

**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 Services South East
Centre ID:	OSV-0003280
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services South East
Provider Nominee:	Johanna Cooney
Lead inspector:	Patricia Sheehan
Support inspector(s):	Anna Delany
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	3

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, Health Act 2007 (Registration of 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: 18 November 2014 09:30 To: 18 November 2014 18:00

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 inspection was the first inspection of the centre carried out by the Authority and its purpose was to monitor compliance with the Regulations.

According to its statement of purpose, the centre provided a long stay residential service for a maximum of four children with a mild to profound intellectual disability and a respite service for a maximum of six children with a moderate to profound intellectual disability. These services were provided from two separate houses which were located several miles apart in the same town.

During this inspection, the inspector met with the regional manager, the staff nurse in the respite service and the social care leader in the residential service and two members of staff. The person in charge was on leave and the regional manager was deputising for her. The inspector met briefly with two children and also observed practices, inspected the premises, viewed policies, procedures, personal plans and a range of records in both houses.

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

The inspector found that the children received a good standard of care from an experienced staff group. Staff were observed to be caring and respectful to the

children. The children's parents and professionals from both social work and psychology disciplines were involved in care planning. The centre was well managed, the environments homely, and the staff group was experienced and committed.

The Action Plan at the end of the report identifies areas where improvements are needed to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. These areas include:

- risk management,
- restrictive practices,
- medication management,
- monitoring quality and safety.

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, Health Act 2007 (Registration of 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):

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

Findings:

Children had personal plans that set out their individual needs and choices and the supports they required. Children availing of respite received the necessary support when making the transition between the centre and home.

The inspector viewed the files of three children receiving the respite service and one child receiving the residential service. Each file contained person-centred plans to include aspects of children's lives such as education, personal care, communication, activities, dietary requirements, and sleep patterns. There was evidence that these plans were developed with the participation of the children's parents and the children themselves, where possible. However, the personal plans of children on respite were written in a more child-friendly format and were more cohesive and less fragmented than the personal plan of the child receiving the residential service.

The plans were reviewed by the multidisciplinary team in relation to personal outcome measures which were set out for each child and the children's parents participated in these reviews. The files contained evidence of assessments undertaken by various professionals, including the children's general practitioners (GPs), psychologists, and social workers. Staff who were interviewed were very familiar with the personal plans for each child and the inspector found that the plans were implemented.

Children receiving respite were supported as they made the transition from home or school and there was evidence of good communication between staff and parents and teachers. Children typically came to the centre from school and were provided with transport on the centre minibuss. Members of staff accompanied the children to and from school.

Judgment:

Compliant

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):

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

Findings:

There were measures in place to ensure the safety of children, staff and visitors but there were some deficits in risk management systems.

Inspectors found that measures were in place to promote the safety of children, staff and visitors. A record of all visitors was maintained and safety statements specific to each house were available and due for update in November 2015. An emergency plan was in place and contained procedures for severe weather, loss of power, and emergency evacuation. There was evidence of personal emergency evacuation plans for the children. Safety audits were routinely completed to include, for example, electrics, fire precautions, personal protective equipment, lifting & handling, hazardous materials, and challenging behaviour training. The audit checklist included actions required and dates by which the actions should be completed. Staff told the inspector that there was multi-disciplinary team input in relation to assessments of hazards. The inspector saw evidence of individual risk assessments for the children in both houses and the strategies in place to manage these risks. Staff informed inspectors that staffing levels had been reduced for one resident as a result of implementation of positive behaviour support strategies.

The centre's transport was found to be regularly serviced, insured and equipped with appropriate safety equipment. Inspectors observed that the procedures in place for the prevention and control of infection were satisfactory. Personal protective equipment was available for staff and there were sufficient facilities available for hand washing. Colour-coded cleaning materials were used by staff and the premises was clean. There was evidence of daily and weekly cleaning checklists.

