

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0003839
Centre county:	Cork
Email address:	ddoyle@stjosephsfoundation.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Carol Maricle
Support inspector(s):	Patricia Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	1
Number of vacancies on the date of inspection:	1

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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 29 April 2014 09:05 To: 30 April 2014 16:20

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This is a centre for children with disabilities. The centre opened after 1 November 2013 without a registration application submitted to the Health, Information and Quality Authority (the Authority). The Authority informed the chief executive officer and operational manager that under Section 46, Section 69 and 79(1) of the Health Act 2007 the centre was operating in contravention of the Act and that this was unacceptable. The provider nominee subsequently applied for registration status with the Authority. A triggered monitoring inspection took place on the 18 March 2014, following which findings of the inspection were provided in a feedback session to the person in charge, provider nominee and the chief executive officer. The draft monitoring report along with written recommendations regarding non-compliances was issued to the provider on the day of the registration inspection. The Authority has outlined improvements made by the person in charge and the provider nominee

since the monitoring inspection in the body of this report.

This registration inspection took place on the 29 April 2014 and 30 April 2014. The registration application applied for one additional bed along with the current bed, thus the maximum number of children that the centre could cater for would be two children.

The premises was a large single-storey building set on its own grounds. There was a garden to the front of the house and an enclosed rear garden. The aim of the centre was to provide a holistic and therapeutic environment for a child/children with an intellectual disability and additional support needs who required short-term residential care with an intensive staffing level.

There was one child living at the centre since February 2014 and his/her placement was for a specified period of 12 weeks, during which a behaviour support plan was put in place. He or she attended a specialist school within the area under the patronage of St Joseph's Foundation.

As part of this registration inspection, inspectors met the child's family and spoke to a psychologist employed by the provider who had responsibilities for elements of the child's personal plan. Inspectors interviewed care staff, the person in charge and the provider nominee. In addition, inspectors observed practice and reviewed documentation.

Overall, inspectors found that the child received a quality service in a child-centred environment and the placement had made a positive difference to his or her life. The child's family spoke highly of the placement and the enhancement it had made to the child's life. The provider nominee and person in charge had made a number of improvements to aspects of the centre in the period following the monitoring inspection but some actions were still being addressed by the provider and person in charge at the time of the registration inspection.

Areas of non-compliance included aspects of consultation with service users, the premises, some aspects of health, safety and risk management and the centre statement of purpose. Other areas that required improvement included issues to do with resources, some aspects of workforce, records and documentation and an aspect of welfare and development. The area of admissions and contracts needed significant improvement.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The privacy and dignity of children at the centre was respected. Systems were in place to protect the belongings and finances of children. There were opportunities for children to participate in activities that were purposeful and meaningful that reflected their interests and capacities. Improvements were needed so as to ensure that children and/or their representatives were consulted about how the centre was planned and run and their receipt of information regarding advocacy services and rights. There was some element of choice given to children where possible that reflected their individual preferences. A complaint management system was in place at the centre.

Improvements were necessary so as to ensure that children and/or their representatives were consulted and/or participated in the running of the centre. As the children living at the centre would be likely to have communication needs, the representatives of the children were key in this regard to speak on their behalf and be consulted with. No formal system of consultation was in place with children and/or their representatives at the centre as regards the running of the centre although during interview with family members, they told an inspector that they were consulted about the care that their child received.

A complaint management system was in place at the centre and some improvements were necessary. A child-friendly complaints procedure was displayed in the hallway of the centre. The inspector was told by the person in charge that no complaints had been made since the centre had opened and she showed an inspector the complaints management system that was used in the event of a complaint being made. There was a named complaints manager within the organisation. During interview with the provider nominee, he was clear about the complaints procedure and described the appeals procedure in this regard. Family members were clear about who they could make a complaint to. An organisation complaints policy was in place at the centre and was

noted as a draft version, the inspector was informed by the person in charge that the version reviewed by the inspector was in fact an approved version; however, this was not clear on the policy.

The privacy and dignity of children was respected by care staff. The child living at the centre had their own bedroom and an additional play room, sitting room and kitchen/dining room. In the event of a second child living at the centre, then they would need to share the playroom with the other child but the sitting room could also be used should a child wish to be alone.

Overall, the needs of the children living at the centre was such that they required a high level of support and care that in turn limited their ability to take risks, make informed decisions and exercise personal autonomy. Choices were offered to the child in areas such as their food choices and an inspector observed picture exchange communication systems being used in this regard. An inspector also observed the child choosing activities and placing them on the visual board upon their return from school. Family members told inspectors that choices were offered to their child living in the centre as regards clothing as he or she liked certain colours.

Finances and belongings were kept safe in the centre. A family member told an inspector that any monies provided to the centre for their child was documented and receipts were provided to the family that clearly showed how the monies were spent. Specific procedures regarding personal property, personal finances and possessions were in place at the centre. An inspector viewed the practices in place for the management of finances for children living at the centre and these were appropriate.

