<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Holy Angels Day Care Centre Ltd</th>
</tr>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0008208</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Carlow</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:brid@theholyangels.org">brid@theholyangels.org</a></td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Holy Angels Day Care Centre Ltd</td>
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<tr>
<td>Provider Nominee:</td>
<td>Geraldine Connell</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Brid Long</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Tom Flanagan</td>
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<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>Type of inspection</td>
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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: 12 March 2014 09:30  
To: 12 March 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<tr>
<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This monitoring inspection was announced and took place over one day. As part of the inspection, inspectors met with children, staff members and the person in charge. Inspectors observed practices and reviewed documentation such as personal plans, medication records, policies and procedures and staff files.

The centre provided respite care for three weekends and one midweek period per month throughout most of the year, with each respite period generally lasting an average of two days. Longer periods of respite were provided during July and August while children were on school holidays. The centre has capacity for four children and there were three children present at the time of the inspection.

Children who attend for respite may have a mild, moderate or severe intellectual disability and may also have a diagnosis of Autistic Spectrum Disorder, health needs and/or some degree of physical disability. Some children may also require specific supports to assist their communication.

Inspectors found that the service provided a child-centred, quality service to the children and young people who attended and that they were supported by an experienced and committed staff team. The person in charge had good quality communication with staff and families to help ensure children's current needs were met during each respite period. Young people were actively involved in communicating their views and in contributing to planning respite periods.
While evidence of good practice was found, there were a number of areas of non compliances with regulations and Standards identified and some risks were identified.

These included the following:
- Fire prevention procedures were not adequate
- The premises presented a risk to children who attended for respite
- The centre did not have a written Statement of Purpose
- Risk Management processes and policies were not sufficiently robust to ensure they achieved their purpose
- There was no annual review of the quality and safety of care and support
- Some staff files did not have some of the information required
- There was no formal system in place for staff supervision.

These areas of non compliance are outlined in detail in the body of this report and are included in the action plan at the end of the report. An inspector manager wrote to the service following the inspection to draw urgent attention to the inadequacy of the fire prevention procedures at the centre.
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:
Compliant

Outstanding requirement(s) from previous inspection:
This was the centre’s first inspection by the Authority.

Findings:
Each resident had a written personal plan which reflected their individual needs and choices. Inspectors saw evidence of children and young people being actively involved in identifying and communicating their needs, views and choices. This was recorded in written personal plans and was evident during interviews with staff and residents. Children spoke about how much they enjoyed participating in establishing the plans for each respite period and having some choice in how respite proceeded. Young people also spoke about being actively involved in planning activities during respite periods and gave examples of specific areas of improvement for them which they directly attributed to the period they spent in respite, such as support with various tasks, confidence building etc.

Inspectors also observed plans for different respite periods and saw evidence of different planning and activities during respite based on the individual needs of the children attending for that period. Staff also demonstrated a good awareness of this when they met with inspectors. There was also evidence on children's files of staff assisting young people with specific tasks in order to support their independence and the young people who spoke with inspectors described this as particularly positive. This meant that children's needs were met during their respite breaks. There was evidence in the children's personal plans that multidisciplinary assessments were undertaken for children who attended for respite.

The centre had a clear system in place which appeared to work well to transition residents into respite and home again. This was overseen and managed by the person in charge with planning occurring in advance of each respite period appropriate to the
individual needs of children. The person in charge maintained regular contact with parents prior to each respite period and then planned staffing levels accordingly. There was a clear process for handing this information over to the staff who were on duty during each respite period to assist their planning and to ensure children's most current needs were met. There was also evidence of effective communication with parents prior to, during and after each respite period at handover points. This system was effective in ensuring that children's changing needs could be met during respite periods.

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Judgement:
Non Compliant - Major

Outstanding requirement(s) from previous inspection:
This was the centre's first inspection by the Authority.

Findings:
While this outcome was not assessed as part of the monitoring visit, some notable issues arose during the inspection which must be raised given the non compliance with Regulation 17 and Schedule 6 of the Regulations and with Standard 2.2.

