

**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 St Patricks Centre Ltd
Centre ID:	ORG-0011335
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Patricks Centre Ltd
Provider Nominee:	John Murphy
Person in charge:	Martina McCormack
Lead inspector:	Tom Flanagan
Support inspector(s):	Bronagh Gibson
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	2

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 March 2014 09:30 To: 20 March 2014 18:30

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

Outcome 04: Admissions and Contract for the Provision of Services
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
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre provided residential and respite services to children, aged 5 to 18 years, with moderate to profound intellectual disabilities, some of whom also had complex physical needs. Full-time residential care was provided for a maximum of 10 children in three adjoining units in a single-storey building on the outskirts of the city. Overnight respite services were provided in a four-bedroom house in a housing estate in the city to a maximum of three children at one time.

This was the first inspection of the centre by the Authority. As part of the monitoring inspection inspectors met with children, the person in charge, the assistant director of services and a number of staff members. Inspectors observed practices and reviewed documentation including children's files, medication records, policies and procedures and staff files. There were eight children who were full-time residents on the day of inspection. All were attending educational programmes in special schools within the area.

Person-centred care was provided to children by an experienced and committed staff team. Personal plans for the children were based on assessments by a variety of professionals involved in their care and consultation with parents and the children themselves. Measures were in place to protect and safeguard the children. Good management structures were in place.

While this inspection was carried out under seven outcomes, inspectors found that there were non-compliances in relation to other outcomes and these are mentioned in the context in which they arose and under the relevant outcome. Areas of non-compliance with the regulations are outlined in detail within the body of this report and an action plan is included.

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 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

This outcome was not addressed in detail during the inspection. However, at least one child did not have a contract for the provision of services.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The welfare and wellbeing of each child was promoted by assessments of their needs, personal plans which outlined goals in relation to these needs, and a programme of activities and support by which these plans were implemented.

A sample of the children's files showed that children had personal plans on file, which were child-centred and set out their needs and choices in detail. Each of the children attended school and each participated in activities such as swimming, walking outdoors and trips away from the centre and these were set out in their plans. There was evidence that the personal plans were updated annually. Every three months the personal outcomes in relation to each child were reviewed by a multidisciplinary team and the child's parents. The child usually attended if possible. Individual education plan meetings were held yearly. However, though staff members explained to inspectors that children and their parents were actively involved in the development of their plans and described how children were consulted using pictures, objects of reference and sign language, there was no evidence of this in the children's files.

Children's files contained communication passports and a variety of risk assessments and plans for each child. They also contained assessments from the various professionals involved in their care, records of appointments, health checks and immunisation records.

Children, according to their capacity to do so, were supported in developing life skills in order to maximise their independence. This included, for example, care of their clothes and assisting with some household tasks.

A policy on discharges was in place and children and their families were consulted in relation to where the child would be discharged. In the past, a number of children were discharged home and continued to avail of respite services. The possibility of transfer to the adult residential services within the organisation was also an option, depending on the needs of the child and the wishes of the child and their parents. Children were supported in moving between services or going into hospital. Each file contained a personal health passport which summarised the information available on all relevant health and medical issues in relation to that child. The person in charge told inspectors that children would be fully supported in the transition to new placements, some of which may be provided by the same organisation, and that this would assist with full exchange of information and the continued involvement of clinical staff within the service.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to promote and protect the health and welfare of residents, staff and visitors but policies and procedures to identify and manage risks needed to be improved.

The premises was clean and the procedures in place for the prevention and control of infection were satisfactory. Some protective measures were in place. For example, inspectors observed that gloves, protective clothing and paper towels were regularly used by staff. Bedrooms were well-equipped with hoists available for lifting children should this be required. One of the residents was fed using a Percutaneous Endoscopic Gastrostomy (PEG) tube and the procedures were reviewed regularly by a dietician. A sealed container was available for used syringes. However, the health and safety statement was not centre-specific. It was dated 2010 and had not been updated since then.

In October 2013, a computerised system was commissioned as part of a risk management process across the organisation and the system became operational in March 2014. This allowed the person in charge to complete a risk register and inspectors saw that risks in the centre were identified, the measures in place to control these risks were outlined and further measures required were highlighted also. In relation to accidents or incidents, staff completed specific forms on a computer. These were reviewed and signed off by the person in charge and, if necessary, forwarded to the assistant director of services who maintained oversight of the process. However, there were no comprehensive risk management policies and procedures in place to support this process. Neither was there evidence of analysis of the data generated in order that the person in charge and staff could receive reports on trends in relation to accidents and incidents that might inform changes in practice or identify the need for further training.

