



Statement of Purpose

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

Address: Leopardstown Road, Foxrock, Dublin 18, D18 R620

Centre ID: 0003282

Written By: Anne-Marie Carroll Director of Nursing	Date Issued: 13.01.2025	Revision Number: 30
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Registered Provider: (as per Certificate of Registration)	The Children's Sunshine Home
Person in Charge: (as per Certificate of Registration)	Anne-Marie Carroll
Persons participating in Management: (as per Certificate of Registration)	Kerry McLaverty Anne-Marie Carroll Bernie Chapman Chief Executive Officer Director of Nursing Quality, Safety & Risk Manager

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Services and Facilities in the Designated Centre

Aims and objectives of the designated centre:

Our aim for our disability service is to provide a community of care that delivers:

- evidence-based, personalised services to children with complex care needs and 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/education, and deliver exemplar, holistic care, within a dynamic culture of compassion, collaboration & excellence. Our ambition ultimately is that the children and adults in our care are supported to reach their full potential. In 2024, the Service launched our Strategic Plan 'Advancing our Vision' for 2024 – 2028, which outlines our objectives for the disability service:

- Maximise the impact of our children's disability service.
- Successfully support the residents of Willow View to transition to specialist adult disability community service providers that can meet their rights, needs, will and preference.
- Advocate to ensure children and their families can access the cohesive, responsive, specialist care and support they need at all stages of their journey.

In 2023, following an extensive review of the Willow View service and the residents' life-experiences, the Board were concerned to learn that, while the residents are much loved and well cared for physically and medically, gaps and limitations in the model of care have been identified. Furthermore, the research has shown us that the residents could, and should, be supported to live an ordinary life in an ordinary home in the community, in keeping with current policy, standards of care and the UN Convention for Human Rights for Persons with a Disability. Having considered the extent of service transformation that would be required to ensure the residents are supported to live the lives they should, the Board have resolved that the only option is to support the adults in transitioning to an alternative specialist service provider that can better meet their rights, needs, will and preferences.

This transition process commenced in June 2023, with comprehensive communication to the Willow View residents, families, staff and volunteers and the recruitment of a dedicated Transforming Lives Project Lead. The transition process is expected to be concluded by the end of 2025. It continues to be the services 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, and fun.

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The specific care and support needs that the designated centre is intended to meet:

- adults with severe/profound intellectual and physical disabilities in Residential care 24/7, 365 days per year in "Willow View".
- children with medical complexity and severe neurological impairment, with Respite and Crisis Care, 24/7, 360 days per year in "Hazel House".

Age Range	Gender	Number	Facilities Provided
28-44	M & F	6	Adult Disability Residential Care
Birth – 18 th birthday	M & F	5	Children's Disability Respite & Crisis Care

Specific Therapies: are provided through a referral process, some as a shared resource between Disability and Children's Palliative Care services. Health and Social Care Professional Posts are funded either through the HSE/The Children's Sunshine Home Trust/fundraising activities. Therapies include Physiotherapy, Occupational Therapy, Dietetics, Speech & Language Therapy.

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Facilities which are to be provided

In order to meet the care and support needs of children and adults using the service, all bedrooms are single, and bathrooms are fully equipped to support children and adults with physical disabilities. The children and adults can also avail of living rooms, family rooms, activity rooms and wheelchair accessible gardens / playground. Every child and adult accessing the service has access to wheelchair accessible vehicles.

There is a soft play area for children and many means of technology available to children and adults through the use of iPad, specially adapted computers, smart televisions, digital television and mobile Wi-Fi.

Recreational areas are safe & accessible. There are walkways throughout the garden areas and benches. There are 3 playgrounds - 2 playgrounds have been adapted and are accessible, with 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 quiet corner, play area, musical instruments, seating, and tracks for walking wheelchairs on.

Services which are to be provided

All children and adults supported in the disability service have intellectual and physical disabilities and require a high level of support. All are totally dependent for care needs. Each child and adult has clearly defined needs including:

- Physical/Medical/Nursing/Social/Communication/Emotional/Recreational.

All children and adults require regular monitoring and review in respect of meeting these needs. Clinical Care is provided by a team that includes GP, Nursing Staff, Health Care Assistants/Nursery Nurses, Speech & Language Therapist and Dietician.