While there was a system for the assessment and management of risk with risk registers maintained and reviewed, the majority of risks on the registers related to individual children. It was not clear that all potential risks throughout the centre had been identified. There was a risk management policy but it did not fully meet the requirements of the Regulations. It did not include the measures in place to control the risk of unexpected absence of any of the children, accidental injury, aggression and violence and self harm. While inspectors reviewed a sample of incident reports and

found that incidents were recorded appropriately, the policy did not set out the arrangements for the investigation of and learning from serious incidents nor the arrangements to ensure that risk control measures are proportional to the risk identified. Inspectors found that not all of the risk control measures were proportional. Specifically, all the windows and all of the external doors in the respite house were locked, despite the fact that parts of the garden were enclosed. In addition, staff informed the inspector that sometimes the bedrooms were locked during the day if there was a child who might wander in and out of the bedrooms and safety was an issue. The regional manager informed inspectors at the end of the inspection that this practice would be reviewed.

Precautions were in place to guard against the risk of fire. Both houses had fire safety equipment such as fire alarms, emergency lighting, fire extinguishers, fire blankets and break glass units. The respite house contained a fire sensor in every room and fire doors. The residential house included a drag mat in case of fire. Records showed that fire equipment was serviced annually and emergency lighting serviced on a quarterly basis. Fire drills were carried out regularly and fire safety training provided. Staff were familiar with the fire evacuation procedures which were displayed in the centre. Personal emergency evacuation plans were in place for each child. Fire exits were unobstructed and there was evidence of daily checks of both these exits and the fire alarm and a weekly check of emergency lighting.

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):

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

Findings:

There was a range of measures in place to safeguard the children and protect them from abuse. However, not all restrictive practices were applied in accordance with policy.

The policy on child protection was dated February 2013 and was satisfactory. Appendices to the policy included a copy of the standard report form, the details of the designated liaison person plus their deputy and contact details for local duty social work

offices. The principal social worker within the organisation was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. Inspectors reviewed a report made by the principal social worker to the local social work office and found that it was appropriate. There had been no other allegations or suspicions of abuse and neglect recorded or reported in the centre.

All staff members were trained in Children First: National guidance on the Protection and Welfare of Children (2011) and training records confirmed this. Staff members interviewed by inspectors was knowledgeable regarding the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have and who the designated liaison person was and her role. The acting person in charge outlined the steps he would take in the event of an allegation of abuse of a child by a staff member.

There were various safeguards in place to protect children. Staff were aware of a whistleblowing policy and felt confident that they could express any issues of concern that they may have about the safety of the service. An Garda Síochána vetting was in place for all staff. Risk assessments were carried out in relation to individual children. Children were well supervised and inspectors saw that there was a secure garden for outdoor play.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging for each child. Positive behaviour support plans were in place and there was evidence of multidisciplinary input into these plans. Staff members had attended training on understanding behaviour that challenges.

Some restrictive practices were used in the centre. These included harness use, a 3/4 door, bed rails, and the use of an enclosed sleep system. Restrictive practices were recorded, referred to the Human Rights Committee and reviewed on a regular basis by the multidisciplinary team. There was evidence that the safety of the child was the key consideration both for the review team and the staff concerned. However, the enclosed sleep system used by two children availing of respite while initially prescribed by an occupational therapist had not been viewed by the centre as a restrictive practice. As a result, its use had not been subject to the same procedures and was not reviewed by the multidisciplinary team on a regular basis. The regional manager gave assurances to the inspector that this would be remedied immediately.

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):

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

Findings:

Policies and procedures on medication management were in place to protect children but improvement was required in the areas of prescribing and administering medication and in auditing the system of medication management.

Inspectors reviewed the medication management policy and found it to be comprehensive. Staff training in the safe administration of medication which included competency tests was provided. Medication was stored in a locked cupboard in the staff office and there was separate secure storage available for controlled drugs. Medication was maintained separately for each child and was clearly labelled but some over the counter medications were not individually labelled.