Written procedures were in place for dealing with an emergency in the event of a fire but no emergency plan was in place for responding to other emergencies that may arise.

Suitable fire fighting equipment such as fire extinguishers and fire blankets were available at strategic locations. A system was in place for regular checks in relation to fire safety. This included a daily check by staff on night duty on the fire alarm, fire fighting equipment and on all windows and doors, including a check that fire doors were unobstructed. Up-to-date occupancy lists for all units were maintained. Monthly fire drills were undertaken and recorded. Records showed names of participants and the length of time of evacuation but no details of the fire drill itself. The person in charge told inspectors that the fire alarm was tested monthly and records showed that the fire fighting equipment was serviced in December 2013 and that the fire alarm was serviced periodically. However, the last recorded service of the alarm was on 27 June 2013 and not every quarter as required.

Inspectors viewed the premises and found that the escape routes were unobstructed. There was evidence that the mobility and cognitive ability of the young people had been adequately accounted for in relation to safe evacuation. For example, inspectors viewed a personal emergency evacuation plan in relation to one resident, which was detailed and took account of the resident's individual needs. Individual training records showed

that staff had received training in fire safety, and staff members interviewed by inspectors stated that they had received training and taken part in fire drills.

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:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Measures were in place to safeguard residents and to protect them from abuse but policies and procedures to protect children and to manage behaviour needed to be improved. The use of restrictive procedures needed to be reviewed.

Child protection policies and procedures were in place and had been updated in June 2013. While they were appropriate, they referred to the organisation as a whole and were not specific to the centre. The policy included provision for staff to make protected disclosures in the event of having concerns about practices in the centre but, while one staff member who was interviewed by an inspector was aware of this, other staff members were not. The designated person, who was the assistant director of services, was familiar with the children and maintained oversight of all accidents and incidents.

Staff had received training in Children First: National Guidance for the Protection and Welfare of Children (2011). A system was in place for the reporting of incidents, and staff who were interviewed by inspectors were aware of this system and demonstrated their knowledge of signs and symptoms of abuse. Inspectors found that standard report forms were rarely used to communicate concerns to the social work department. Instead, logs of incidents were maintained and these incidents were reported to the relevant social worker in relation to particular children. There was evidence that social workers responded to reports. However, the impact of these incidents on other children in the centre was not always reported. Records showed that a social worker had raised concerns about the number of times one child had been assaulted by another child and protective action was taken in response to this.

Efforts were made to identify and address underlying causes of behaviour that was challenging. For example, in relation to one child, inspectors viewed records of a recent

referral to a psychologist, a record of a subsequent meeting at a behavioural advice clinic, and a plan that was formulated to address the behaviour that was challenging. There was evidence that parents and social workers for the children attended such meetings.

The children's files showed that specialist and therapeutic interventions were implemented and that the support and advice of a multidisciplinary team was available. There was evidence of assessment and treatment of children by an occupational therapist, a physiotherapist, a speech and language therapist, a play therapist and a dietician.

Staff were trained in a specific approach to managing behaviour. A variety of strategies to manage behaviour were in place. For example, the children's files contained positive behaviour support plans and risk assessments in relation to specific behaviours. Pictures, cards, distraction techniques and one-to-one supervision by staff were also used. However, a comprehensive policy and procedures on behaviour support and the management of behaviour that challenges needed to be developed.

Some restrictive procedures were used but not always in accordance with evidence-based practice and no record of the use of restrictive practices was maintained. Inspectors found that the restrictive procedures in use were environmental. For example, the front door was locked to safeguard against the risk of flight. Gates were used in a number of areas in one unit and bolts were in place high up on bedroom doors to prevent one child from having access to certain rooms. There was evidence that these procedures were documented, risk assessed and reviewed. However, staff told inspectors that, occasionally, if staff were unable to supervise the particular child for a short time due to other commitments, the child may be placed in his or her room with the gate closed to ensure that he or she remained safe. There was no evidence that all restrictive procedures were reviewed to ensure that alternatives, such as increased levels of staffing, were considered and employed before restrictive measures were put in place.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The processes in place for the management of medicines were generally safe and in line

with current guidelines and legislation but the policies required revision and the management of controlled drugs required improvement.