Children were encouraged to seek purposeful activities. The child living at the centre liked to run as a form of exercise and care staff told the inspector about the running track that he or she used in this regard. Pictures of the child at the running track were displayed in the centre. The child had recently been re-introduced to some public places, such as parks, and daily progress notes described some recent positive interactions between the child and members of the public. Activities that the child engaged in were dictated by the behavioural support plan in place at the centre and this was reviewed weekly by a psychologist. The inspector read how new activities were being introduced on a phased basis. During interview, family members told an inspector that they were satisfied with the range of activities that the child was engaged in. The inspector observed the enclosed garden at the centre and although improvements had been made since the monitoring inspection in regards to safety, the garden continued to present as quite sparse with little stimuli for children.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The communication needs of children at the time of the inspection were met.</p> <p>The communication needs of children were met by the care staff and person in charge. During interview, care staff presented as knowledgeable about the communication needs of the child living at the centre and showed the inspector examples of communication systems they used such as picture sequencing when they were going on an outing and picture exchange systems used in the centre. Inspectors heard care staff and the person in charge communicating with the child and giving clear instructions, using first and then. A visual picture schedule was placed in the dining room and updated as the day progressed. A word sheet was placed in the child's daily paperwork folder and new words that he or she used were written on this chart each day. The 'all about me' plan helped care staff understand how the child liked to communicate and what behaviours and words actually meant when they were used by the child. Although computer facilities were available for the child in the play room, the main use of the computer was for play purposes, rather than as an assistive device for the child to use for communication purposes. An analysis of the child's requirement of assistive technology to promote their full capabilities had not been conducted.</p>
<p>Judgment: Non Compliant - Minor</p>

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

<p>Theme: Individualised Supports and Care</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Children were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged and actively involved in the lives of children.</p> <p>Systems were in place to support children develop and maintain personal relationships and links with the wider community. There were limitations regarding the capacity of the</p>

child who was currently living at the centre to link in with the wider community but the inspector could see the progression since the monitoring inspection in the child's engagement with the wider community, as evidenced by daily progress notes and activity charts. Family members told an inspector that community involvement was a slow process but that this was understandable given their prior experiences of risk-taking behaviour of the child when in public.

Families were encouraged to get involved in the lives of children. There were opportunities for children to meet their family in private at the centre. Family members told an inspector that they generally rang ahead if they were planning on visiting their child but that this was not a rule and they generally visited when they liked. At the monitoring inspection in March 2014, there was little evidence that family members were involved in the personal planning of their child, but during interview, family members told an inspector that they felt that they were very much involved in decisions regarding their child's care. Family review meetings were commencing at the centre in May 2014.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Admission and discharge systems of the service needed improvement. There was no written contract in place for children living in the centre at the time of the registration inspection.

Admission and discharge procedures were in need of improvement. The child who was currently living in the centre at the time of the registration inspection was admitted to the centre on an emergency basis and the centre was opened specifically in response to his or her need for immediate accommodation. As such, the admission was not conducted in a manner that was prescribed by the centre statement of purpose and function. The statement of purpose and function was since reviewed by the provider following the monitoring inspection and the revised statement outlined admission and discharge criteria.

There was no written contract in place for the child living in the centre at the time of the

registration inspection. A written set of terms and conditions of agreement was in place at organisational level for admissions of children to residential services but this form had not been completed for the child who was living in the centre at the time of the registration inspection. This meant that there was no agreement in place between the child, their representatives, the organisation and/or the funder other than a commitment of temporary funding from the Health Service Executive. This in turn meant that there was a risk that the terms and conditions of the placement were not agreed by all parties involved. Improvements were needed in relation to the information contained in the terms and conditions so as to ensure that it met all the requirements of the Regulations. Details of the services that would be provided to the child were not specified clearly on the terms and conditions, nor arrangements regarding fees or additional charges.

Judgment:

Non Compliant - Major

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Systems were in place at the centre to ensure that the welfare and well-being of children who lived at the centre was promoted by a detailed assessment of their needs and a personal plan completed upon admission. A core feature of this personal plan was a behaviour support programme developed by a psychologist which was reviewed regularly. Improvements were needed in recording the contribution of children's representatives to assessments and personal plans. Children were supported in transitions.

Systems were in place to ensure a comprehensive assessment of need was conducted at the centre. One child was living at the centre at the time of the registration inspection. An assessment of his or her needs was completed by a psychologist and short and long-term goals set with regard to his/her behaviour. This assessment included background information on the child and his or her strengths. Other healthcare needs were assessed upon admission by a nurse staff member. Copies of previous assessments were on file.

A personal planning system was in place at the centre. A child's care file was viewed by an inspector and consisted of five sections: their personal plan, daily report sheets, daily check-lists, a document entitled 'All about me' and information on multidisciplinary supports. The behaviour support plan formed the basis of the personal plan and this was developed and reviewed by a psychologist at weekly meetings to which staff and the person in charge attended. Inspectors viewed daily records that contained details of when and how care staff implemented this programme. Picture exchange communication symbols (PECS) were used by the child and care staff and family members told inspectors how the use of this communication system had helped the child to make choices and understand what was going to happen and when. A document entitled 'All about me' helped care staff get to know the child as it addressed areas in his or her life such as likes and dislikes, communication preferences, family information, school, emergency contact number and food preferences. Behaviour charts were completed by staff and helped identify patterns of behaviour that challenged and this information was forwarded to the psychologist. Activity charts confirmed activities that the child was involved in on a daily basis. A list of words that the child used was updated when staff heard the child speak a new word. Since the monitoring inspection, re-introducing the child to the wider community was tested under the supervision of the psychologist.