Non-clinical care is provided by Social & Recreational Support Worker for the adults and Activities Coordinators for the children, Administrative Secretary, Catering and Household Staff. (Support for children's respite is accessed from the, Occupational Therapist, Bereavement Coordinator 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 24/7.

Each child and adults' care and support is planned by a Registered Nurse in consultation with the individual and/or their family. Each adult 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.

A Transforming Lives Project Lead works collaboratively with the adults living in the service and all key stakeholders to deliver on the organisations plan to support each person living in its small adult disability residential service to transition from their existing service to established services supporting people with intellectual disabilities and complex needs to realise their potential and live a good life.

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A designated Family Liaison and Respite Co-ordinator ensures that each child accessing respite services 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.

An individual Service Provision Agreement between the Designated Centre and each adult in residential care & parents/guardians of children in respite care is in operation. This contract sets out the terms and conditions, and rights and responsibilities of both parties (HIQA 2013). This document is drawn up in line with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Financial Charges for adults in residence.

Residential Support Services Maintenance and Accommodation Contribution (RSSMAC) refers to the statutory contribution towards maintenance and/or accommodation costs required to be paid by recipients of residential services. (Health Act 1970; Section 67 A, B & C). Under the RSSMAC Regulations 2016 (S.I. No. 467 of 2016) each adult in residential care is obliged to pay RSSMAC for the nights that they are in the centre. Adults are supported to have financial assessments completed to determine the level of RSSMAC they have to pay. The CNM 1 maintains a record of the nights that residents are in the Service, these are submitted monthly to the finance department who in turn will invoice the resident.

Admissions to the Designated Centre

Registered Bed Numbers:

11

Age range of residents to be accommodated:

Age Range	Number	Facilities Provided
28-44	6	Adult Disability Residential Care
Birth – 18 th birthday	5	Children's Disability Respite & Crisis Care

Gender of residents to be accommodated:

Male /Female

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Criteria used for admissions

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

The Adult Disability Residential Service is closed to new referrals.

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

- Who are aged between 1 and 16 years of age, young people referred at 16 years of age and over are considered individually and are dependent on transitional plans for adult services.
- With medical complexity and severe neurological impairment.
- With irreversible conditions causing severe disability, leading to susceptibility to health.
Examples: severe cerebral palsy, multiple disabilities, such as following brain or spinal cord injury.
- Who are vulnerable to acute changes in health status, which necessitates 24-hour care.
- Whose complex needs require them to be supported by a registered nurse (i.e. Gastrostomy Tube Feeding, uncontrolled/unstable Epilepsy, unstable respiratory conditions)
- Who are medically stable with no evidence of recent clinical deterioration, i.e. no recent prolonged hospitalisations, no change in respiratory supports needs or significant increase in epilepsy treatment.
- Who are registered with a Primary Disability Service and/or Children's Disability Network Team
- Who live in the CHO East (Wicklow, Dun Laoghaire, Dublin Southeast), CHO 7 (Dublin South City, Dublin West, Dublin South, West Kildare/West Wicklow) & CHO 9 (Dublin North, Central Dublin, Northwest Dublin North)

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Total staffing complement (in full time equivalent**Posts that are specific to the Disability Service**