The physical design of the centre is not suitable for all children and as a result, the needs of some children who attend for respite could not be fully met. This also impacted on the safety and dignity of residents.

There were some significant issues in relation to the following areas:

1. There was no accessible shower facilities for children who were wheelchair users or had other mobility difficulties.
2. There was not sufficient space in the bathroom to ensure that some children could receive the level of assistance they required and have sufficient privacy when using the toilet facilities.
3. The rear door of the premises was not easily accessible, and this posed a risk to some residents, or at a minimum, could limit their access to the garden.
4. Some children were taken to another premises in order for their personal care needs to be met. As a result, children's rights to dignity and safety were not met.

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:**

**Findings:**
The centre had some measures and policies in place to promote good health and safety practices. However, the current policy was not signed or dated and had no date for review. The safety statement outlined a process for identifying and assessing risks but there were no further details regarding how risks were escalated and managed once identified. The safety statement contained a section in relation to responding to emergencies. A process and recording system was in place for the reporting of accidents/incidents/near misses and this was monitored and managed by the person in charge. Staff had received manual handling training and this was repeated every two years with upcoming refresher training planned and a notice on the staff notice board in relation to this.

The risk management process was not sufficiently robust to allow identification and response to all significant risks. Current risks such as the risks associated with the rear exit to the property, the lack of appropriate showering facilities, the lack of fire doors and the lack of personal emergency and evacuation plans for residents had not been assessed, escalated and managed.

There were deficits in the arrangements in place to prevent and manage the risk of fire. There was appropriate fire equipment present in the centre. There were fire retardant materials in the centre with smoke detectors in appropriate locations, a fire blanket in the kitchen and fire extinguishers present, all of which had been appropriately serviced in October 2013. Staff had participated in fire training. The fire exits in the premises were at the front and back door. Inspectors were concerned that the exit at the back door was not accessible to residents with mobility difficulties who require assistance. This could mean that some residents might not be able to leave the premises in the event of an emergency.

A fire safety log book had recently been introduced in order to bring together all fire related documentation and checks. The fire officer had visited the premises in December 2013 but the building did not have a letter of compliance from a qualified person. The person in charge was waiting for the fire officer’s report. She stated that the fire officer wished to check some elements in relation to the design of the centre in order to clarify requirements and make appropriate recommendations. The person in charge was in the process of following up on this outstanding issue at the time of the inspection. However there was no emergency lighting in place and the building did not have fire doors.

The centre did not display a clear evacuation plan to advise what residents should do in
the event of a fire. In addition, there was no clear plan in place to manage and plan the response to the individual needs of residents in the event of a fire. This was especially significant given that the centre may provide care to residents who may require specific support in the event that an evacuation is required. There was also no routine practice of fire drills regularly occurring and residents did not participate in any 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. Residences 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:**
This was the centre's first inspection by the Authority.

**Findings:**
There were measures in place to safeguard the children attending the centre, to protect them from the risk of abuse and to respond to any concerns or allegations of possible abuse.

There was a current policy in place in relation to the protection of children from abuse and neglect which was thorough and had been updated in June 2013 and was next due to be reviewed in June 2015. This policy contained the definitions and types of abuse as well as information for staff on the responsibilities of different professionals. The policy also provided details for staff on who the Designated Person was in the organisation and what staff should do if they have any concerns in relation to any suspicions of abuse. The policy contained a 'Code of Conduct' for staff in relation to day-to-day practice as well as guidance on managing and maintaining appropriate relationships and boundaries with children and young people. The Child Protection policy also referenced the organisations policies in relation to personal care and transport, in order to ensure safeguarding for children. Guidance was also included on positive behaviour support for children.

All staff received training in Children First (2011) and staff demonstrated an awareness of different types of abuse and what process to follow in the event of any concern. The person in charge was the Designated Person under Children First (2011) and in their absence, this role was fulfilled by the Senior Manager on call and a rota was in place in order to provide this cover.
All young people present said they felt safe at the centre and would feel comfortable to speak to staff if they had any concerns. Inspectors observed warm, respectful and supportive interactions between staff and young people.