There was a written operational policy and procedures in place in relation to the ordering, prescribing, storing and administration of medicines to residents. However, this was not centre-specific but was general in nature and applied to both adult and children services.

Medication was stored securely in medicine cabinets which were housed in locked cupboards in two of the three units. The medicine cabinets were locked and the keys were in the possession of the nurse on duty. Some medication was stored in a special fridge but the lock on this fridge had been broken for several weeks and no record of checks on the fridge temperature were maintained. Medications no longer in use or out of date were returned to the pharmacy and inspectors viewed records of returns which were signed by staff members and pharmacists.

The management of controlled drugs did not comply with current guidelines. Controlled drugs were in use and were stored in double-locked cupboards. A register was maintained and the administration of these drugs was signed for by two staff. No daily check on the stock of controlled drugs was undertaken. The arrangements for transferring controlled drugs to a school and their subsequent administration to a child while in the school setting were not set out in the policy and procedures and lacked transparency and accountability.

The person in charge told inspectors that only nursing staff administered medication but that plans were in place to enable healthcare staff members to also administer medication. Healthcare staff had received training in medication management but had not yet been assessed in relation to their competency to administer medication. A nurse, who explained the process of medication management to an inspector, had received training, was confident in his knowledge of the appropriate medication management practices and presented as competent in this area of work. Inspectors viewed the administration sheets which were well maintained and contained all the required information. Prescription sheets also contained all required information with the exception of a doctor's signature for medication that was required to be crushed.

The person in charge told inspectors that the medication of individual children was reviewed regularly by the children's general practitioners (GPs) or by a child psychiatrist who was available to the service one day per week. No audits of medication management had been undertaken. The person in charge told inspectors that nursing staff were in regular phone contact with the pharmacist who reviewed the medication of individual children and gave verbal feedback in relation to this. However, there was no written evidence of this.

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:

There was a detailed statement of purpose in place but it did not fully reflect the services provided. It set out the philosophy of the centre but the facilities available were not described in detail and some key information was omitted.

The stated purpose of the centre was to provide community residential and respite services to children up to 18 years of age with moderate, severe or profound learning disabilities. Much of the information required by the regulations was included in the statement of purpose but it did not include information on the complaints process, fire precautions, arrangements for contact between the children and their families, nor did it set out the criteria used for admissions, including emergency admissions. The extent to which arrangements for personal plans and services provided may differ for children on respite from those of children in full-time residential placements was not outlined. The sizes of rooms and the floor plans were not included.

It was not clear when the statement of purpose was developed as it was not signed or dated and did not have a date for review. The statement of purpose was reflected in the in practice but the statement was not available in a format that was accessible to children.

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 - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The management systems in place to ensure that the service provided was safe, appropriate to the residents' needs, and consistent, required improvement in some areas. The extent to which the service was effectively monitored by the agency funding the placements of the residents was unclear.

The person in charge described a clearly defined management structure, which identified the lines of authority and accountability in the centre. This was set out in an organogram in the statement of purpose. Healthcare and social care staff reported to the staff nurses, who reported to the clinical nurse managers. They reported to the person in charge, who, in turn, reported to the assistant director of services. The assistant director reported to the director of services. The director reported to the general manager who, in turn, reported to the board of management. The organisation also had a financial manager and a human resources manager.

Management systems to review the quality and safety of care and support to residents were not fully developed. The assistant director of services told inspectors that a residents' rights committee had recently been put in place. He demonstrated that he maintained oversight of the activity of the centre, met with the person in charge and the two clinical nurse managers once a week and he was familiar with issues arising in relation to individual children. Staff received training to ensure consistent adherence to good practice. The person in charge told inspectors that she had not carried out any audits as yet and that no key performance indicators were maintained. There was no six monthly or annual review of the quality and safety of care and support carried out.

The centre was managed by a suitably experienced and qualified person in charge. She told inspectors that she had attended training on the Standards and regulations and, when interviewed by inspectors, she was able to demonstrate sufficient knowledge of the legislation and of her statutory responsibilities. There was evidence that she had participated in accredited management training and was currently engaged in a training course, which included training on supervision. The person in charge demonstrated good leadership by ensuring staff had access to training and an opportunity to come together to reflect on the quality of their work with residents. For example, she engaged the services of a speech and language therapist to assist staff in their communication skills with the children. She told inspectors that she also liaised with school staff, multidisciplinary team members, the social work department and parents in relation to the children. Staff told inspectors that they were well supported by the person in charge.