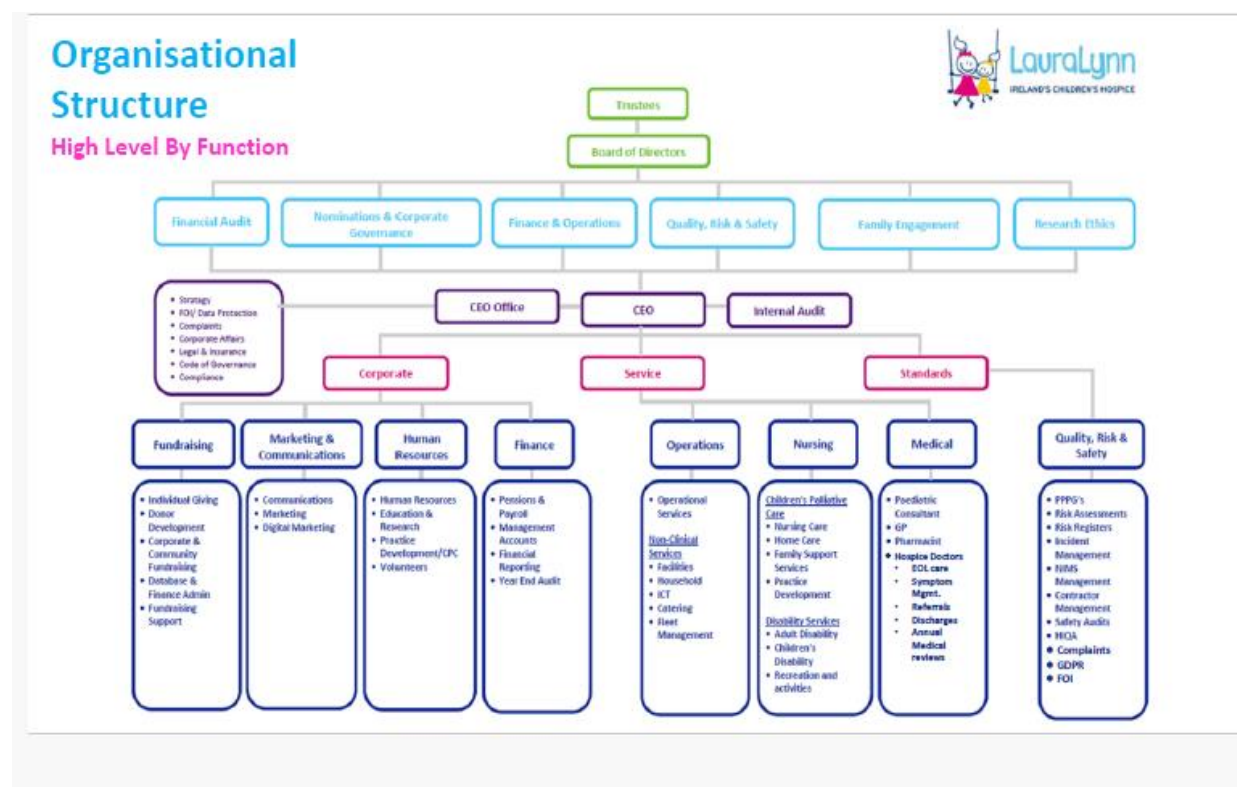
POSITION	W.T.E
CNM 2	1.00
CNM1	2.15
Staff Nurse	14.54
Nursery Nurse (NN)/ Healthcare Assistants (HCA)	14.54
Activities Co-Ordinator (NN/HCA)	2.40
Senior Physiotherapist (vacancy)	0.50
Transforming Lives Project Lead	1.00
Administrator	1.00
Family Liaison & Respite Coordinator	1.00
TOTAL	38.13

Posts that have a dual function between Disability & Hospice Service

POSITION	W.T.E
C.E.O.	1.00
Director of Nursing/Person in Charge	1.00
HR Manager	1.00
HR Officer	3.28
Facilities Manager	1.00
Head of Operations	1.00
Quality Risk & Safety Manager	1.00
Quality Risk & Safety Officer	1.00
Practice Development & CPC (C.N.M. 2)	1.00
Clinical Nurse Specialist in Paediatric Palliative Care	1.00
Receptionist	1.00
Volunteer Co-ordinator	1.00
Head of Finance	1.00
Dietician	0.26
Nurse Tutor	1.00
Training and Development Administrator	1.00
Maintenance Person	3.00
Support Services Assistant	3.00
G.P.	0.25
Senior Occupational Therapist	0.64
Clinical Nurse Specialist Infection Prevention and Control & Staff Occupational Health	1.00
Speech & Language Therapist	1.00
TOTAL	26.43

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Organisational structure of the designated centre:



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The Director of Nursing (DON) is the Person in Charge (PIC) is normally on site Mon- Fri office hours. The Quality Risk & Safety Manager (QRSM) is a PPIM and assumes the PIC role when DON is on leave. An annual schedule is in place to ensure PIC cover. In the absence of PIC/DON, a member of the Senior Nursing Team (SNT) will be identified for clinical leadership to support the QRSM. In the absence of the DON and QRSM the Executive on Call are PPIM's and assume the PIC role with clinical leadership being provided by a member of the SNT.

One CNM 2 and two CNM 1 posts are operational, the CNM 2 provides clinical and professional leadership to the Designated Centre, whilst one CNM 1 has specific responsibility for the adult service and 2 part time CNM 1's for children's service. The CNM 2 predominantly works Mon, Wed & Fri until 2pm. CNM 1's take leave opposite each other to ensure continuity.