The inspector read a sample of completed prescription and administration records and found that they contained photographs of the child and all prescriptions and discontinuations of medication were signed by a medical practitioner. However, the time of administration of medication did not always match the prescription sheet, the route of administration was not always clear for all medications, and while prescription sheets did have separate sections for the recording of PRN medication the maximum dosage of these PRN (to be administered as required) medications were not recorded. One child who lived at the centre on a shared care arrangement had a prescription for medication that was not being administered due to parental objection. The regional manager told inspectors that a meeting had been convened to discuss this issue within the next couple of weeks.

A process was in place for the recording and review of medication errors. However, there was no evidence that audits were routinely undertaken on the medication management system. This meant that managers had no way of assuring themselves that the medication management system was safe.

While procedures were in place for the assessment of the ability and competency of residents to self-administer medication, none of the children at the time of inspection was able to carry out this task.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was a up- to- date written statement of purpose that set out the aims, objectives and ethos of the centre and described the services provided. The manner in which care was provided to children and the services and facilities reflected the statement of purpose. Generally the statement met the requirements of the Regulations but the age range of children was not stated. The statement of purpose was available to the children and their parents.

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):

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

Findings:

A management system was in place to support the delivery of care but further developments in monitoring the quality and safety of the service provided were needed.

The management structure, which identified the lines of authority and accountability in the centre, was set out in the statement of purpose. The centre is one of a number of designated centres that come under the auspices of the Brothers of Charity Services South East. It is a not for profit organization and is run by a board of directors and delivers services as part of a service agreement with the Health Service Executive (HSE). Staff reported to the staff nurse in the respite service and the social care leader in the residential service, both of whom, in turn, reported to the services manager who was also the person in charge. The services manager reported to the regional manager, who reported to the director of services. The latter reported to the board of directors.

The person in charge has a degree in social care, works full-time and has managed the service since 2005. In addition to this centre, she was also responsible for two adult

centres and as a result there were team leaders in place in both houses to provide on-site management. The person in charge was on extended leave at the time of the inspection and the Authority had been notified appropriately. Inspectors interviewed the regional manager who was deputising in her absence and found that he had an adequate knowledge of 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. Inspectors saw that the standards and the regulations were available to staff in each house.

Staff who spoke with the inspectors were clear about who to report to within both houses and said they had regular team meetings. Team leaders said that they received good support from the person in charge and identified her as the one with overall authority and responsibility for the services.

The regional manager told the inspector that there was a service level agreement in place with the HSE with quarterly meetings taking place to review services although it was not clear if there were any specific key performance indicators required by the HSE in relation to the centre.

Management systems to review the safety and quality of care and support to residents were in place but needed further development. There were systems in place to review and monitor restrictive practices and to record and review any incidents or medication errors. There was evidence that parents were consulted in the review of their children's care and personal plans. The inspector viewed evidence that outcomes in relation to individual children were monitored. There was also evidence of a quality management framework which reports on quality to the organisational executive on issues such as health and safety, risk management and behaviours that challenge. The regional manager told inspectors that audits of compliance with standards and regulations across all organisational services had commenced with resulting improvements such as implementation of infection control guidelines. Inspectors reviewed ongoing audits in relation to, for example, safety audits and the six monthly assessment reports for both the residential and respite service completed in October and November of 2014. Items were identified for follow-up and further action. These assessment visits were unannounced and made by staff external to the residential and respite service to ensure the services were safe and appropriate to children. However, the reports were not maintained in a format that was accessible to children and their families as required by the regulations. There was not an annual review of the quality and safety of care and support in the centre completed at the time of the inspection. Inspectors were told this was a work in process. Inspectors reviewed a new staff support policy and found that support sessions were planned at least annually, but more frequently if required, in order to foster accountability for individual practice, raise issues of concern, and discuss opportunities for further training or career development. Inspectors noted throughout the inspection that the regional manager and staff demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care for the children.

Judgment:

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):

Findings:

Staffing levels were sufficient to provide adequate care for the children at the centre during the inspection. Children were provided with continuity of care by adequately trained staff who were very familiar with the children. Staff personnel files that were reviewed were up to date and reflected the provision of a mandatory training programme. A staff support policy had recently been introduced but no formal staff supervision was taking place.

