

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002308
Centre county:	Cork
Email address:	helen.shorten@bocss.org
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 June 2014 09:05 To: 05 June 2014 19:00

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

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

Summary of findings from this inspection

This centre was a designated respite centre for children with disabilities. The statement of purpose and function identified that the aim of the centre was to support families of children with intellectual disabilities and or autism to have planned respite breaks. The maximum number of children that the centre could cater for was four children at the time of the monitoring inspection. The centre was a spacious detached two-storey house, set on private grounds, in a residential area with gardens to the front and the rear.

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection, an inspector met two children and spoke with one social care staff member, a social care team leader and the person in charge. The inspector also met the sector manager during the feedback session with the person in charge. Inspectors observed practices and reviewed documentation such as care files, staff files, statement of purpose and policies and procedures.

At the time of the inspection, 53 children were eligible to receive respite from the centre and all attended local specialist schools. Of the 53 children, ten were female and 43 were male. Respite services were offered to children for two over-nights on an 8 week rotation. Two children were present at the centre on the day of the inspection. One child had been receiving respite services at the centre since 2008 and the second since 2012.

The centre was old-fashioned in some of its furnishings and decor and was in need

of upgrading but homely and bright in appearance with lots of photographs of children and staff throughout the centre. Children were encouraged to draw a poster which was then laminated and placed on the door of the room they would be sleeping in when they arrived on respite. There were drawings displayed in the centre that contained messages by the children to each other regarding safety, rights and responsibilities whilst in the centre.

Overall, inspectors found that children received a quality service in a caring environment from qualified staff led by a committed social care leader and person in charge. While evidence of good practice was found across all of the outcomes inspected, findings on this inspection identified non-compliances in areas such as planning for transitions, some aspects of health and safety, training, the storage of medication, some aspects of the statement of purpose, governance and workforce.

The Action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Each child's well-being and welfare was maintained by a good standard of care and support. The arrangements to meet each child's assessed needs was changing at the time of the inspection to a new system of personal planning which was being introduced at the centre. The existing records that formed the basis of a personal plan had some evidence of contribution from parents. Children were supported in transition to adult services but the systems around this needed formalising.

Each child's well-being and welfare was maintained by a good standard of care and support. The system used by the centre to assess the needs of all children upon admission was undergoing change at the time of the monitoring inspection, the aim of which, as told to the inspector by the social care team leader and person in charge was to ensure that the centre was compliant with the regulations regarding assessments and personal planning. The social care team leader told the inspector that only one care file had moved over to this new system prior to the inspection and all care files were due to commence the transition on a phased basis over the next number of months. The inspector reviewed a sample of existing care files and the care file that represented the new personal planning system at the centre. The majority of care files did not have copies of all current or former assessments on file for all children receiving respite at the centre in areas such as health, education and or social needs but some information on these areas was contained in the child's personal information record which had been completed by their parent upon admission. There was no written overall summary of assessment and agreed arrangements that the centre could put in place to meet addressed needs. The inspector viewed the one care file that had moved over to the new 'respite personal profile/current file'. A key feature of this personal planning system was an assessment of need. The personal profile template appeared comprehensive with sections for personal details, personal outcomes, current and future service needs, health needs, behavioural/mental health supports, health and safety, consent forms and

individual daily reports. Guidelines for the review of the personal profile as a whole was every six months. The arrangements for reviews and the participation of children and or their representatives were not set out in the guidelines.

A new system of goal based planners had been recently introduced at the centre. The former method of personal planning was activity-based only. In the new goal based system, following a child's discharge from respite, a set of goals was set for each child for their next respite stay. These goals were then discussed at fortnightly staff team meetings prior to the child's readmission for respite. Care staff told the inspector that the new system of goal setting helped them to focus more on the purpose of the respite for each child. The inspector viewed a sample of care files and saw examples of the goal based planners recorded for children.