A Staff Nurse is rostered 24/7 in the disability service and assumes shift lead responsibility in absence of CNM1. A 'Clinical on-Call' roster is in operation 24/7, 365 days per year, to ensure efficient 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 Guidelines). The rostered Clinical on-Call system applies where there is no on-site senior nursing team cover.

- ✓ An identified nursing team member will carry the Clinical on-Call mobile phone.
- ✓ CNM1's/Care Teams on duty will be informed of the arrangements in place.
- ✓ A record of all calls received will be maintained.

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Resident Wellbeing and Safety

Each adult 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, their circle of support (family, members of the service's care team, disability day service/education provider). 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's care/support needs.

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

Specific therapeutic techniques used in the designated centre

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

Therapies include:

- Speech & Language Therapy;
- Other appropriate therapies that may be requested/required.

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

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Respecting residents' privacy and dignity

It is the policy of the Service to ensure that there are systems implemented which uphold privacy & 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, children, adults & families.

Each resident has their own bedroom and is supported by staff / families to keep personal possessions and to make their area homely. Our Intimate Care Policy (Ref Policy no:4.4) ensures that children and adults receive personal care in privacy, each bedroom has curtain/blind that screen off doorways & bathrooms are only used by one person at a time.

Sitting rooms are available for adults/children to meet in private with their family/visitors. Telephones/Skype are available & personal time and space is allocated for this. Many of the children/adults require assistance with such equipment and may need the facilitation of a team member for this activity.

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

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

Social activities, hobbies and leisure interests

Children/adults avail of a range of activities on/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/adults. On-site individual and/or group sessions are held in residential houses and playrooms. Active community-based participation is also promoted through social outings, visiting community groups and volunteer involvement. Activities/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.

Accessing education, training and employment

Our Education Policy, Education & Training Opportunities, & Day Activation Services Procedures promote educational and training opportunities for children/adults to maximise their individual learning needs. Each adult in residential care is supported in accessing Day Services (health permitting) provided by Disability Services. Respite children are supported to continue to attend school when in respite, if not possible the family identify goals for the child whilst in respite.

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Consultation with, and participation of, residents in the operation of the designated centre

Residential adults, and children attending for Disability Respite are consulted on a regular basis as individuals, regarding their specific needs. In the event there is a concern an individual may lack capacity; the Service will consult the individual's family/circle of support. Where possible, autonomy is promoted by giving the children/adults the opportunity to plan their day i.e. when they would like to get up, choices are given regarding meals/mealtimes and when they would like to rest/sleep. Advocacy services are engaged when required to ensure everyone is acting in the best interest of children/adults.

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

The objectives of the subcommittee 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 for 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. 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.

A Rights Review Committee is operational in the best interest of the adults in residential care. The Committee ensures robust processes are in place to protect and promote the rights of adults and provide an avenue for adults to address possible restrictions within the Service & promote fair treatment. Membership includes staff, volunteer representative, and a family member. Terms of Reference, Referral Form and pathway for managing referrals are established.

Access to religious services of residents' choice

We are a non-denominational Service and accept referrals from people of all faiths/no faith traditions. We ensure that ceremonial service or ritual that takes place is in a multi-faith manner based on the faiths or non-faiths of the children/adults. The care team support arrangements for children/adults to attend religious services should they choose.

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Contact between residents and their relatives, friends, representatives and the local community

We operate a visiting children/adult's 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).

Dealing with complaints

The Service ensures an effective system is in place for people using our services to provide feedback. The service welcomes & encourages feedback and commits to learn from the information received & to use the learning to inform continuous improvements. (Ref: Policy No 1.3; Your Feedback Matters – Tell Us What You Think).

The service welcomes feedback from all stakeholders to ensure the delivery of high-quality services at all times. All feedback/concerns are acknowledged and responded to in a timely manner. Where necessary, quality improvement plans are developed to prevent recurrence. Suggestion boxes are in situ for comments/feedback.

The nominated Complaints Officer is Bernie Chapman (QRS Manager). The request for a review of a formal complaint can be referred through the Services internal appeals procedure or the complainant will be told of their right to review by the Ombudsman/Ombudsman for Children.

