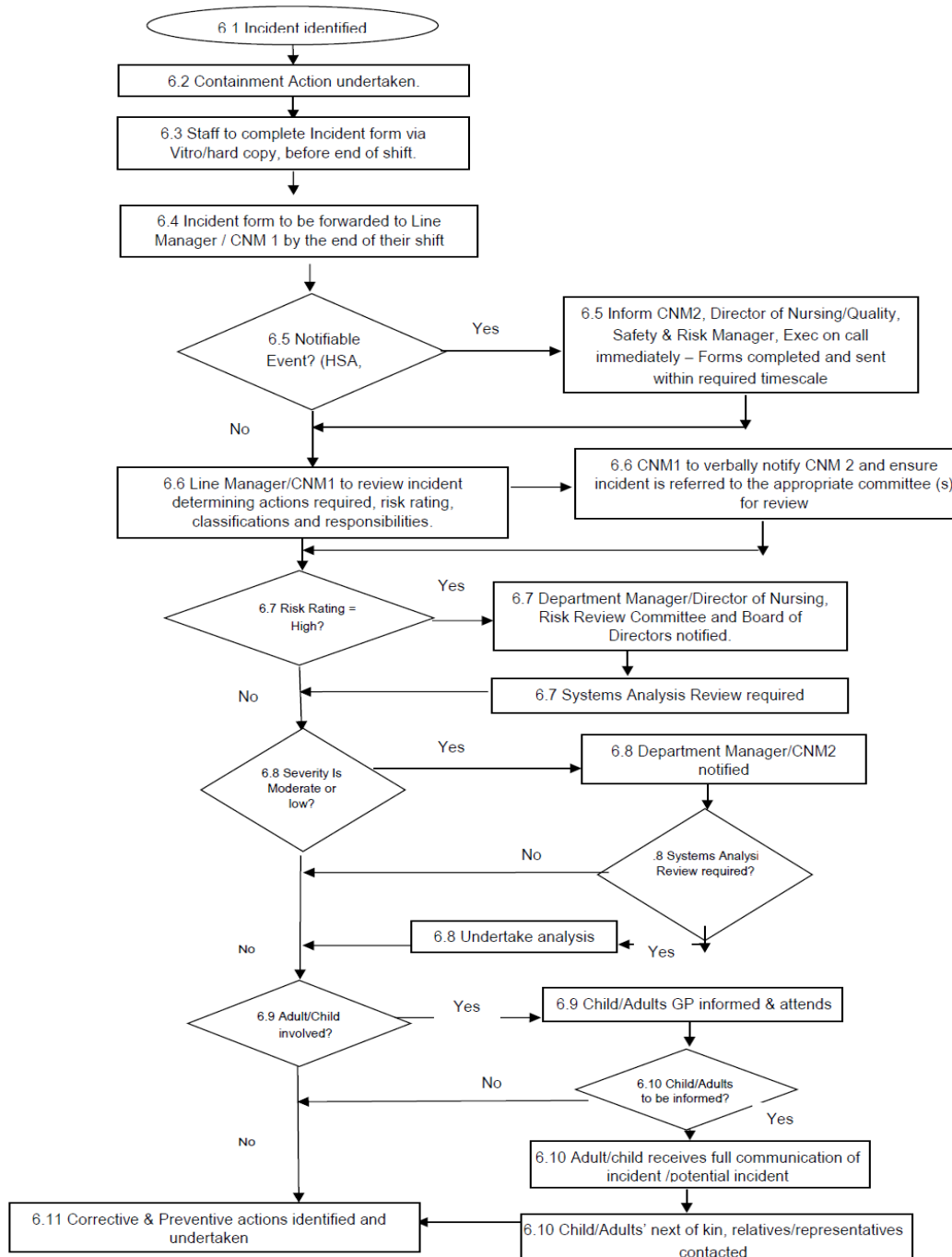
Appendix 2: Escalation Process in the event of an Internal Emergency/Major Incident

