

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	ORG-0008469
Centre county:	Cork
Email address:	helen.shorten@bocss.org
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Person in charge:	Helen Shorten
Lead inspector:	Susan Geary
Support inspector(s):	Vicky Blomfield
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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 National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 March 2014 09:45 To: 11 March 2014 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The centre was a respite residential service for children set in a rural area but within close proximity to nearby towns and services. The centre consisted of two bungalows with separate entrances which could also be accessed internally through interconnecting doors if required. One house provided short-term planned respite breaks for up to five children ranging in age from six years to 18 years. The other house provided longer-term emergency respite for three children for whom longer-term respite was required.

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). As part of the monitoring inspection, inspectors met with the person in charge, staff, children and one parent. Inspectors observed practices in the centre and reviewed various documentation, including children's files and policies and procedures.

On the day of the inspection there were three children resident on a full-time basis in one house and two children who were availing of a short respite period in the other house. All the children attended educational programmes in special schools nearby.

The care provided to the children was good and the staff were observed to be warm and respectful to the children. Children were included where possible in exercising choice regarding daily activities and there were good communication structures in place to assist children in communicating their needs.

A number of risks were identified during the inspection and these related to the

medication management procedures in place and fire precautions. There was insufficient governance of medication management, health and safety, and risk management. As a result, inspectors issued an immediate action plan to the provider following the inspection. There was evidence of good practice in other areas such as safeguarding and child protection.

Non-compliances in relation to other aspects of the service are contained within this report and are included in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. 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 National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The arrangements in place to meet each child's assessed needs were not clearly outlined in a personal plan. However, systems were in place to support children when transitioning between the service and home, and practice was good in this area. Children were assisted where possible to prepare for adulthood.

Inspectors reviewed the files of all the residents present on the day of inspection and found that while they had individual profiles on each child completed by parents and other documentation which would inform a child's personal plan, the person in charge had not put in place a written personal plan for each child as required by the regulations. The person in charge informed inspectors that staff had not yet commenced person-centred planning with children but intended to do so.

There was evidence of multidisciplinary input with children and some files reviewed by inspectors contained reports from professionals such as speech and language therapists or psychologists. However, as personal plans had not yet been completed for each child, no system had been put in place to carry out a multidisciplinary review of a child's personal plan as required by the regulations.

As this was a respite centre, children often moved between the centre and their home and inspectors found evidence that visual cues were used, such as pictures of school, home or the centre, to help children to transition between places. All admissions for respite were pre-planned in advance and inspectors reviewed the diary for the next six months which indicated this and also indicated that parents had been written to and informed in advance.

Inspectors reviewed the files of one young person who was 17 years old and found that efforts were made to assist him or her in household tasks and preparation for adulthood. Inspectors also observed staff encouraging and supporting him or her to participate in these tasks.

There were a sufficient range of activities offered to children while at the centre. Inspectors reviewed activity planners on children's files and found that activities offered were varied and where possible children were assisted to choose the activity they preferred. One centre did not have its own transport so staff reported that this sometimes curtailed their ability to engage in activities outside of the centre. However both centres had a wide range of toys, games and DVDs, and children had access to a safe garden in which to play in.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were insufficient measures in place to ensure the health and safety of children, visitors and staff.

Inspectors were provided with a template for the service's safety statement but it had not been completed. No local risk assessment had been completed and many of the health and safety documents were incomplete. Kitchen knives were easily accessible in an unlocked kitchen drawer and a risk assessment had not been completed in relation to this and other potential hazards. Inspectors reviewed a number of the centre's health and safety documents and found that they were fragmented, incomplete and there were no processes in place to carry out systematic checks in the centre. The system in place to manage and record accidents and incidents was not sufficient.

Fire equipment and fire precautions had not been reviewed. The fire extinguishers and fire alarms had been serviced as required. However there was no record of fire drills and staff interviewed indicated that neither they nor the children had participated in fire drills. Fire evacuation instructions were in place at exit doors, however, the floor plans were hand-drawn maps and difficult to follow. It was unclear if a review had been undertaken by a certified person in relation to the number of fire extinguishers in place and the means of escape. There was no emergency plan in place. The fire panel was faulty although the person in charge informed inspectors that arrangements were in

place to have it repaired. Staff had not received up-to-date training in fire safety and training records viewed by inspectors showed that some staff had received training but it was some years ago. An immediate action plan was issued by the Authority.

Procedures in place for the prevention and control of infection were satisfactory. Staff interviewed by inspectors were knowledgeable about the control of infection and the measures required.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Children were treated with warmth and respect and there were measures in place to safeguard and protect children from abuse. Appropriate actions were taken in response to concerns, and policies and procedures were in place which were followed. A restraint-free environment was promoted when possible.