Discharge systems were in place at the centre but needed formalising. There was no centre specific policy on admission, transitions and discharges but the centre statement of purpose and function did reference these events. Prior to the admission of any child to the centre, letters were posted to the child's home inviting them to the centre for respite and phone calls were conducted a week beforehand by the social care team leader to check for any new information or up-dates. Children were appropriately discharged from the centre following their respite weekend.

In relation to the discharge of a child from the service when they turned 18 years of age, there were two discharges of this nature in 2013. The inspector was told that care staff attended events organised by the child's school to mark their transition to adulthood. Informal celebratory events were held at the centre to mark the child's last respite stay at the centre. The centre did not have formalised systems in place to mark a child's final discharge from the centre nor define their key role and responsibilities in the preparation of a child for adulthood and adult services. The arrangements for the provision of training in any life-skills required for new arrangements were not set out. The inspector viewed the goal setting in place for a child who was due to be discharged from the centre in the summer of 2014, the goals set for their next visit did not contain reference to their impending discharge later that summer.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The health and safety of children, visitors and staff was promoted and protected at the centre but improvements were necessary.

The health and safety of children, visitors and staff was promoted but there were some gaps. The centre had an up-to-date centre specific health and safety statement in addition to the organisation health and safety statement. The procedures in place for health and safety had been revised prior to the inspection. A visitor book was used at the centre and there was numerous entries suggesting a good culture of asking visitors to record when visiting the centre. The inspector viewed the centre car which had the appropriate tax and insurance and vehicle service information. There was breakdown equipment in the vehicle and a mileage logbook that staff were obliged to complete each time they drove the vehicle. The centre was moving to a new system of recording incidents and accidents. Previously, the staff completed the incident and accident logbook of which there were two, one for incidents that related to children and a separate logbook for incidents regarding staff. The new system of recording was shown to the inspector by the person in charge and was about to commence shortly. The person in charge told the inspector that this new system would help the centre detect patterns and trends more effectively. The inspector reviewed training records and the majority of the core staff had received training in manual handling in 2014.

Some risks pertaining to the centre were recorded in the health and safety statement but overall, the risks identified were not in line with the requirements of the regulations. There was no risk register available for inspector to view on date of inspection, although the person in charge told the inspector that a risk assessment had been completed by her and the social care team leader prior to the inspection. A copy of same was not forwarded to the Authority following the inspection. A small number of risk assessments were found in some of the children's care files but overall, there were gaps in the identification, assessment and control of hazards at centre level and individually for each child. A maintenance logbook was kept at the centre and completed each time the maintenance officer completed work but the nature of the issue that needed maintenance was not fully documented. As the maintenance requests were not detailed it was not possible to detect patterns or trends or outstanding maintenance requests as the information was only documented when the work was completed. There were no visible equipment to assist children with mobility issues, such as hand-rails, although the inspector was told that none of the children attending respite needed assistance in this area. The centre was clean but was old fashioned in style with dated facilities in the bathrooms and there was evidence of dust in the kitchen. Carpets appeared worn. The person in charge told the inspector that the management team were aware of the need to upgrade areas of the centre and told the inspector that the remedial work was at the tendering stage with the organisation.

Adequate infection control measures were in place at the centre. An infection control policy was in place at the centre. Hand hygiene posters were displayed throughout the building. A cleaning audit system was in place and staff had a clear list of cleaning duties and obligations to complete cleaning records. Hand-washing facilities were available for staff to use in a fifth bedroom used by care staff as a staff sleep-over room.

Fire safety procedures were in place at the centre but in need of improvement. A new policy and procedure document relating to fire safety had recently been introduced at