There had been no incidents or allegations of abuse but both the person in charge and the staff who met with inspectors demonstrated some understanding of what to do should this arise. However, the contact details for the local social work duty offices were not available for staff and the person in charge was not aware that a report could be made to the Garda Síochána at weekends in the event of a concern or allegation of abuse arising then. There were no standard report forms available at the centre. These issues needed to be addressed to ensure any concerns can be reported in a timely way and to ensure the robustness of the centres safeguarding practices.

The person in charge and the staff on duty told inspectors that no restrictive practices were used at the centre. Staff demonstrated a good awareness of children's individual needs and behaviour with a focus on early identification and management of any presenting behaviour combined with positive reinforcement and reported that this was sufficient to meet the presenting needs of their client group.

**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:**

This was the centre's first inspection by the Authority.

**Findings:**

There was a written policy in place in relation to the management of medication. There was also a process in place for recording any medication errors or near misses, although it was reported that none had occurred. This policy needed to be updated to include guidance on the disposal of medication. This was included in an older version of the policy but was not in the current policy.

There was a locked drugs cabinet in the staff room and all medication was managed by the nurse on duty for each shift. All medication was safely and appropriately stored and a second lockable and appropriate container was available in the event of any controlled drugs in accordance with the regulations. However, the centre did not have a separately designated secure fridge available in order to store any medication that may require refrigeration, in accordance with An Bord Altranais guidelines.

Administration of medication was appropriately recorded and there was an additional
system in place to record the storage and administration of any controlled drugs as necessary. All prescription sheets were fully completed, signed and securely stored.

There was also a clear system in place for logging and recording medication coming in and out of the centre with each resident and this was especially important given that the children attend for short periods of respite. There was a clear system in place for logging medication in and out of the centre during handovers with parents as children enter and leave the centre.

The pharmacist available to each resident was chosen by the child's parent or guardian with whom they normally resided as appropriate and, therefore, this was not within the remit of the centre.

The centre provided a nurse-led service and only nursing staff administered medication.

**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 - Major

**Outstanding requirement(s) from previous inspection:**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre did not have a written Statement of Purpose. This meant that the specific aims, objectives and services provided, as well as information on management and staffing and details of the care and support provided to residents by the service were not clearly defined. Neither were they available in a written and accessible form to children and their families.

**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:
This was the centre’s first inspection by the Authority.

Findings:
The operations of the service were not governed by robust up to date policies, which would direct safe, good quality care. The organisation's policies were not all signed and dated and some had no review date. Others were listed as due for review but did not appear to have been reviewed. In addition, policies were generally not sufficiently robust to fully ensure effectiveness and required further development.

There was no annual review of the quality and safety of care provided to children and young people who attend the centre and no report every six months on the safety and quality of care and support. While an annual report was prepared as part of the organisation's responsibilities under its service level agreements, this report related to the service as a whole with the respite service at the centre being only a part of this report. This does not serve as a separate review specific to the respite service provided at the centre. However, the person in charge had begun work on a self-assessment tool, supported by a training organisation and had funding approved by the board of management in order to further develop this work. This was presented to the board of management as the first step in developing a service plan. While this work was in its infancy and should continue, some tasks identified by both the person in charge and by inspectors as outlined in this report will now need to be completed as a matter of priority in order to ensure compliance with regulations and Standards.

There was a defined management structure in place with clear lines of authority and accountability and staff who spoke with inspectors demonstrated clear understanding of their role and of the line management system within the organisation. However, the organisational structure was not recorded in any defined organogram which would assist staff and residents to more easily understand the lines of accountability in the organisation.