On the day of inspection, inspectors observed staff to be warm and respectful to the children. Inspectors viewed the policies in place in the centre regarding safeguarding and child protection and found that they were comprehensive. These policies were generic, had been developed by the provider and at the time of the inspection staff were in the process of receiving updated training in Children First (2011). Inspectors spoke to staff who were aware of the procedures and knew who the designated person was in the event that they had to report a concern.

The person in charge was knowledgeable about how to deal with allegations or suspicions of abuse and information reviewed by inspectors demonstrated that appropriate action was taken when required.

There were clear guidelines and policies in place for the use of restrictive procedures. There was a system in place to ensure that restrictive practices were notified and monitored by a behaviour standards committee, to ensure that children's rights were protected and to prevent overuse. The person in charge informed inspectors that apart

from the restrictions of locking the external gate and door, no other restrictive practices were in place. Files reviewed by inspectors indicated that no other restrictive practices were being used. Staff informed inspectors that they had completed training in a particular behaviour management technique to assist them in managing challenging behaviour, while there was evidence that staff were knowledgeable about potential triggers for children and how to deal with challenging behaviour without using restrictive practices.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The medication management policy in place in the centre was insufficient, however a new policy was in the process of being implemented at the time of inspection. The medication management practices in the centre were inadequate.

The person in charge advised that a new policy had been developed but was not yet implemented in the centre. The processes in place for medication management were unsafe and the records reviewed by inspectors pertaining to the administration of medication were insufficient. General practitioners' (GP) signatures were not recorded when required and times for the administration of medication as indicated by the GP were not adhered to. There were no reasons recorded when there were delays in the administration of medicine or if medication was not administered. Inspectors found no evidence of drug counts or audits and there was no system in place to monitor safe medication management practices. The absence of safe medication management procedures and robust arrangements for the review and monitoring of medication management could lead to errors occurring which could cause harm to a child.

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The statement of purpose did not accurately describe the service that was provided by the centre.

There were two written statements of purpose, one for each house on the campus. Both statements of purpose were reviewed by inspectors and there were omissions and errors in both. The person in charge informed inspectors on the day of inspection that these were being updated. The admission criteria was not outlined in the statement of purpose, and although one centre had been re-designated as an emergency respite service for longer-term respite arrangements, the policy and procedures for emergency admissions were not stated. The staffing complement for one house was not contained in its statement of purpose.

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The management system in place was not effective. There was no annual review carried out regarding the quality and safety of care provided.

The centre was managed by a person in charge who was located in an administrative centre in a nearby town. In addition to this centre, the person in charge was also responsible for three other services. While the person in charge had a social care leader in place in one centre, there was no nominated on-site manager for the other centre and this was a particular problem because this centre had in effect become a long-term centre. Inspectors interviewed the person in charge and found that she was

knowledgeable about the legislation and her statutory duties. However, given that this person was the middle manager of this service as well as three other services, inspectors were concerned about the viability of managing such a large service. The person in charge confirmed that while she tried to visit the centre once a week that this was not always possible and that she was seeking to employ a social care leader for one house which at the time of inspection did not have one. This meant that at the time of inspection managerial oversight was not effective in the centre and the impact of this was that there were insufficient governance arrangements which in turn meant that personal plans were not in place, medication management practices were inadequate and health and safety measures were not sufficient.

The provider did not carry out an annual review of the quality and safety of care provided by the centre. The person in charge told inspectors that while she did review children's files and reports on a regular basis, given her large brief, she was unable to devote the time required to this.

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Staffing levels in both houses were adequate and staff were qualified and experienced. Personnel files reviewed by inspectors contained evidence of staff members' qualifications. Inspectors reviewed the rota which was compiled by the person in charge and found that staffing levels were adequate. One of the houses was relying predominantly on staff from the home support team, a team which usually provided outreach support to children in their own homes and therefore these staff were temporarily assigned to the centre. However, the person in charge made efforts to ensure consistency in the staff team so that residents did not experience multiple changes in personnel.

Staff were familiar with the policies and procedures in place in the centre and were aware of the regulations and Standards but improvements were required in relation to ongoing training. Training records reviewed by inspectors showed that while training had been completed in some areas, it was done a number of years ago and staff

confirmed that they required refresher training in areas such as manual handling, fire safety training and first aid. Staff interviewed by inspectors demonstrated a good understanding of the regulations and Standards and key policies such as child protection, safeguarding and behaviour management. While the service had completed an overall training needs analysis for all staff, there had been no centre-specific training needs analysis done with centre staff in order to ensure the continuous professional development of the staff team.

Supervision was not formally provided to staff in the centre. The staff from the home support team informed inspectors that they had group supervision every six weeks in relation to the home support work that they did. Other staff members informed inspectors that while they received good support from the unit manager and person in charge, they did not receive any formal supervision. The person in charge was unable to provide inspectors with supervision files during the inspection. This meant that there was no system in place to monitor staff performance to ensure any deficits were addressed, to provide support to staff and in turn promote good practice and ensure accountability.