the centre. A comprehensive hard copy of the fire procedure was located at each fire escape. A whiteboard was placed in the hallway and this gave children, visitors and staff a quick guide as to who physically was in the centre each day. Fire drills had taken place at the centre over the previous two months. The names of children who participated in each fire drill were recorded. Fire assembly points were identified outside the centre. Fire extinguishers were available at the centre and had been maintained in the 12 months prior to the inspection. Training for staff in fire safety took place in February 2014. During interview, staff spoken with were clear about what to do in the event of a fire. The most senior staff member on shift on the day was the identified fire marshall. There were six fire escapes in the centre and all had illuminated signs over the doors and each door had a break glass key. One exit was obstructed by a heavy curtain pulled across the door on the day of the inspection. This was resolved by the sector manager before the end of the inspection. An annual check of the fire alarm system was completed in 2013, but there was no evidence of quarterly checks having taken place. New procedures regarding daily, weekly and monthly checks of fire precautions were introduced at the centre, but at the time of the inspection, only daily checks had commenced. The centre did not have a fire safety certificate and the social care team leader told the inspector that she was not assured that the existing doors in the centre were fire doors. There were no personal emergency egress plans (PEEP) in place for children. The sector manager told the inspector that the requirement for all children to have a PEEP was recently agreed by managers in the organisation and she showed the inspector an organisation memo regarding same.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Measures to protect children from being harmed or suffering abuse at the centre were in place and appropriate action was taken in relation to suspected abuse, disclosure or allegations but no staff, except the social care team leader, had received training in Children First: National Guidance for the Protection and Welfare of Children (2011). A restraint free environment at the centre was promoted. Children were provided with

behavioural support that promoted a positive approach to behaviour that challenged.

Measures were in place to protect children from being harmed or suffering abuse but improvements were needed in the area of training. During the inspection, staff were observed interacting positively and warmly with the children. The name of the designated liaison person in the organisation was clearly outlined in an organisation memo in the office. Care staff were aware of who the designated liaison person was. Care staff were not aware of the term protected disclosure but demonstrated a good knowledge about what to do in the event that they were concerned about the behaviour of a colleague towards a child. A policy on child protection was in place at organisation level but not all staff had signed to say that they had read this policy. Staff spoken with, knew what to do in the event of an allegation or suspicion of abuse but only the social care team leader had completed training in Children First (2011) at the time of the inspection. This training need was already identified by the organisation.

Children were provided with behavioural support that promoted a positive approach to behaviour that challenged. Efforts were made by staff to identify and alleviate the underlying causes of behaviour that challenged. Some staff were trained in crisis prevention intervention techniques, as evidenced by the staff training records and others were scheduled to attend training in this area. Staff spoken with described to inspectors the variety of techniques they used with children when they engaged in behaviour that challenged such as distraction, time and space. Despite the large number of children receiving respite from the centre, staff demonstrated a good awareness of the children and their needs in this area and told the inspector that over time, they have got to know the children and the triggers for behaviour and could therefore individualise how they interacted with the child in order to promote positive behaviour. Given the nature of the business of the centre and the short duration of each child's stay at the centre, there were no specialist and or therapeutic interventions implemented at the centre, in line with the statement of purpose.

A restraint free environment was promoted at the centre. There was an ethos of no restraint at the centre. Staff spoken with, told the inspector that restrictive practices did not feature in their management of behaviour that challenged except for an approved practice for two children which consisted of a mechanical restraint placed on two children when transporting them on the centre minibus. The inspector viewed the paperwork regarding the use of this restraint and the paperwork was mostly in order. There was one gap identified by the inspector pertaining to record keeping in this area. The application paperwork for one child was not in his or her file, although details of the review were.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Children were protected by the centres policies and procedures for medication management but improvements were necessary in the storage of medication and prescription practices.

There were written operational policies and procedures relating to the management, prescription, administration, recording, safekeeping and disposal of medicine. Medicine was kept in a locked cabinet located in the office, the key of which was kept in a key box in the office. The social care team leader told the inspector that only care staff with training in medication management could administer medication. The inspector viewed training records of staff and the majority of staff had up-to-date training in the safe administration of medicine. On the day of the inspection, there was one child that required medication to be administered. There were no medicines that needed disposing of and the social care team leader told the inspector that the procedure was that all medication was returned to the family with the child upon their discharge. A system of auditing medication coming into the centre commenced in April 2014 and the inspector viewed records in this regard which were found to be appropriate. Although a medication policy was in place, there was no written record that staff had read this policy. The storage of medicine within the cabinet was not secure. Medicine was kept in transparent boxes, some without lids and no formal system of labelling each box was in place to ensure that staff could easily identify which box was for which child. As some boxes had no lids, there was a risk that medicines could be mixed up. The social care team leader told the inspector that some staff had expressed concern as to their knowledge of the medication policy and she told the inspector that she was allocating time in the staff team meetings to go through parts of the medication policy with staff.