Since the monitoring inspection, improvements were still needed in relation to recording when family members contributed to assessments and personal plans but during interview with the child's family an inspector was told that they contributed to the assessment of the child and their views taken on board. There was still no written evidence that the person in charge had ensured that the child's personal plan was made available to the child and his/her family but the action plan returned to the Authority following the monitoring inspection stated that this would be resolved immediately and that family review meetings were commencing in May 2014. Minutes of multi-disciplinary meetings already held regarding the child would also be forwarded to the family as per the action plan.

Children were supported in transitions between services. At the time of the inspection, there was still no confirmed plan in place for the child living at the centre following their 12-week placement, but efforts were being made by the multi-disciplinary team and the provider nominee in this regard and the inspector was told that the provider nominee was in regular contact with the health service executive in this regard. Family members confirmed that efforts were being made to secure a more long term plan for the child. Since the monitoring inspection, home visits organised by the psychologist had now taken place to which care staff were involved.

Judgment:

Non Compliant - Minor

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

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

No actions were required from the previous inspection.

Findings:

The location, design and layout of the centre was suitable for the needs of the child living at the centre but improvements were necessary so as to ensure that more than one child's needs could be met in a comfortable and homely way.

The centre was homely in most rooms however improvements were needed. The centre had suitable heating, lighting and ventilation. Some areas of the centre were in need of a general refurbishment such as the kitchen to ensure that space was maximised and good standards of cleanliness were easy to achieve when there was more than one child living at the centre. The issue of a cage remaining in the kitchen as a safety mechanism around a stove was not resolved from the time of the monitoring inspection.

The design and layout of the premises was in line with the statement of purpose but one of the bedrooms identified as the bedroom to be used for a second child was not suitable to sleep in at the time of the inspection due to an unidentified malodour in the en-suite facilities. The person in charge was aware of this issue and had referred the issue for maintenance. The remaining two bedrooms were also not suitable at the time of the inspection for a child to sleep in as one of the rooms had en-suite facilities that were used by staff and visitors for hand-washing and the second available bedroom was currently a play room for the child who already lived at the centre. Shower facilities at the time of the inspection were only available in one en-suite, the same en-suite facilities used by visitors and staff and this would not be suitable for two children. Laundry facilities were in the dining room and in the event of more than one child living at the centre, this would not be suitable due to the greater frequency of use and the subsequent noise the machines would make in the dining area.

Improvements were needed so as to ensure that the garden was more suitable for the child or children to play in. At the time of the inspection, some improvements had been made in relation to the provision of play equipment in the garden but overall, more could be done with the garden so as to improve its potential as a place of play or a source of sensory experience for the child. There was no particular equipment in use at the centre nor needed. A front gate of the property needed painting.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

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

Improvements were needed in health and safety procedures. The centre health and safety statement was dated February 2014. The provider employed a health and safety officer who provided guidance to the centre in health and safety. A number of hazards particular to the child were identified, risk assessed and controlled, details of which were placed in the child's file. Evacuation procedures were displayed in the building and a critical incident plan in the event of an evacuation was available. A mini-bus used by the centre to transport the child had the required motor tax and insurance and care staff brought with them a first aid kit each time they used the mini-bus. Since the monitoring inspection, potential hazards in the rear garden had been resolved. The Health and Safety officer employed at provider level was re-assessing all hazards at the centre at the time of the registration inspection and the completion date for this was 15 June 2014. The child living at the centre played in the rear garden and this was secure therefore ensuring that the child could not leave the premises in an unsafe manner. The inspector viewed an incident and accident record book which contained relevant information. There were some gaps in the person in charge signing off each record of incident and accident. A cage placed around the kitchen stove to prevent burns continued to present as an issue as it did not create a sense of homeliness in the centre.

A maintenance book was used by the centre and this contained relevant information on maintenance requests, some improvement was needed to ensure that the person in charge assured herself that all maintenance requests were signed off upon completion.

Procedures for the prevention and control of infection were in place at the centre. Since the monitoring inspection a number of improvements had been made. A cleaning audit was in place since 1 May 2014. On the day of the inspection, the centre appeared clean and there were facilities in place for staff and visitors to wash their hands. Hand hygiene posters were placed in all bathrooms displaying the technique recommended to wash hands. Alcohol gels and paper towels were provided in bathrooms. Colour-coded mops and cleaning equipment were stored in an en-suite of a spare bedroom but going forward this would not be a suitable storage space. Hand hygiene training was booked in for staff to take place in May 2014. Food safety guidelines were displayed in the kitchen.