The staff nurse and social care leader were responsible for the day-to-day management of the two services and were included in the staff rota but had some protected time for management duties. The staff roster was planned one month in advance and this took into account the assessed needs of each child. There were four permanent staff members for the respite service and eight for the residential service, which comprised two staff nurses, two social care workers, one social care leaders and seven care assistants. A relief panel was also available.

The inspector viewed training records of eight staff and found that there was a programme of training in place. Of the training records reviewed, all eight staff had received training in child protection, safe administration of medication, fire safety, crisis prevention, first aid and person centred planning. Half of the eight staff had completed food hygiene training. The person in charge submitted to the authority after the inspection evidence that a training needs analysis had been completed for the staff team so that she could assure herself that all staff had the up-to-date training they required to meet the children's needs.

Staff who were interviewed by the inspector presented as experienced and competent. They were familiar with the standards and regulations. Their interactions with the children were observed to be warm and caring.

Records reviewed by inspectors showed that team meetings usually took place monthly and agenda items included the care of the children and a range of other issues such as policies and procedures, rosters and practical household issues.

Staff in the respite service did not receive individual supervision and staff said that they were supervised informally by the team leaders and that staff meetings were also a forum for discussions of practice. There was evidence of supervision session for the residential service staff but the staff support policy stated that supervision would be planned on an annual basis with more frequent sessions occurring as required. The criteria for more frequent supervision was not clear.

There was a policy on recruitment and the four staff files reviewed by inspectors contained all of the information required by Schedule 2 of the Regulations. There were no volunteers working at the centre at the time of 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:

Patricia Sheehan
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 Services South East
Centre ID:	OSV-0003280
Date of Inspection:	18 November 2014
Date of response:	18 February 2015

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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

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

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

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

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

Organisation policy will be updated to include arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on a resident's quality of life are considered.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not include the measures and action in place to control the risk of aggression and violence

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:

Organisation policy will be updated to include the above risk.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of self harm.

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:

Organisation policy will be updated to include the above risk.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not include the arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents.

Action Required:

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

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

Organisation policy will be updated to include the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the unexpected absence of any child

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:

Organisation policy will be updated to include the above risk.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff.

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:

Organisation policy will be updated to include the above risk.

Proposed Timescale: 30/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Use of an enclosed sleep system was not referred to the Human Rights Committee and reviewed on a regular basis by the multidisciplinary team.

Action Required:

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

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

The use of the enclosed sleep system was referred to the Human Rights Committee on the 25/11/2014. Arrangements for regular Multi-Disciplinary review of the sleep system have been put in place.

Proposed Timescale: 31/03/2015

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 and administration sheets were not always maintained in line with good practice as for example, the time of administration did not always match the prescription sheet, the route of administration was not always clear, and not all PRN medication stated the maximum dosage. There was no evidence of routine audits of the medication management system.

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:

Prescription and administration sheets for all children are being reviewed and updated in line with best practice and to address the highlighted issues. A system of auditing the medication management system will be devised and implemented.

Proposed Timescale: 31/03/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not state the age range of the children for whom it is intended that accommodation should be provided.

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 has been revised and updated to state the age range of the children for whom it is intended that accommodation should be provided.

Proposed Timescale: 21/02/2015

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:

A written report on the safety and quality of care and support provided was not maintained and made available on request to residents and their representatives and the chief inspector.

Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

Written reports on the safety and quality of care and support provided will be maintained and made available on request to residents and their representatives and the chief inspector.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

An annual review of the quality and safety of care and support in the centre will be completed.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Formal individual supervision of all staff was not taking place and the criteria for sessions to be held more than once a year was not clear.

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:

Formal individual supervision will be extended to all staff in the designated centre. The criteria for supervision sessions to be held more frequently than once a year will be clarified and the corresponding policy updated to reflect same.

Proposed Timescale: 30/09/2015