The person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. She worked full-time and was listed on the staff rota. She also told inspectors that she was available to be called by staff outside of their normal working hours in the event of a crisis. The person in charge was in the process of completing a self-assessment exercise in relation to the centre's adherence to the Standards and regulations at the time of inspection. The staff rota was prepared approximately one month in advance by the two clinical nurse managers. The person in charge told inspectors that she sometimes liaised with a staff management officer regarding the sanctioning of extra staffing to meet the needs of individual children when the need arose. There was evidence that she was very familiar with the children and their needs and liaised with external professionals and agencies in

relation to them.

Inspectors requested a copy of the service level agreement with the Health Service Executive (HSE) but this was not available for inspection. It was not clear how the service level agreement was monitored as the person in charge told inspectors that no arrangements were in place for key performance indicators or an annual report to be sent to the HSE.

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:

There were appropriate numbers of skilled staff to meet the needs of children and to provide the delivery of safe services. Continuity of care was ensured and staff had up-to-date mandatory training and access to other training and education. Improvements were required in the areas of supervision, induction, recruitment procedures and in staff training records.

The person in charge was an experienced nurse and had been managing the centre for over two years. There were 22 whole-time equivalent staff, five of whom were nurses. There were 16 healthcare providers and one social care worker. Six relief staff were employed on a regular basis.

Staffing levels took into account the assessed needs of children and the size and layout of the premises. For example, children were assessed as requiring either one-to-one staffing or the assistance of two or three staff in relation to their needs and the particular activities they were engaged in. Inspectors viewed the staff rota for the time of inspection and for the following month and saw that staffing arrangements were organised to have a minimum level of staff on duty while residents were at school and a maximum number of staff on duty when residents were in the centre and participating in activities. Inspectors observed staff interacting with children and found that they were warm, caring and respectful in their approach.

The person in charge told inspectors that she had received training in the provision of

supervision and that supervision should be provided to staff approximately once a month. Inspectors viewed a sample of seven supervision files and found that good quality supervision was provided. However, inspectors found that there were long gaps between supervision sessions for many staff and the frequency of supervision needed to be improved to ensure that issues arising were dealt with in a timely manner. There was no system of performance reviews and, though the person in charge described how the performance of a staff member was reviewed, there was no evidence of this on file.

Inspectors viewed a sample of five staff files. The files were not arranged in such a way as to make retrieval of required documents easily accessible. All five files contained evidence of vetting and full employment histories. None of the files contained details of the staff member's current role and the hours they worked. Four of the five files did not contain recent photographs or the dates that staff members' employment commenced. Two files contained no references and two files contained only one reference. The relevant qualifications were not on file for one staff member and the current professional registration status was not on file for two nurses whose files were viewed.

A system was in place for the induction of new staff and a new staff member described to inspectors how he had been formally introduced to the policies and practices of the centre. Inspectors viewed the staff files in relation to the induction of three staff and found that the induction programmes were documented but the associated documents were not complete as none had been signed or dated at the end of the process.

The person in charge told inspectors that a range of training was provided, including mandatory training on Children First (2011), fire safety, moving and handling and first aid. The person in charge had completed a 'train the trainer' course in PEG re-insertion. Training on positive approaches to managing behaviour had also been provided and managers had received training on issues related to the detection of and prevention of abuse, training which they were planning to roll out to all staff. Staff told inspectors that they felt competent to support residents in a number of ways as a result of their training. Staff interviewed by inspectors presented as competent, aware of the residents' needs and care plans, and familiar with the policies and practices of the centre and the Standards. However, the lack of a training needs analysis and an overall training matrix meant that it was difficult to see what training had been undertaken by each staff member and made the task of planning for team training needs difficult for the person in charge.

Arrangements were in place for students to undertake placements but no other volunteers worked in the centre.

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities)

Theme:

Use of Information

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspection did not address the issues covered by this outcome in detail. However, a number of the policies and procedures required in Schedule 5 of the regulations either were not maintained or needed to be further developed. For example, the policy and procedures on the prevention, detection and response to abuse, including reporting of concerns and allegations to statutory agencies, were not centre-specific. The policy and procedures on medication management needed to be updated. Policies and procedures needed to be developed on: the provision of behavioural support and risk management.