Fire safety precautions were in place at the centre. The centre confirmed that a fire safety certificate was in place at the centre and a document in this regard was

submitted as part of the registration application. Fire drills took place at the centre in the three months prior to the inspection. The action plan returned to the centre following the monitoring inspection indicated that all remaining care staff who had not taken part in a fire drill to date would be expected to do so in May 2014. Evacuation procedures were clearly displayed around the building and escape exits were unobstructed. Outside doors were operated using electronic opening systems which automatically became unlocked in the event of the fire alarm being raised. The majority of staff were trained in fire safety in April 2014 and any outstanding staff were due to attend training in June 2014. The fire register showed that fire equipment was serviced on two occasions in 2013. Fire extinguishers were viewed at the centre and their service dates matched the register. An annual test of the fire management system had been completed in 2014. An evacuation assembly point was identified. New procedures were introduced in March 2014 on the checking of fire safety measures by care staff at the centre and these included monthly fire inspection check-lists, weekly testing of emergency lighting and the fire alarm system and daily inspection of emergency exits.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures to protect the child from being harmed or suffering abuse were in place at the centre. The child was provided with emotional, behavioural and therapeutic supports that promoted positive behaviour. A restraint-free environment in the centre was promoted by care staff.

Measures to protect the child from being harmed or suffering abuse were in place at the centre. Care staff were observed treating the child with warmth and respect during the inspection. The person in charge had completed training in Children First (2011): National Guidance for the Protection and Welfare of Children and was aware of the procedure to be followed in the event of a child protection concern. As part of the action plan response to the monitoring inspection, the provider informed the Authority that the majority of care staff had completed training in Children First (2011) in April 2014 and

the person in charge told an inspector that the next training for remaining staff would take place in May 2014. During interview, staff presented as having a good understanding of safeguarding issues, an awareness of different types of abuse and they knew the name of the designated person within the organisation that they could contact should they have concerns. There had been no incidents or allegations of abuse reported since the centre had opened. Intimate care plans were in place for the child living at the centre and dates of commencement and review were clear on this plan, which included reference to dressing, toileting, dental care, oral hygiene and showering. The policy governing child protection was viewed by the inspectors and it was found to be comprehensive but not signed off as the final version and did not contain the name of the designated liaison person.

Efforts were made by the provider to promote positive behaviour and identify or alleviate the underlying causes of behaviour that challenges. The child was engaged in an intensive 12 week positive behavioural support programme, developed and overseen by a psychologist, progress against the plan was recorded daily by care staff and reviewed at weekly meetings. Copies of correspondence between the psychologist and the health service executive were viewed by the inspector and this correspondence documented the changes in the child's behaviour since their admission to the centre and the positive outcomes he or she had achieved since their admission. During interview with parents, they told an inspector that their child was very happy with the care staff employed at the centre. The organisation policy in place regarding behaviour consisted of a policy document focusing on the management of challenging behaviour, more so than the promotion of positive behaviour.

A restraint-free environment was promoted at the centre and the provider and person in charge told the inspectors that physical, chemical and environmental restraint was not used by care staff. Inspectors reviewed the child's care file and there was no indication that restraint was used by care staff towards the child. During interview, care staff presented with a good knowledge of the child and discussed how they give the child space when he or she started to present as agitated so as to de-escalate the situation.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and the person in charge was knowledgeable of the requirement to notify the Authority of incidents where appropriate. At the time of the registration inspection, the assistant manager for residential services had responsibilities for forwarding notifications to the Authority and the person in charge confirmed to an inspector that there had not been any incident at the centre since the commencement of the Regulations that required notification to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Opportunities for children to have new experiences, social participation, education, training and employment were facilitated and supported by care staff at the centre. Education was valued by the centre.

Children had opportunities for new experiences, social participation and education at the centre. One child lived at the centre at the time of the inspection and the inspector reviewed his or her care file with a view to ascertaining the potential for the child to experience new things, participate socially with others and continue to attend school. Since their admission to the centre the child was engaged in physical exercise, such as exercising at a running track and his or her family were pleased about the introduction of this physical exercise outside of school hours. The child had a behavioural support plan that was developed by a psychologist and reviewed regularly and as part of this programme, he or she was carefully introduced to new situations and new places in the locality with the support of care staff. Reviews of these new experiences were documented. Care staff told an inspector of the progress that the child had made in this regard.

Arrangements were in place for children to continue schooling whilst living at the centre however an improvement was identified. Care staff were observed transporting a child to school and back. Communication systems were in place between the school and the centre and each day the school and centre staff would write relevant communication notes in a notebook contained in the child's school bag. A policy on education for children in residential care within St. Joseph's Foundation was in place. There was some

reference to the education arrangements for children living at the centre in the centre's statement of purpose and function but more information was required in order to meet the requirements of the regulations. The child's educational goals did not feature in their assessment.

Judgment:

Non Compliant - Minor

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health.

Systems were in place at the centre to ensure that children were supported on an individual basis to achieve and enjoy the best possible health. The health needs of the child living at the centre were assessed upon admission by a nursing staff member and this also included reference to their personal hygiene, dental care and mental health. The psychologist with responsibilities for behavioural support plans incorporated the child's healthcare needs into the support plan. The child had a psychiatrist and copies of correspondence from the psychiatrist regarding the child were on file and medication was reviewed regularly. Since the child came to live at the centre he or she was reported to have lost a substantial amount of weight to which the care staff, person in charge and family members told the inspectors that they were very pleased with and was as a result of good nutrition, no over-eating and daily exercise. Fluid and nutrition intake was recorded daily by care staff. An inspector observed the child making their own snack upon their return from school. The child was in school on both days of inspection therefore there were limited opportunities for the inspector to view meal-times with the child, but an inspector reviewed the daily nutrition records and these were appropriate and involved choice. During interview with the parents, they expressed their satisfaction with how their child's healthcare needs were being met and told the inspector that they were always told when their child had any health problems. The child continued with the same general practitioner (GP) since his or her admission to the centre.