A sample of administration sheets were viewed by the inspector and found to be substantially compliant with the regulations. Records were signed by the staff member administering the medication. There was a matching signature sheet to compare initials to. There was adequate space to record comments on withholding or refusal of medication. The times of the administration matched the times on the prescription sheet. Times were pre-populated on administration sheets and the staff member was required to sign against the pre-populated time. The inspector viewed amendments made to these pre-populated times and it was not clear who had made the amendment and why.

The procedure for the prescription of medication needed improvement. The social care team leader told the inspector that she was auditing all of the prescription records for all 53 children in the month of the inspection and was reinforcing with parents the need to have up-to-date prescription records. The inspector saw evidence of this audit. The inspector viewed one prescription record pertaining to a child receiving respite on the day of the inspection. The name and address of the child was recorded. There was a

photograph of the child on the record and date of birth was included, the name of the general practitioner was noted along with a signature and the route of administration was noted. The social care team leader told the inspector that she had identified a number of errors pertaining to this prescription record earlier that morning. There was a difference between the name of a product and the actual product received by the centre due to a branding issue. Not all medication had appropriate labelling. The maximum dosage of medications was not stated on the prescription record. Not all medication identified on the record was forwarded with the child to the centre, this meant that the child was administered only what was provided to the centre and did not receive the other prescribed medication but this issue was resolved by the end of the inspection by the social care team leader. The inspector viewed a sample of prescription records for children not receiving respite at the centre on the day of the inspection. Not all had photographs of children but the social care team leader told the inspector that a significant number of prescription records had been sent to the home of the children for updating prior to their next admission to the centre as part of the audit taking place at the centre that month.

Judgment:

Non Compliant - Major

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service provided in the centre. The services and facilities outlined in the statement and the manner in which care was provided to children reflected the needs of the children. Some improvements were necessary to ensure that the statement met the requirements of the regulations.

There was a written statement of purpose that accurately described the service provided in the centre. Staff were aware of the purpose of the centre and had a good knowledge of children that attended for respite, despite the large number of children that received respite yearly. The services and facilities outlined in the statement and the manner in which care was provided to children reflected the needs of the children. The statement was up-to-date and details of the next review day were stated clearly on the document. The format of the statement was more suitable for adults and it was not yet accessible to children.

Some improvements were necessary to ensure that the statement met the requirements of the regulations. The criteria used for emergency admissions to the centre (if any) needed inclusion. The centre was not clear on the number of children that the centre could cater for stating four to five children. The statement needed to further describe the rooms to include their size and function. The total staffing complement was not outlined in the statement. The arrangements for children to contact their Child and Family Agency social worker were not set out.

Judgment:

Non Compliant - Minor

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The quality of care and experience of the children was monitored on a day to day basis but improvements were needed so as to ensure that these systems were reviewed and monitored on a more formal basis. Management systems were in place at the centre and these identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with authority and responsibility for provision of service but improvements were needed in her day to day involvement at the centre.

The quality of care and experience of the children was monitored on a day to day basis but improvements were needed so as to ensure that these systems were reviewed and monitored on a more formal basis. The person in charge had conducted some audits on systems at the centre, such as an audit of personnel files and a sector audit of training needs. She met the social care team leader every two weeks to review issues at the centre. Staff team meetings took place every two weeks, all were minuted, attendance documented and a wide range of issues discussed from practice issues to updates. The agenda template for each meeting was comprehensive. No annual review of the quality and safety of care at the centre had taken place. Arrangements such as performance management development systems or formal supervision were not yet in place. At the time of the inspection, the provider nominee had not carried out an unannounced visit to the centre in line with the regulations. The sector manager was aware of the

requirements of the regulations in this regard.