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:

Tom Flanagan
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 St Patricks Centre Ltd
Centre ID:	ORG-0011335
Date of Inspection:	20 March 2014
Date of response:	28 May 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

At least one child did not have a contract for the provision of services.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Work has commenced on the contract for the provision of services with a view to putting in place a contract for each child.

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

Proposed Timescale: 27/06/2014

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:

There was no evidence in the personal plans of the involvement of the children in the development of their plans.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:

Review has commenced in relation to personal outcome plans. All children will have a communication passport and monthly meetings within their plan.

Proposed Timescale: 18/06/2014

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:

There was no risk management policy which included hazard identification and assessment of risks.

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:

Risk Management policy is currently being developed and it will include hazard identification and assessment of risk.

Proposed Timescale: 27/07/2014

Theme: Effective Services

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

There was no risk management policy which included the measures and actions in place to control the risks identified, including those specified in the regulations.

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:

Risk management policy is currently being developed which will include the measures and actions in place to control the risks identified.

Proposed Timescale: 27/07/2014

Theme: Effective Services

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

There was no risk management policy which included arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse incidents involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Risk management policy which will include arrangements for identification, recording of and learning from serious incidents or adverse events.
Commencement of weekly reviews of incidents with the manager's within the Children's Service.

Proposed Timescale: 27/07/2014

Theme: Effective Services

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

There was no risk management policy which included arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk management policy will include arrangements for risk control measures which are proportional to the risks identified. Where necessary referral will be forwarded to the rights committee. A location specific register is completed.

Proposed Timescale: 27/07/2014

Theme: Effective Services

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

The emergency plan did not set out the measures in place to deal with emergencies other than evacuation in the event of a fire.

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:

Emergency plans will be set up and will have measures outlined to deal with emergency events such as fire, heat loss and electrical loss.

Proposed Timescale: 20/06/2014

Theme: Effective Services

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

The fire alarm was not serviced each quarter.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

Quarterly fire alarm checks have now commenced. Individual evacuation plans are maintained in each individual house fire folder.

Proposed Timescale: 28/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A child's freedom to move was restricted in order to allow staff to carry out other duties.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Two child gates have being removed to reduce restrictions. Remaining restriction for the child have being referred to St. Patrick's rights committee. Assistive technology to support the child's freedom is being researched e.g Alarm when getting out of the bed.

Proposed Timescale: 20/06/2014

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 lock on the fridge used for the storage of medication was broken and no records of the temperature of the fridge were maintained.

Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

The Medication fridge lock is now fixed and temperature records are now in place.

Proposed Timescale: 28/05/2014

Theme: Health and Development

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

Medication which was crushed was not signed for by a doctor.

The arrangements for transferring controlled drugs to a school setting and their subsequent administration was not transparent and accountable.

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:

Arrangements for the Doctor to specify special requirements e.g crushing are in place on the medication recording chart.
Arrangements for transferring control drugs to the school are now in place.

Proposed Timescale: 28/05/2014

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 information required by 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:

Statement of Purpose will be reviewed and updated.

Proposed Timescale: 13/06/2014

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:

No audits had been carried out and no key performance indicators were maintained.

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:

P.I.C has commenced a system of Auditing. These audits are carried out on a monthly and three monthly bases.

Proposed Timescale: 06/06/2014

Theme: Leadership, Governance and Management

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

No reports on the safety and quality of the service were in place.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The registered provider to carry out six monthly unannounced visits to the designated area.

Proposed Timescale: 23/05/2014

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 in 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:

A training day is organised in relation to annual reviews of the quality and safety of care and support in the centre for all senior managers. An annual report will be completed at the end of 2014.

Proposed Timescale: 30/06/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff files did not contain all the information and documents specified in Schedule 2 of the regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Staff files are currently being updated with all necessary information.

Proposed Timescale: 30/05/2014

Theme: Responsive Workforce

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

There was no training needs analysis to ensure that staff had access to appropriate training.

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:

P.I.C is currently consulting senior Management to develop a Training Needs analysis.

Proposed Timescale: 27/06/2014

Theme: Responsive Workforce

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

Supervision sessions for some staff were too infrequent to address issues in a timely manner.

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:

Monthly staff supervisions will be carried out.

Proposed Timescale: 15/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the policies and procedures in Schedule 5 of the regulations were in place and some of the existing policies needed to be further developed.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Schedule 5 policies are being reviewed and where necessary developed.

Proposed Timescale: 30/08/2014