The person in charge worked pro rata, sufficient hours per week to manage the needs of the service. She had experience and qualifications appropriate to her role and was committed to her own development as demonstrated by her engagement in continuing professional development and training. The person in charge demonstrated good leadership and modelling for staff and appeared proactively engaged in the operational management of the centre in order to achieve improvements and compliance with Standards and regulations.

The person in charge introduced team meetings in early 2013 and these took place every six weeks. Staff who met with inspectors said they felt that these meetings were useful. All residents present on the day of the inspection demonstrated a clear awareness of who was in charge of the centre and spoke warmly of their relationship with the person in charge.
The person in charge demonstrated knowledge and awareness of the relevant legislation and had an understanding of her statutory responsibilities and had prepared a report which they presented to the board of management earlier this year in order to assist the board to understand their responsibilities under the regulations and Standards.

**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:**
This was the centre’s first inspection by the Authority.

**Findings:**
The staff numbers and skill mix was appropriate to the needs of the children present and the staffing needs were well planned and managed by the person in charge. There was a nurse on duty on every shift as well as an appropriate number of social care staff dependent on the numbers and needs of the children attending for respite and the planned events during the respite period. This was managed in advance by the person in charge and was evidenced in the actual and planned rotas examined by inspectors as well as in interviews with staff. From examination of the staff files, qualifications, skills and experience were appropriate to the needs of the client group who attend for respite.

Staff had received training in Children First (2011), manual handling, first aid and recognised training in behaviour management. Not all staff had received training in fire safety or in the detection and prevention of abuse. There were plans in place for upcoming further training on manual handling, epilepsy management and first aid. However, the organisation did not have a training needs analysis in place and this meant that no clear training plan had been developed which ensured that all staff training needs were identified and supported. The person in charge needs to ensure that all staff are sufficiently trained to meet the assessed needs of the children in their care.

There was no formal supervision in place, with staff instead receiving an informal yearly appraisal from the person in charge. All staff require regular formal supervision in order to support them in their role and in order to comply with regulations. This also needs to be recorded. The provider also needs to ensure that the person in charge receives regular, formal supervision in order to support their management and oversight of the centre and that this is also recorded.
Recruitment was managed centrally by the provider and there had been no recent recruitment given that the staff team had been stable and long term. The staff files contained most of the information required under Schedule 2 of the regulations. However, the current registration details were not on file for some nursing staff.

**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
Provider’s response to inspection report

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<td>12 March 2014</td>
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<td>Date of response:</td>
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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 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The physical design and layout of the centre did not adequately meet the needs of some residents.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
We will be moving to a purpose-built house that meets all regulations and standards and has certificates in planning and fire safety compliance. Operation of our service in the new premises will commence as soon as it is registered.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Proposed Timescale:** 01/09/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The showering and toilet facilities were not suitable to meet the needs of all residents who attend the centre.  

**Action Required:**  
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.  

**Please state the actions you have taken or are planning to take:**  
New premises will have suitable showering and toilet facilities.  
In the interim we will continue to use the showering facilities in another care centre for any children who cannot access the bath/shower in our current premises. We have access to the day centre whenever our respite service is open.  

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**Proposed Timescale:** 01/09/2014  

**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:**  
The current risk management process did not identify, assess or manage a number of existing 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:**  
A risk management process has been introduced which identifies risks, and controls have been put in place. Risk assessments have been submitted with this action plan.  

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**Proposed Timescale:** 27/05/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence of adequate controls in place to manage currently existing risks.

**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:**
Controls now in place to manage risks identified

**Proposed Timescale:** 29/05/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no formal arrangements in place to monitor risk control measures or to consider the impact of identified risk on residents’ quality of life.

**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:**
General risk assessment will be carried out on each individual on their next planned visit and placed in their personal file. This process will commence in June 2014.

**Proposed Timescale:** 20/12/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no robust system in place to manage and review risk or to respond 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:**
Emergancy action plan’s are completed and staff are now familiar with same
**Proposed Timescale:** 14/05/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The precautions against the risk of fire were not adequate.