Judgment:

Compliant

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Children were protected by written operational policies and procedures relating to medication management but some improvements were needed.

There were systems in place at the centre for the management of medication but improvements were needed. Overall the medication management systems were safe and the nurse interviewed in this regard presented as confident and knowledgeable of the medication management system in place at the centre. Written organisational operational policies and procedures relating to the ordering, receipt, prescribing, storing and administration of medication were available. Medicine kept in the centre was stored securely. The drug error log book was viewed by an inspector and there was one record of a drug error recorded. Records were kept when medication was unused or disposed of. A procedure was in place for refusal of medicine. Some procedures were described on stand alone documents and other procedures contained within the provider policy, for example storage and safekeeping was contained within a policy whereas the procedure for administration was a stand alone document. A draft procedure was in place for the reporting and recording of medication errors or near misses. There was no procedure in place for the disposal of medicines, although records were kept in this regard. No audits were conducted at the centre to ensure safe practices.

Administration sheets contained details of identified medications and the signature of the nurse or staff member administering medication and an accompanying signature sheet. Administration of medicine matched the prescription sheet and there was a space to record comments in the event of withholding or refusing medications.

Prescription sheets were available as part of the recording system. Prescription sheets contained the child's name and address and photograph, but no date of birth. The name of the GP, their signature, name of the medicine, dose, route, time of administration were included on the prescription sheet. Since the monitoring inspection, all containers were now labelled. Maximum dosages were stated on the label attached to the container but not the prescription sheet.

Judgment:

Non Compliant - Minor

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a written statement of purpose forwarded to the Authority as part of the registration application that described the service provided in the centre and this reflected the needs of the child currently living at the centre and the manner in which care was provided to him or her. Not all of the information as required by Schedule 1 of the Regulations was included in the statement of purpose.

Since the monitoring inspection, the provider had made a number of improvements to the written statement of purpose but improvements were still necessary. The statement outlined that the maximum occupancy of the centre would be for two children and these children would receive a high level of therapeutic care, and that these supports would be defined and prescribed by a multi-disciplinary team and reviewed as required. Children with intellectual disabilities and in need of high support levels from staff would live at the centre. Practice in the centre reflected aspects of the statement of purpose, such as, personal planning and behavioural programmes that were led by a psychologist. Staff presented as clear about the purpose of the programme that was in place for the child living at the centre, the use of the centre in this regard and the nature of their employment contracts given this time-specific programme. The provider did not ensure that the statement of purpose was made available to the child's family since the monitoring inspection but did state a completion date of 17 May 2014 in the action plan of the monitoring inspection.

Not all of the information as required by Schedule 1 of the Regulations was included in the statement of purpose. Additional information on fire precautions and associated emergency procedures was required. The arrangements made for contact between the child and their family needed further description, the arrangements for children to participate in the running of the centre and the arrangements in place for the supervision of therapeutic techniques needed inclusion in the statement. The staffing whole time equivalent needed to be set out in the statement. A copy of the centre's policy and procedure for emergency admissions and floor plan were described as attached to the statement but were not submitted with the statement.

Judgment:

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Management systems were being put in place at the time of the registration inspection to support and promote the delivery of safe, quality care services but improvements were needed in the area of reviews of the service. A management structure was in place at the centre. The centre was managed by a person in charge who had relevant qualifications but no prior experience in a management role.

Management systems were in place at the centre and there were some evidence of monitoring of the service on a regular basis but no formal annual review of the service had taken place. The provider nominee showed inspectors the monitoring systems that were in place at the centre such as the tracking of patterns of incidents and accidents at centres. Copies of daily progress reports of children living at the centre were forwarded to the co-ordinator of residential services every week who reviewed these reports as a form of monitoring. Formal supervision was being introduced to the centre in May 2014. The behavioural support programme that the child was engaged in continued to be monitored weekly by a psychologist through review meetings. No review of the quality of care and support at the centre in accordance with the standards had taken place at the time of the inspection; however, the centre was in its first year of opening at the time of the registration. There were some plans to conduct unannounced visits to all centres by the chief executive officer and/or provider nominee in 2014, as set out in the action plan of the monitoring inspection and this centre would be visited in this capacity every six months. At the time of the registration inspection, there were no written plans in place regarding annual reviews.

An up-to-date management structure was displayed at the centre and identified the lines of authority and accountability. Care staff were aware of who was in charge and told inspectors that the centre was well managed. An on-call system was in place and staff were aware of the on-call system. At the time of the inspection, performance management systems were being introduced by what was described to the inspector by the chief executive officer as on a staged basis, commencing with supervision for all

staff in May 2014 followed by performance management development systems at a later stage but there was no confirmed clear plan or time-line in place for the introduction of performance management development systems.