The recruitment process for staff was robust. Personnel files reviewed by inspectors found that they contained all the requirements as set out in Schedule 2 of the regulations. A new process had been put in place prior to the inspection and this consisted of an audit tool for the person in charge to ensure that all staff had the required documents as required by the regulations.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Susan Geary
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	ORG-0008469
Date of Inspection:	11 March 2014
Date of response:	06 June 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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 National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Children did not have written personal plans outlining their assessed needs and plans to meet them. Children and families had not participated in drawing up their plans.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:

A personal plan will be prepared for each child. The current individual profiles and activity planning system will be replaced by this new plan. The draft format of the plan will be finalised on 3rd June by the Services Quality Department and will be

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

implemented for all children availing of the respite facility.
Short term respite 30th September 2014 (40 children approximately) and longer term respite 20th June 2014 (3 children)

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

As personal plans had not yet been prepared for residents, they were not available in an accessible format for residents, where appropriate, and their representatives.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

Please state the actions you have taken or are planning to take:

The Personal Plans will be made available to families and children developed in accessible format. Short term respite 30th September 2014 and longer term respite 20th June 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and therefore were not reviewed annually or when there was a change in circumstances in line with regulations.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:

The new personal plans will have an annual review date monitored by the Services Quality Department and the current system of update on key issues prior to the scheduled respite visit (6 times a year on average) will be maintained to ensure continuity of care between home and respite.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and therefore were not reviewed by a multidisciplinary team when required.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:

The personal plans will be reviewed by the circle of supports for the child and will include multidisciplinary inputs and will be linked with the school IEP system where appropriate. Review to be carried out when implementing the new personal planning system and no later than 31 December 2014.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and therefore were not reviewed with the participation of residents where appropriate or their representatives.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:

The personal plans reviews will include the child where appropriate and will include the the circle of support for the child. Short term respite 30th September 2014 and longer term respite 20th June 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and therefore were not reviewed to assess their effectiveness.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in

circumstances and new developments.

Please state the actions you have taken or are planning to take:

The personal plan review will have an outcome measurement system. Progress on action plans to address identified actions and barriers arising from changing circumstances will be monitored by Person in Charge supported by the Services Quality Department. Short term respite 30th September 2014 and longer term respite 20th June 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and reviewed as required by regulations, therefore recommendations arising from reviews could not be included in personal plans.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:

The personal planning system will ensure that the system of reviewing and updating individual plans is in accordance with Regulation 05(7). Short term respite 30th September 2014 and longer term respite 20th June 2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Personal plans were not in place and were not reviewed therefore amendments could not be made to personal plans in line with regulations.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

Please state the actions you have taken or are planning to take:

The review of the current system will ensure that the system of reviewing and updating individual plans is in accordance with Regulation 05(8). Short term respite 30th September 2014 and longer term respite 20th June 2014.

Proposed Timescale: 30/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As the provider had not ensured that an assessment of risk was undertaken in relation to all hazards identified throughout the centre, the measures and actions to control these risks had not been specified.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:

The risk assessment process is currently under review to ensure that measures and actions are completed for all risks identified.

Proposed Timescale: 31/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider did not have systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:

The current risk management is now being rolled out with training in all areas. This system provides for the risk assessment; risk management and review of risk. An Emergency Plan has also been drafted and will need discussion with all family members prior to finalisation.

Proposed Timescale: 31/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not ensured that an assessment of risk was undertaken in relation to all hazards identified throughout the centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:

The current system provides for an annual Health & Safety Hazard Assessment/Log to be completed. This was completed in February 2014 and is updated throughout the year. The Hazard Log has now been updated for the issues identified during the inspection and remedial action completed on all issues raised. The log, in checklist format, is now being reviewed to ensure it captures as many hazards as possible and that these are risk assessed and managed on a ongoing basis.

Proposed Timescale: 31/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Fire precautions in place in the centre had not been reviewed to ensure that there were sufficient fire equipment, adequate means of escape and sufficient arrangements for the opening of exit doors in the event of an emergency.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:

The Centre received a Fire Certificate in 2010. Annual Equipment maintenance inspection and certification has been carried out. An external expert has been engaged to review the fire precaution arrangements. No difficulties highlighted in the main fire alarms system however, further service was required for the internal doors access system. The recommendations have been implemented. Fire Hazard and Risk Assessment will be carried out at fortnightly House meetings.

Proposed Timescale: 30/05/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that all staff, and as far as reasonably practical, children, were aware of the procedure to be followed in the case of fire.

Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

The last fire evacuation drill was carried out on 9th March 2014 in the short term respite house. All files will be reviewed to ensure that the Personal Emergency Evacuation Plans (PEEP) are in place for all children. Two fire evacuation drills have been scheduled for both houses annually. Additionally, one unannounced fire evacuation drill for both houses will also be carried out annually. Emergency Evacuation Plan is being reviewed in consultation with the Health and Safety Officer and the House Leader. Fire Training for Children: An accessible version of the fire evacuation plan will be available for staff to train children on the local procedures where practicable. Staff are liaising with the Speech & Language Therapists to develop communication systems for the children for the purpose of enhancing the children's understanding and awareness of fire safety for their stay in respite care by the use of visual schedules etc.

Proposed Timescale: 13/06/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider failed to make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of children.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:

Fire Prevention Training is mandatory for all staff. Site Specific Fire training is arranged with a professional company – 16 staff were trained on site specific procedures on 24th March and training for the remaining staff is scheduled for June 2014. Refresher Training: Fire Prevention Refresher training for all staff will be scheduled on an annual basis. The person in charge will liaise with the Training Department on the Refresher timetable when all the site-specific training has been completed for all staff.

Proposed Timescale: 30/06/2014

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge had not ensured that the designated centre had appropriate and suitable practices in relation to medication management.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

The Respite Services relies on families to ensure that their child's medication prescriber has completed the Service Medication Administration Record (Kardex) prior to the child accessing respite. Families return the Kardex and medications when their child is attending the respite house. Medication Kardex for the children currently in longer term respite have been rewritten by the children's respective prescribing doctors. All Medication Kardex's held for children due to attend short break scheduled respite have been reviewed and reissued with instructions to the families to take the record to child's prescriber for re-writing. The Respite House Leader will ensure that all completed Kardex's must be returned to the Respite service at least one week prior to the Child's next scheduled respite visit. Prior to the scheduled visits, ongoing weekly monitoring of the Kardex's will be arranged by the House Leader . In the case of unplanned emergency respite (outside of scheduled dates) the House Leader, or a named senior staff on duty will check the child's Kardex prior to the child's respite stay . A Medication Monitoring weekly check list has been developed by the Organisation as a Person In Charge internal audit tool for purposes of ensuring medication administration procedures are carried out in accordance with Services Policy. To be completed by the Social care Leader on a weekly basis and report to the PIC by exception. Although there are sufficient trained staff on each roster, further Medication Management Training will be rolled out for the remaining staff by the year end. The Organisation will advise all families of the intention to transfer to a new blister pack medication administration system, which includes a simplified recording system that should minimise the risks in the current system in the writing up of, administration and recording of medications. This new system will be phased in. In line with the Brothers of Charity revised Person Centred Medication Management Policy role out, post training assessments will be carried out. We are currently exploring external assessors to undertake the required assessments as a matter of priority.

Proposed Timescale: 31/12/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose did not contain all the requirements as set out in Schedule 1 of the regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Statement of Purpose is under review to ensure full compliance with Schedule 1 of Regulations.

Proposed Timescale: 31/05/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no annual review of the quality and safety of care and support provided by the centre.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Please state the actions you have taken or are planning to take:

The current system of review of the care and support provided in the centre is being reviewed and a system of formal annual review involving families and HSE is being developed with the Services Quality Systems Department.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were deficits in the management systems that were in place in the centre which required improvement to ensure that the service provided was safe, consistent and effectively monitored.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

One vacant Social Care Leader Post which has now been recruited. The duties of the Person in Charge have been reduced to ensure the Person in Charge can focus on the new systems being put in place. (i.e. two of the four Service areas have been transferred to separate management). Identified supports have been put in place for systemic changes identified in the areas of person centred plans , fire safety, staff training and Staff supervision. These supports will provide regular progress reports to the Person In Charge.

Proposed Timescale:

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As there was no annual review of the quality and safety of care and support provided by the centre, consultation regarding this review had not taken place with residents and or their representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:

The current system of review of the care and support provided in the centre is being reviewed and a system of formal annual review involving families and HSE is being developed with the Services Quality Systems Department.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

As there was no annual review of the quality and safety of care and support provided by the centre, a copy of this review was not available as required by regulations.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:

The Report of the Annual Review will be made available to all participants, and on request to the Chief Inspector.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The person in charge did not ensure that staff had access to appropriate training, including refresher training, as part of continuous professional development.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

The Services Training Department was in the process of setting up a new training database at the time of the inspection. This is now in place and will ensure that the relevant information is available to the PIC in relation to refresher training requirements. The database will also log the individual training requirements identified at staff meetings.

Proposed Timescale: 31/05/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff did not receive regular supervision.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

A formal staff supervision system has been developed. The Person in Charge and House Leaders will undergo training in June and the system will be implemented following this training.

Proposed Timescale: 30/06/2014