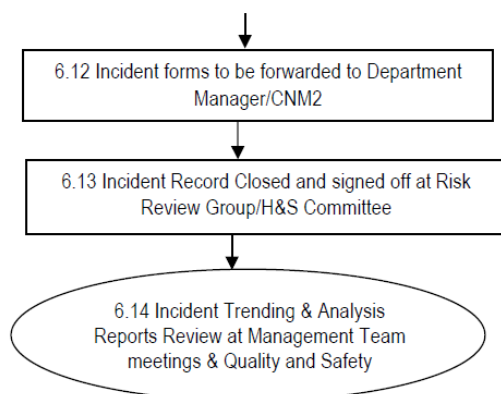
Appendix 3: Site Map & Building Plans

Appendix 4: Complaints Procedure

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Appendix 1: Incident or Potential Incident Reporting





Appendix 2: Escalation Process in the event of an Internal Emergency/Major Incident

6.0 Escalation Procedure

The escalation procedure in the event of an internal emergency/major incident shall follow the process outlined in Fig.2.0

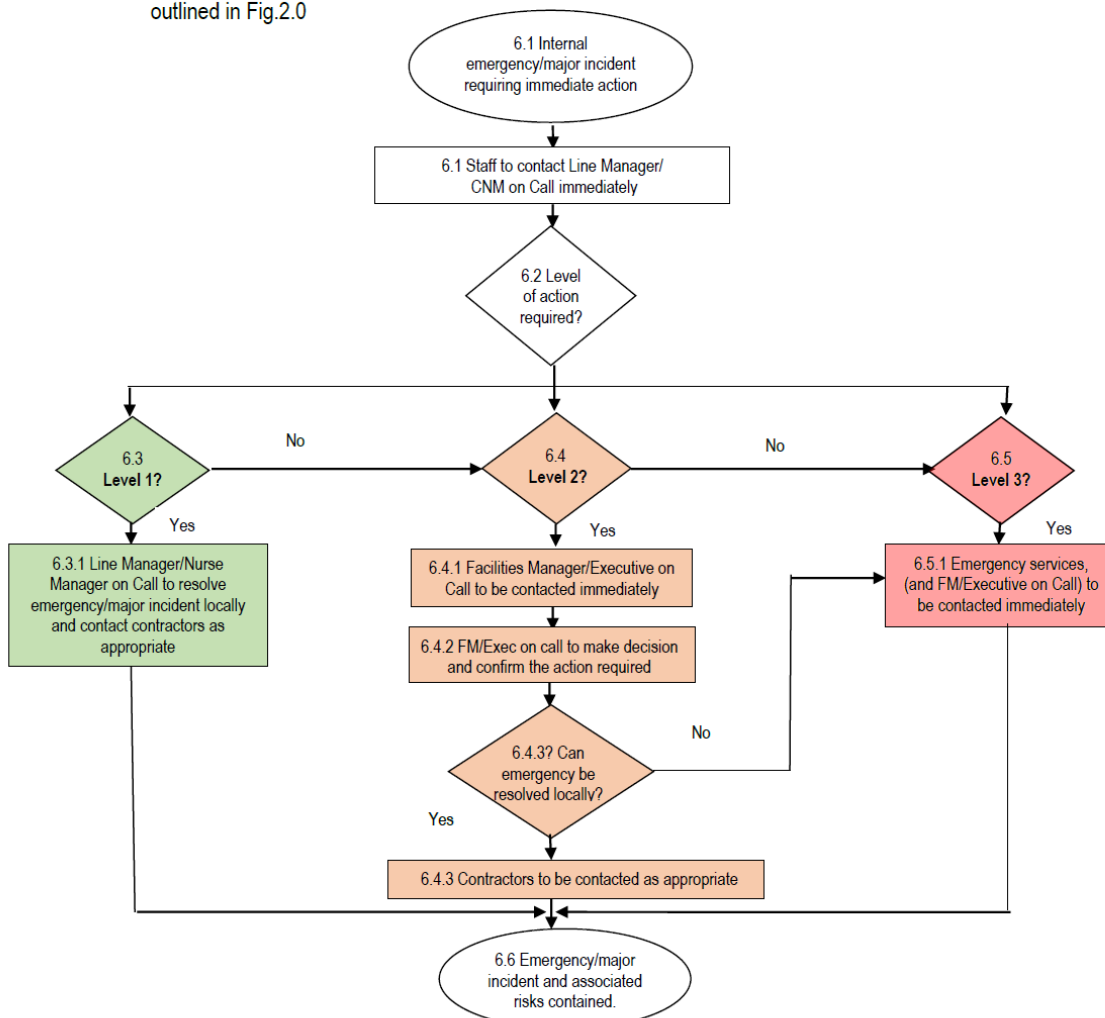
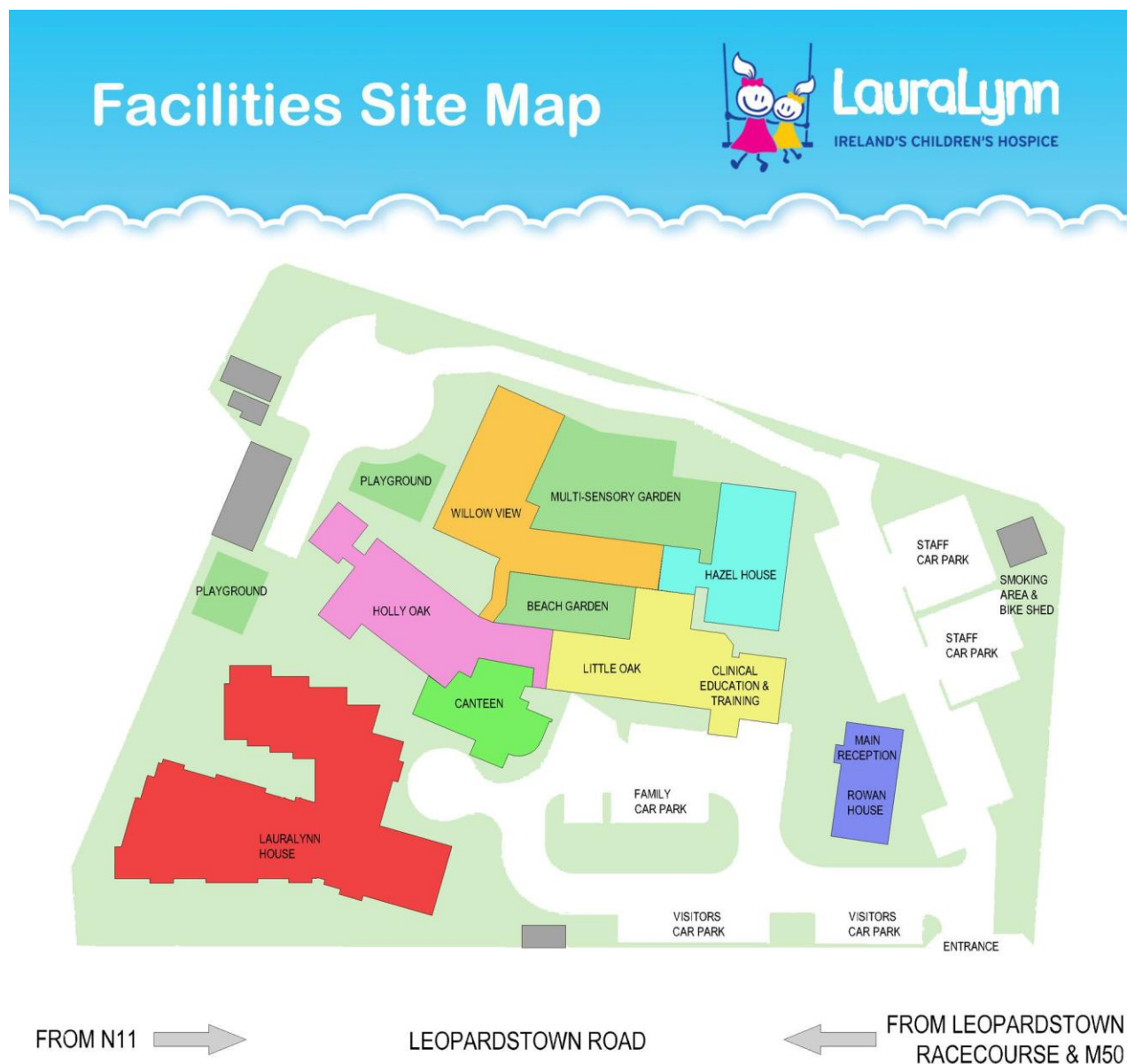


Fig 2.0 Escalation procedure in the event of an internal emergency/major incident

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Appendix 3: Site Map & Building Plans



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Appendix 4 – Complaints Procedure



Written complaints are to be forwarded to the Complaints Officer who will log the complaint and acknowledge it within 5 working days, co-ordinate the investigation of the complaint and endeavor to have it completed within 30 working days and communicate the outcome or ongoing process to the complainant.

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