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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/maintenance of the fire protection equipment and systems.
- liaising with 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/responsibilities in the event of a major internal emergency including actions to be taken in the event of any serious, unexpected and potentially dangerous emergency situation requiring urgent action. There is a Business Continuity Plan for the management of Internal Emergency/Major Incident. The purpose of this document is to describe the escalation process for staff to follow within the designated centre and Service wide.

Appendix 1:

Conditions of Registration:

Condition 1 – Subject to any prohibitions or restrictions contained in any other condition(s), the designated centre shall be operated at all times in accordance with the Statement of Purpose within the footprint of the designated centre on the floor plan dated 13.8.24. The registered provider shall only provide for the specific care and support needs, and services, within the facilities as set out in the Statement of Purpose, as agreed with the Chief Inspector at the time of registration. Any changes to the specific care and support needs and services provided must be agreed in advance with the Chief Inspector.

Condition 2 – Persons aged 18 years or younger shall not be accommodated in the same building at the same time as persons aged 18 years or older.

Condition 3 - The maximum number of persons that may be accommodated at the designated centre is :11.

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Appendix 2:

Layout of the Designated Centre:

Hazel House Respite House for Children

Room	Maximum number of children accommodated	Equipment	Size
Bedroom 1	1	Overhead Track Hoist Piped oxygen & suctioning Profiling bed Nurse Call alarm	17.4m2
Bedroom 2	1	Overhead Track Hoist Piped oxygen & suctioning Profiling bed Nurse Call alarm	18m2
Bedroom 3	1	Overhead Track Hoist Piped oxygen & suctioning Profiling bed Nurse Call alarm	17.6m2
Bedroom 4	1	Overhead Track Hoist Piped oxygen & suctioning Profiling bed Nurse Call alarm	18.8m2
Bedroom 5	1	Overhead Track Hoist Piped oxygen & suctioning Profiling bed Nurse Call alarm	18m2
Bathroom	1	Overhead Track Hoist Profiling bath Shower trolley Nurse Call Alarm	23m2
Dining/Living Room	5	Overhead Track Hoist Positioning equipment Nurse Call Alarm	65.5m2
Family Room/Office	3	Overhead Tracking Hoist Nurse Call Alarm	10.8m2
Toilet		Disabled toilet Baby Changing Station Pull Cord Alarm	4.8m2
Laundry	2	Washing Machine Drier	5.5m2
Linen Room	2	Equipment	5.3m2
Store Room	2	Equipment	6.9m2
Medication (store) Room	2	Medication trolley	6.9m2
Sensory Room	2	Sensory Equipment	9.7m2

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Willow View & Hollyoak Adult Residential

Room	Maximum number of adults accommodated	Equipment	Size
Bedroom 1	1	Profiling bed Nurse Call Alarm	24.93sqm
Bedroom 2	1	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
Bedroom 6	1	Profiling bed 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	6	Positioning Equipment Nurse Call Alarm	50.68sqm
Medication room/office	3	Nurse Call Alarm	12.8sqm
Bathroom Hollyoak	1	Profiling bath Shower trolley Nurse Call Alarm	25.64sqm
Activities/Recreation Room Hollyoak	7	Positioning Equipment Nurse Call Alarm Sensory Equipment	78.37sqm
Staff Room	5	Couch TV Fridge Table	17.20sqm
Disability Team Office	2	Office Equipment	17.20sqm
Disability Team Office	3	Office Equipment	17.20sqm
Disability Team Office	1	Office Equipment	17.20sqm
Family Room	4	Couch Chairs Table Nurse Call Alarm	17.20sqm
Laundry Room	2	Washing Machine Drier	8.2sqm
Linen Room	2	Equipment	7.9sqm
Laundry Room	2	Equipment	12.19sqm

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Document Version History

Version Number	Version update comment	Effective date
V.27	Updated to new format.	March, 2023.
V.28	PPIM members updated in line with HIQA regulations Numbers accommodated updated to reflect current status.	May, 2023.
v.29	Conditions of Registration Updated. Maximum numbers accommodated Updated. Transforming Lives Project added. Staff Complement updated.	December, 2023
v. 30	Updated new strategy Revised Eligibility Criteria for children's service added CNM 2 mat leave cover change in working hours reflected Hospice Consultant Paediatrician removed as no longer in post	January 2025

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