**Action Required:**  
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**  
A Fire register has been compiled and weekly details are recorded in same by the manager or health and safety manager  
Refresher Fire safety training has been completed  
Fire equipment and smoke alarm continue to be checked weekly

**Proposed Timescale:** 21/06/2014  
**Theme:** Effective Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The arrangements for evacuating, where necessary in the event of a fire, were not adequate.

**Action Required:**  
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**  
Emergancy evacuation instructions are now displayed in the centre  
A fire drill will take place by the 21st of June and will continue on a monthly basis thereafter

**Proposed Timescale:** 21/06/2014  

**Outcome 08: Safeguarding and Safety**  
**Theme:** Safe Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The contact details for the local social work duty offices were not available for staff.  
The person in charge was not aware that a report could be made to the Garda Síochána at weekends in the event of a concern or allegation of abuse arising then.
There were no standard report forms available at the centre.

**Action Required:**
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

**Please state the actions you have taken or are planning to take:**
Copies of standard report form are now available in the centre
Child protection policy has been updated and all staff will be made familiar with this policy and how to report concerns they may have.
TUSLA information notice displayed in the centre, the contact numbers for social work offices and local Garda stations are included on this notice.

**Proposed Timescale:** 21/06/2014

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**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:**
There was no designated and lockable fridge available in order to ensure safe storage for any medicine that required refrigeration.

**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:**
A designated locked fridge will be available in our new premises. In the interim, if a locked fridge is required for any respite opening, one will be brought from our day centre for that period.

**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:**
There was no written statement of purpose in place.
**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:**
A statement of purpose has been completed and submitted.

| **Proposed Timescale:** 20/05/2014 |
| **Theme:** Leadership, Governance and Management |
| **The Registered Provider is failing to comply with a regulatory requirement in the following respect:** |
| There was no statement of purpose available in a format that was accessible to children. |

| **Action Required:** |
| Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives. |

| **Please state the actions you have taken or are planning to take:** |
| A summary of our statement of purpose will be included in our new information handbook and details will be provided to how they can access a copy of the original if they wish. |
| In the interim a copy of our current statement will be available foe children and parents in the centre. |

| **Proposed Timescale:** 12/08/2014 |

**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:** |
| The operations of the service were not governed by robust up-to-date policies, which would direct safe, good quality care. |

| **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. |

<p>| <strong>Please state the actions you have taken or are planning to take:</strong> |
| The person in charge and nursing staff have been reviewing and updating existing |</p>
<table>
<thead>
<tr>
<th>Topic</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Timescale: 19/08/2014</td>
<td>Theme: Leadership, Governance and Management</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>There was no annual review of the quality and safety of care provided.</td>
</tr>
<tr>
<td>Action Required:</td>
<td>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.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>An annual review of quality and safety of care will be undertaken with an annual report available by end of year.</td>
</tr>
<tr>
<td>Proposed Timescale: 31/12/2014</td>
<td>Theme: Leadership, Governance and Management</td>
</tr>
<tr>
<td>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</td>
<td>The registered provider did not carry out a visit to the centre at least every six months and prepare a written report on the safety and quality of care and support.</td>
</tr>
<tr>
<td>Action Required:</td>
<td>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.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>Arrangements will be put in place for six monthly visits and a report will be compiled on safety and quality of care and support.</td>
</tr>
<tr>
<td>Proposed Timescale: 30/09/2014</td>
<td>Theme: Responsive Workforce</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement</td>
</tr>
</tbody>
</table>
in the following respect:
The staff files did not contain all the information and documentation required under 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 will reviewed and updated with all documentation required.

**Proposed Timescale:** 19/08/2014

**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 in place and not all staff had received training in fire safety or the detection and management of abuse.

**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:**
A formal Staff Training Needs Analysis will be completed and a training programme will be put in place for 2015.

**Proposed Timescale:** 21/07/2014

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no system of formal supervision in place.

**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:**
Arrangements are being put in place for formal staff supervision to take place on a quarterly basis.
| **Proposed Timescale:** | 21/07/2014 |