Management systems were in place at the centre and these identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with authority and responsibility for provision of service. She also worked as a person in charge at a second children's designated centre. She described to inspectors her responsibilities regarding the operational management of the centre. She demonstrated sufficient knowledge of her statutory responsibilities and a commitment to her own professional development. On a day to day basis, the care staff and social care workers reported to the social care team leader and the social care team leader reported to the person in charge. Staff were clear about the reporting mechanism to the social care team leader but told the inspector that the person in charge did not work at the centre regularly. The person in charge told the inspector that she would be located at the centre for two days a week from June 2014 to ensure that she was more involved in the day to day running of the centre.

Judgment:

Non Compliant - Moderate

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the needs of the children and provide safe delivery of services on the day of the inspection. Children received continuity of care from a core staff team and relief care staff employed by the organisation. All staff had access to regular training and education. Improvements were needed in the area of supervision of staff. There were some gaps in the compliance of personnel files with the requirements of the regulations.

There were appropriate staff numbers and skill mix to meet the needs of the children and provide safe delivery of services. The skill mix consisted of social care workers, care staff and a social care team leader. The numbers of staff on duty observed on the day of the inspection was appropriate. Children received continuity of care from a core staff team, complemented by relief staff employed by the provider and thereafter agency staff. The inspector reviewed a sample of staff rosters. Each shift, a lead person was

identified on the staff roster as the most senior staff member in the absence of the social care team leader. The numbers of staff on duty, from the sample viewed by the inspector matched the staffing outlined in the statement of purpose. On the day of the inspection, there was two children receiving respite at the centre, the statement of purpose outlined that the number of children that the centre could cater for was four or five children. In the event of five children receiving respite at the centre, the current staff number of two staff on duty may need to be reviewed by the person in charge. The person in charge was not included in the staff roster. The on call system needed improvement. Although the statement of purpose outlined the name of those to contact in an emergency such as a fire there was no formal on call system in place. There was an awareness from the person in charge and the sector manager that this was a gap and they told the inspector that the organisation was currently reviewing and in negotiations to put formal on call arrangements in place.

All staff had access to regular training and education. A comprehensive list of continuous professional development for all staff was provided to the inspector. On-going training had been provided to all core staff, the social care team leader and the person in charge in 2014. The core staff team had completed training in 2013 on safe medication management. The majority of staff had completed training in fire safety and manual handling in 2014. A learning and development policy was in place at regional level and this was dated 2014. The learning and development policy contained a list of mandatory training for staff but some courses were noted as a course for selected personnel only, it was therefore not clear the mandatory training that was expected of staff at the centre. A training needs assessment form was noted on the policy as to be available and recommended to be used as an aid with supervision but was noted as currently not operational. An annual sector training and development needs analysis was completed for 2014 and although the training needs of the children's services sector had been identified, the needs analysis was not specific to the centre. A small number of staff had completed training in crisis prevention intervention. The need for training in this area was identified at sector level. Only the social care team leader had completed training in Children First (2011). During the feedback session, the sector manager acknowledged this gap and told the inspector that the organisation was committed to delivering training in this area in 2014, as per the sector training needs analysis. Training records were provided to the inspector for two relief staff members, one of whom did not have records of training in fire safety, manual handling or crisis prevention intervention.

Improvements were needed in the area of supervision of staff. Staff were informally supervised in their day to day work by the social care team leader but no formal supervision system was in place. The lack of formal supervision in the centre meant that staff did not have a formal confidential mechanism of support from the person in charge or social care team leader or an opportunity for the social care team leader to formally identify positive practice or development needs or areas of improvement or concern to staff.