The centre was managed by a suitably qualified person with authority. The person in charge was in post since February 2014 and was qualified in the area but had no previous management experience. She demonstrated a commitment to her own professional development and the provider nominee indicated that they would be supportive of her engaging in academic qualifications so as to ensure a management qualification could be acquired. Care staff reported their confidence in the person in charge and confirmed that she worked regularly at the centre. During interview, the person in charge demonstrated a very good understanding of the regulations and National Standards. At the time of the inspection, some managerial responsibilities that had previously been conducted at co-ordinator level and not at the person in charge level were being transferred to the person in charge, such as co-ordination of the staff rota, thus ensuring that the person in charge was engaged in all aspects of the operational management of the centre. The person in charge demonstrated a positive child-centred attitude to her role. As the regulations regarding prior management experience were to take effect three years from the date of the commencement of the Regulations there was a risk that the person in charge might not achieve the three years management experience needed.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There had not been any extended absences of the person in charge since the centre had opened. The registration application confirmed a named employee of the organisation as the person who would assume the role of the person in charge should the person in charge be absent for 28 days or more. The provider nominee and person in charge were aware of their responsibilities to notify the Authority in this regard.

Judgment:

Compliant

--

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources in place to help children living at the centre achieve their personal plan. The purpose of the centre was to be a home for a maximum of two children who required short term residential care with an intensive staffing level. The provider nominee during interview was clear about the deployment of resources in areas such as: leadership and governance, workforce and premises for children who may come to live at the centre for a short period of time in these circumstances. The routines and activities that took place at the centre were driven by the needs of the child, as evidenced by the child's personal plan and records viewed by the inspector. Facilities and services at the centre reflected the statement of purpose. In relation to funding as a resource issue, funding through section 10 of the Child Care Act, 1991 had been approved by the Health Service Executive for the current placement and the provider nominee told the inspectors that applying for funding through section 10 of the Child Care Act, 1991 would be the nature of the funding stream of the centre going forward.

Judgment:
Compliant

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):
Some action(s) required from the previous inspection were not satisfactorily

implemented.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of the child living at the centre however there were some gaps in children receiving continuity of care. All staff were supervised by the person in charge but formal methods of supervision were only being introduced to the centre at the time of the registration inspection. Staffing records were mostly in compliance with the Regulations however there were similar gaps found in the registration inspection that were also found in the monitoring inspection. There was evidence of continuing professional development in place for all staff at the centre.

There was a sufficient number of staff employed to meet the needs of children. There was a staff complement of seven staff, including the person in charge, one care staff member employed by the provider and five care staff that were recruited through agencies, two of which were nurses. All staff were employed on three month contracts to work at the centre. Proposed staff rosters were adequate in the provision of staff and sample of actual staff rosters were viewed and found to be appropriate in terms of numbers of staff on shift. Despite the high proportion of agency staff in use, the same agency staff worked repeatedly at the centre and during interview, care staff presented as very knowledgeable of the needs of the child. Since the monitoring inspection, a number of new agency staff had commenced at the centre. These staff members were assigned to be on duty alongside more experienced care staff, however for one shift on the week of the inspection relatively new staff were due to be working alongside each other and the inspector raised this issue with the person in charge. The rota was changed to ensure that this issue was rectified and the inspector sampled a number of actual rotas in the centre and could not find any other example of this occurring.

Care staff had qualifications in social care and a varied level of experience in health and social care. Nursing staff were registered with An Bord Altranais. There was evidence of a programme of continuous professional development in place for staff directly employed at the centre. Since the monitoring inspection, agency staff were given training in a number of areas such as fire safety and Children First (2011): National Guidance for the Protection and Welfare of Children.

Care staff were informally supervised in their day-to-day work by the person in charge and a formal supervision system was to commence at the centre, as evidenced by written dates provided to an inspector of supervision sessions. During interview, staff were aware that they were due to commence formal supervision sessions in May 2014.

A selection of staffing records were reviewed by the inspector and this represented staff employed by the provider and staff recruited through agencies. There were a number of files that did not contain all the information required by Schedule 2. One personnel file did not contain the up-to-date registration details of a staff member with An Bord Altranais but this information was presented to the inspector by the completion of the inspection. There was inadequate confirmation of a follow up telephone call made regarding receipt of a written reference, although this information was provided to the inspector before the completion of the inspection. There were some gaps in employment history found by the inspector in personnel files that were not adequately explained. It

was not clear on the personnel files the positions that all staff held, the work they performed and the number of hours each person was employed each week at the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records and policies were kept at the centre but improvements were needed. The centre was adequately insured.

Children were protected against the risk of unsafe or inappropriate care by the completeness and accuracy of records maintained in the centre. The person in charge reviewed the accuracy of report writing in the daily progress sheets completed by care staff and minutes of a staff team meeting outlined how she gave instructions to care staff on improvements that needed to be made in their report writing. Records kept with reference to children were up-to-date, inspectors viewed daily record sheets such as fluid, nutrition, activities, behaviours that challenged, night checks and words used by children and daily progress reports that were completed each day by care staff documenting the overall day for the child. The majority of the records required by Schedule 4 of the Regulations were in place at the centre but some records needed improvement. The planned and actual rota did not always indicate the surname of the person on shift. One occasion on which the fire alarm was operated other than for the purpose of a fire drill was not recorded as such. A resident's guide was in place at the centre and this document was specific to the child living at the centre, and included lots of photographs of the child's preferred activities and locations, but the guide did not contain all the requirements of the Regulations, such as a summary of services and facilities, terms and conditions relating to residency, how children were involved in the running of the centre, how to access inspection reports, the complaints procedure and arrangements for visits. A directory of residence was not kept at the centre therefore

the requirements of the Regulations in this regard were not in place.

There were written operational policies and procedures to inform practice, however improvements were necessary. There were a mixture of organisational and centre specific policies at the centre. The provider had commissioned an external consultancy company to review all organisational policies in 2013. During interview, care staff had an understanding of various policies, such as the organisational child protection policy. A number of the policies in place at both centre and organisational level appeared to be in draft format such as the complaints policy and the inspectors were told that these policies were in fact the final version but this has not been updated on the policy itself. Some but not all staff had signed to say that they had read some policies, it was not clear why some policies had a cover sheet asking staff to sign to say they had read and others did not.

The centre was adequately insured, as evidenced by the copy of insurance forwarded to the Authority following the inspection.

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:

Carol Maricle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0003839
Date of Inspection:	29 April 2014
Date of response:	07 July 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

No formal system of consultation was in place with children and/or their representatives at the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

The registered provider will ensure that the child/representative are invited to attend monthly meetings to allow for formal consultation to take place in the running of the centre as per Regulation 09 (2) (e).

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

Proposed Timescale: 18/07/2014

Theme: Individualised Supports and Care

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

The inspector observed the enclosed garden at the centre and the garden continued to present as quite sparse with little stimuli for children.

Action Required:

Under Regulation 13 (3) (a) you are required to: Provide each child with opportunities for play.

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

Under Regulation 13 (3) (a) the registered provider will ensure that the garden at the centre will be upgraded to included more stimuli and play opportunities for children.

Proposed Timescale: 30/09/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

An analysis of the child's requirement of assistive technology to promote their full capabilities had not been conducted.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

The registered provider will complete an analysis of the child requirement for assistive technology to promote their full capability as per Regulation 10 (3) (b).

Proposed Timescale: 01/09/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

A written set of terms and conditions of agreement was in place at provider level for

admissions of children but this form had not been completed for the child who was living in the centre at the time of the registration inspection.

Action Required:

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

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

The registered provider will ensure that the Terms and Conditions of Residency will be completed for the child as per Regulation 24 (3).

Proposed Timescale: 11/07/2014

Theme: Effective Services

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

Improvements were needed in relation to the information contained in the terms and conditions so as to ensure that it met all the requirements of the Regulations. Details of the services that would be provided to the child were not specified clearly on the terms and conditions, nor arrangements regarding fees or additional charges.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The registered provider will ensure that the requirements of Regulation 24 (4) regarding details of services provided to the resident and appropriate fees charged, will be included in the agreement prior to the signing of the agreement.

Proposed Timescale: 11/07/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Improvements were needed in relation to recording when family members contributed to assessments and personal plans.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident

no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The Person in Charge will ensure that family members will sign assessments and support plans to which they have had input.

Proposed Timescale: 11/07/2014

Theme: Effective Services

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

There was no written evidence that the person in charge had ensured that the child's personal plan was made available to the child and his/her family.

Action Required:

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

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

As per Regulation 05 (5) the Person in Charge has made a Personal Plan available to the resident/family.

Proposed Timescale: 10/05/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Improvements were needed so as to ensure that the garden was more suitable for the child or children to play in.

Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

As per Regulation 17 (3) the Registered Provider will ensure that appropriate outdoor recreational areas with age appropriate play and recreational facilities will be provided.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Some areas of the centre were in need of a general refurbishment such as the kitchen. One of the bedrooms had an unidentified malodour in the en-suite facilities. A front gate of the property needed painting.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The registered provider Under Regulation 17 (1) (b) will be refurbishing and maintaining the centre in a good state of repair, externally and internally.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Two bedrooms were not suitable at the time of the inspection for a child to sleep in. Showering facilities at the time of the inspection were only available in one en-suite. The location of the laundry facilities was not suitable long-term.

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:

The registered provider will re-develop the premises to meet the aims and objectives of the services and number of and needs of the residences as per Regulation 17 (1) (a).

Proposed Timescale: 30/10/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were some gaps in the person in charge signing off each record of incident and accident.

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:

The Person in Charge will ensure that they will sign and record and investigate, learn from, serious incidents or adverse events involving residents.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

A cage placed around the kitchen stove to prevent burns continued to present as an issue as it did not create a sense of homeliness in the centre.

Action Required:

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

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

The Registered provider will ensure that the cage surround of the kitchen stove will be removed and that risk control measures will be reassessed and any risk management arrangements put in place as per Regulation 26 (1) (e).

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

All hazards at the centre were not yet identified and assessed at the time of the registration inspection.