There were some gaps in the compliance of personnel files with the requirements of the regulations. An organisation policy and procedure on recruitment was in place and had been reviewed in 2014. The person in charge had already completed an audit of the personnel files against the requirements of the regulations and this audit was comprehensive and identified gaps in a small number of areas. There was one personnel

file whose documentation was not compliant with the regulations as there was no information on file regarding dates of commencement at the centre, evidence of identity, documentary evidence of qualifications and references. Some of the personnel files viewed by the inspector had a birth certificate as a form of identity but no photographic identity. There were no references on file for the person in charge.

At the time of the inspection, the centre did not use volunteers.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002308
Date of Inspection:	05 June 2014
Date of response:	19 August 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

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

The majority of care files did not have copies of all current or former assessments on file for all children receiving respite at the centre.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

Review of all 53 children's files to identify any gaps in the assessment of needs recommended to support the child in respite care using the Child Personal Information

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

Profile.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

There was no written summary of assessment and agreed arrangements that the centre could put in place to meet assessed needs for children at the centre.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The child's personal plan will state the arrangements to be provided having considered the summary of the children's assessed needs for their stay in respite care.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The arrangements for reviews and the participation of children and or their representatives was not set out in the guidelines of the personal plan.

Action Required:

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

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

The child's Personal Plan is currently under review and will provide for the participation of children and or their parents / guardians.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

The centre did not have formalised systems in place to mark a child's final discharge from the centre. They did not define their key role and responsibilities in the

preparation of a child for adulthood and adult services.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

We will ensure that respite staff will provide information on adult services and supports available to the families.

We will partake in the Service Users planning & transitioning process in consultation with the families, other professionals, other services.

The respite staff will support programmes/plans in place, ie Life skills, Self help skills etc.

The respite service will be provided with copies of discharge letters for placement on the children's files.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The arrangements for the provision of training in life-skills required was not set out.

Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

This requirement will be included in the child's Personal Plan as appropriate to the needs of individual children.

Proposed Timescale: 31/12/2014

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:

Not all hazards were identified and risk assessed.

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 review of the identification of hazards will be undertaken and the log will be updated. Hazards will be risk assessed.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, the measures and actions in place to control the risks were not identified.

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:

Control measures will be identified and put in place in accordance with the updated hazard log.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, the measures in place to control the unexpected absence of any child were not set out.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

With reference to our current Policy on Managing the Unexplained Absence of Service Users, we will develop an assessment tool which will identify the hazards for the risk assessment of each child to put control measures in place as required.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, the measures in place to control accidental injury to children, visitors and staff were not set out.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

Review the hazard log to ensure that all hazards related to accidental injury to children, visitors and staff are updated and the appropriate control measures are put in place.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, the measures in place to control aggression and violence were not set out.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Review the hazard log to ensure that all hazards related to behaviours that challenge are updated and the appropriate control measures are put in place.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, the measures in place to control self-harm was not set out.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

Review the hazard log to ensure that all hazards related to self harm are updated and the appropriate control measures are put in place

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, arrangements for the identification, recording and investigation of, and learning, from, serious incidents or adverse events involving children were not set out.

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:

A hazard identification form will be completed by the unit leader in consultation with the staff team, other professionals if required. Risk assessments will be carried out when required.

The Respite manager will view all documentation and ensure all hazards are collated on to the risk register for regular service review for investigation of incidents, inform trends, and training needs

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

As not all hazards were identified and risk assessed, arrangements to ensure that risk control measures are proportional to the risk were not identified, and that any adverse impact such measures might have on the child's quality of life had not 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:

Hazards will be risk assessed, and consideration given to adverse impact of control measures on the child's quality of life in respite

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

An annual check of the fire alarm system was completed in 2013, but there was no evidence of quarterly checks having taken place. New procedures regarding daily, weekly and monthly checks of fire precautions were introduced at the centre, but at the time of the inspection, only daily checks had commenced.

Action Required:

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

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

Quarterly checks of the fire alarm will commence in September.

Weekly and monthly checks of fire precautions have commenced and will be maintained. Completion by 31st July 2014

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

There were no personal emergency progress plans (PEEP) in place for children.

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:

The completion of PEEP's for each individual child is currently in progress.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The centre did not have a fire safety certificate and the social care team leader told the inspector that she was not assured that the existing doors in the centre were fire doors.

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:

We will review and establish whether or not current fittings including doors are of fire compliance standard, and take remedial action where required.

In relation to fire certificate, we are currently in consultation with the Fire Officer- Cork County Council, and the Services General services officer.

Proposed Timescale: 30/11/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff did not receive training in Children First (2011): National Guidance for the Protection and Welfare of Children.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Training in Protection and Welfare (The Prevention, Detection and Response to Abuse) for all respite staff will be provided via the Services Training Dept.

Application for training places with TUSLA training will be made.

Proposed Timescale: 30/11/2014

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:

Medicines kept in the medicine cabinet were not stored securely.

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 storage of medications within the locked cabinet has been reviewed, and made secure by the removal of the insecure storage boxes. All medication storage boxes have tightly fitting lids - complete

Arrangements have been made to internally subdivide the medicines storage cabinet into 4 individual secure compartments. The cabinet has a double locking system.

Proposed Timescale: 18/07/2014

Theme: Health and Development

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

There were errors identified by the person in charge pertaining to a medication prescription record which meant that a child did not receive medication as prescribed. The maximum dosage of medications was not stated on a record. Not all medication had appropriate labelling. Not all children had a photograph on their prescription record.

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:

All prescriptions and medication records have been reviewed, and Social Care Leader has followed up with parents in relation to the requirement for follow up with GP and Pharmacists to address issues relating to prescribing, labelling and stating max dosage.

A photograph of each child will be attached to their prescription and medication record.

All records are checked one week prior to the child's planned respite date.

Time frame reflects the planned respite dates for each of the 53 children from July to October.

Proposed Timescale: 31/10/2014

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 format of the statement was more suitable for adults and it was not yet 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:

The format of the statement of purpose is under review to reflect accessibility for children in respite care.

Statement of Purpose will be provided to parents/ guardians.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

Some improvements were necessary to ensure that the statement met the requirements of the regulations.

Action Required:

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

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

The Statement of Purpose will be rewritten to include for 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.

Proposed Timescale: 30/09/2014

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 annual review of the quality and safety of care and support in the centre had taken place.

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:

An annual review of the quality and safety of care and support in the respite centre will be conducted. The Services Quality and Standards Dept will participate in reviews of the respite service.

Proposed Timescale: 31/12/2014

Theme: Leadership, Governance and Management

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

Formal arrangements were not yet in place at the centre to ensure the support development and performance management of the workforce.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A schedule of training for the provision of a formal supervision structure is currently being rolled out across the Services. This will provide supports for staff to reflect on their personal and professional responsibilities in the delivery of safe and quality services.

A training programme for individual staff teams is scheduled for September 2014, staff supervision will encompass both individual and group supervision structures.

Following the training, scheduled formal supervision meetings will be organised within the unit.

Proposed Timescale: 31/10/2014

Theme: Leadership, Governance and Management

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

At the time of the inspection, the provider nominee had not carried out an unannounced visit to the centre in line with the regulations.

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 provider nominee will nominate a Sector Manager to carry out an unannounced visit to the respite service at least every 6 months

Proposed Timescale: 31/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were some gaps in the compliance of personnel files with the requirements 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:

Personnel files are currently being reviewed to identify and address any gaps on the personnel files.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

There was no formal supervision of staff at the centre.

Action Required:

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

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

A schedule of training for the provision of a supervision structure is currently being rolled out across the Services.

A training programme for individual staff teams is scheduled for September 2014.

Following the training, scheduled staff supervision meetings will be organised in the

unit.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

A relief care staff member employed at the centre since 2013 did not have evidence of training in line with the regulations. The training needs analysis was not specific to the centre.

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 review of the relief care staff training records and identification of this staff's training will be undertaken, and the record updated.

An individual training needs analysis will be undertaken in relation to all staff in the respite service.

Proposed Timescale: 10/10/2014