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:

As per Regulation 26 (1) (a) the registered provider has ensured that hazards were identified and assessment of risk carried out and entered in the written register.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Colour coded mops and cleaning equipment were stored in an en-suite of a spare bedroom which was not a suitable storage space.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

As per Regulation 27 the registered provider will provide an alternative storage area of cleaning equipment.

Proposed Timescale: 18/07/2014

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The child's educational goals did not feature in their assessment.

Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

Under Regulation 13 (4) (c) the Person in Charge will ensure that assessment for child will include appropriate educational goals. The Person in Charge will attend individual educational planning meetings at the child's school.

Proposed Timescale: 30/09/2014

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:

Prescription sheets contained the child's name and address and photograph, but no date of birth. Maximum dosages were stated on the label attached to the container but not the prescription sheet.

Action Required:

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

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

The Person in Charge will ensure as per Regulation 29 (4) (b) that appropriate and suitable practices relating to prescribing and ordering of medication will be put in place.

Proposed Timescale: 30/06/2014

Theme: Health and Development

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

No audits were conducted at the centre to ensure safe practices.

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 Person in Charge will ensure that medication audits will be carried out by a registered pharmacist to ensure compliance with Regulation 29 (4) (a).

Proposed Timescale: 30/07/2014

Theme: Health and Development

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

There was no procedure in place for the disposal of medicines.

Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national

legislation or guidance.

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

The Person in Charge has developed a procedure for the safe disposal of medication.

Proposed Timescale: 13/06/2014

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:

Not all of the information as required by Schedule 1 of the Regulations was included in the statement of purpose.

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 registered provider will review the Statement of Purpose to include information set out to ensure compliance of the Health Act 2007 Under Regulation 03 (1).

Proposed Timescale: 17/05/2014

Theme: Leadership, Governance and Management

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

The provider did not ensure that the statement of purpose was made available to the child's family since the monitoring inspection.

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:

As per Regulation 03 (3) of the registered provider has made a copy of the Statement of Purpose available to the resident/family and will make available to, the revised Statement of Purpose on completion.

Proposed Timescale: 17/07/2014

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:

As the regulations regarding prior experience were to take effect three years from the date of the commencement of the Regulations there was a risk that the person in charge might not achieve the three years management experience needed.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

The Person in Charge has been working as a Social Care Worker, running a residence on the opposite side shift to the Social Care Leader since 2011. To develop her skill further we are organising for her to attend a front line management course.

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:

At the time of the registration inspection, there were no written plans in place regarding annual reviews.

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:

As per Regulation 23 (1) (d) the registered provider will ensure that an appraisal system will be put in place to support the development of all members of the workforce.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

There was no clear plan or time-line in place for the introduction of performance

management development systems.

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:

As per Regulation 23 (3) (a) the registered provider will ensure that effective arrangements are in place to support, develop all members of the workforce.

Proposed Timescale: 30/05/2015

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 a number of personnel files that did not contain all the information required by Schedule 2.

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:

The Person in Charge will ensure that all information and documentation in Schedule 2, Under Regulation 15 (5) will be obtained for all staff.

Proposed Timescale: 30/06/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the requirements of schedule 5 were met. A number of the policies in place at both centre and provider level appeared to be in draft format. Some but not all staff had signed to say that they had read some policies.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with

Disabilities) Regulations 2013.

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

Under Regulation 04 (1), the registered provider will ensure that all draft policies will be approved and that all staff adopt and implement these policies.

Proposed Timescale: 30/09/2014

Theme: Use of Information

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

A directory of residence was not kept at the centre.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

Under Regulation 19 (1) the registered provider will ensure that directory of residency will be developed and maintained at the centre.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

A directory of residence was not kept at the centre therefore the requirements of the Regulations in this regard were not in place.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

Under Regulation 19 (3) the directory of residents will include information specified in Schedule 3 of Health Act 2007, to keep the directory at the residency.

Proposed Timescale: 30/07/2014

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The resident guide failed to include reference to how children were involved in the running of the centre

Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

Under Regulation 20 (2) (c) the Residential Guide will include arrangements for the residents involvement in the running of the centre.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The resident guide failed to reference a summary of the services and facilities provided.

Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

Under Regulation 20 (2) (a) the registered provider will ensure the Residential Guide will include a summary of the services and facilities provided.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The resident guide failed to include reference to how to access inspection reports.

Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The registered provider will ensure that the Residential Guide will include information on how to access any inspection reports on the centre.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The resident guide failed to include reference to the complaints procedure at the centre.

Action Required:

Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

Under Regulation 20 (2) (e) the registered provider will ensure that the Residential Guide will include organisation complaints procedures.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The resident guide failed to reference arrangements for visits.

Action Required:

Under Regulation 20 (2) (f) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for visits.

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

Under Regulation 20 (2) (f) the registered provider will ensure arrangements are in place for visitors.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The resident guide failed to include reference to the terms and conditions relating to residency.

Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

Under the Regulation 20 (2) (b) the registered provider will include the Terms of Conditions of Residence.

Proposed Timescale: 30/07/2014

Theme: Use of Information

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

The additional records specified in Schedule 4 of the Regulations were maintained but there were some inaccuracies in fire records and the duty roster.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Under Regulation 21 (1) (c) the registered provider will provide additional records as per Schedule 4 and will be made available

Proposed Timescale: 30/07/2014