

**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-0001817
Centre county:	Cork
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):	Tom Flanagan
Type of inspection	Announced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

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 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: 15 August 2014 09:35 To: 16 August 2014 15:30

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 centre was a designated centre for children with disabilities. The centre operated a respite service only and at the time of the inspection was open from Friday afternoon to Monday morning inclusive and during the summer the centre opened on occasion an additional night a week. The statement of purpose identified that the centre catered for children with a moderate, severe or profound level of intellectual disability, an intellectual disability and a physical disability or an intellectual disability and an autistic spectrum disorder. The maximum number of children that the centre could cater for was six children of both male and female gender. The centre was a purpose built, spacious detached bungalow with a large rear and side garden.

This registration inspection was announced and took place over two days. As part of the inspection, inspectors met six children, two nurses on duty, one care staff member, the person in charge and a staff member of the organisation who would assume the role of person in charge in the event of a 28 day absence. The assistant manager of residential services was present at the inspection and the manager of residential services (provider nominee) attended for feedback at the end of the inspection.

Twenty-nine children received respite services from this centre. All six children present on the day of the inspection were described by the person in charge as having moderate to severe dependency levels. The age range of the children was from ten to 15 years of age and all attended the same school under the patronage of St. Joseph's Foundation. Some of these children had been receiving a respite service from the centre from an early age, prior to 2004 and others more recently since 2011, 2012 and 2013.

During the inspection, there was sufficient staff on duty. The inspector observed practices and read documentation such as a sample of children's care files, personnel files, the centre statement of purpose and function, policies and procedures. The inspector viewed thirteen questionnaires returned from parents whose children used the services of the centre. In addition, there were six service user questionnaires returned by parents on behalf of their children. Inspectors met with four parents during the inspection.

In general, the inspector found that the children were safe and received an individualised service. The service was led by a committed person in charge, she was experienced in working for the organisation, had the relevant qualifications and was knowledgeable about the standards and regulations. The majority of parents gave very good feedback on the centre and it was clear that they valued the service and were confident that their children were looked after well by the staff and those in charge.

Overall, evidence of good practice was found across all outcomes. The centre was in need of improvement in a number of areas and these have been identified in the body of the report and are further detailed in the action plan at the end of the report.

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 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:

Children, through their parents participated in decisions about their care. Children had access to child-centred information about the service, which included information about their rights. The privacy and dignity of children was respected by staff. Children were enabled to exercise control over their life in as much as possible in accordance with their preferences and abilities. The complaints of children and their families were listened to and acted upon and an appeals procedure was in place at the centre. Consultation mechanisms with children had only just commenced at the centre.

Children, through their parents, participated in decisions about their care as the parents were part of the personal planning system in place at the centre. This was confirmed by parents during interview and in questionnaires. Parents also wrote notes to staff upon their child's admission giving instructions to staff on how best to look after their children, the child's likes and dislikes and any other pertinent information that they wanted to make staff aware of. Parents told inspectors that staff read these communication notes and followed the guidance given. The statement of purpose and function outlined that children were consulted each weekend upon admission about the activities that the children might like to do that weekend, but in practice this method of consultation was in its infancy and had only commenced on the day of the inspection.

Children had access to child-centred information about the service and their rights. As this was a respite service, the children lived at home with their parents and carers. As such, the parents acted as the child's advocate. Notwithstanding this, the children had an easy to read resident guide that set out their rights and information about how to make a complaint. Parents reported in questionnaires returned to the Authority that they were satisfied with how their children's rights and choices were respected during their

stay at the centre.

The privacy and dignity of children was respected by staff and facilities were available for children to receive visitors in private. Some parents told inspectors that they did not call to the centre during the respite period to visit their children but they did feel welcome to visit. Other parents told inspectors that they did visit their children at the centre and were always made to feel welcome. Personal care practices at the centre were guided by an intimate care policy and intimate care plans for children as documented in their personal planning care file. The inspectors observed the door of a bedroom being closed by staff when they attended to intimate care needs of a child. Parents told inspectors that they were satisfied that the privacy and dignity of their children was respected by staff. Some of the bedrooms had panel windows without blinds, this meant that when the children were receiving personal care, their privacy might be compromised.

Overall, the needs of the children were such that they required a level of support and care that in turn limited their ability to take risks, make informed decisions and exercise personal autonomy. The care given to children promoted in as much as possible the preferences of the children, as documented on their personal planning file and upon the advice of the parent. Some of the children liked particular ways of being cared for, in line with their abilities and disabilities and the staff were observed being respectful of these preferences. Some children enjoyed the company of staff and liked to spend time with them. Other children liked to play and be active and staff were observed facilitating the children in this regard.

There was a clear system in place for the receipt and processing of complaints and the procedure was described in the statement of purpose and the residents guide. A complaints poster was displayed in the hallway of the centre with a photograph of the complaints officer. A guide to the complaints policy was also available for parents and the public. During interview, the person in charge told the inspector that the complaints officer had written to all parents informing them of the complaints procedure but during interview, not all parents had a full knowledge of the complaints system. They were aware of who to contact in the event that they had a complaint and knew their rights in this area. No formal complaints had been received by the organisation in the previous 12 months to the inspection. In the previous 24 months, there had been one external investigation following a complaint by a family member and this was conducted by the health service executive, the report of which was viewed by the inspector. The investigation was conducted in a prompt manner following the receipt of concerns and the outcome of the investigation was made known to all parties.

There was a policy and procedure in place at the centre regarding the property of children, including money and possessions. Pocket money provided to the centre by parents for their children was recorded in the general property duplicate logbook which was co-signed, spending was documented and receipted, a duplicate of the spending sheet was then given to parents upon their child's discharge. A social fund was available at the centre to cover the cost of activities and or treats for children in the event that they arrived without pocket money to the centre. The property of children was kept safe through adequate storage in their bedrooms. An inventory of possessions was done by the parent prior to their child arriving at the centre, this was subsequently checked by

staff upon the child's admission. An inventory of possessions was also done upon departure but a copy of this inventory was not sent home to the parent. This meant that there were occasions where parents identified that some of their children's items were missing when they returned home.

Children had opportunities to participate in activities that were meaningful and suited their needs, interests and capacities. The primary type of activity that took place outside of the centre was group based activities. Parents reported their satisfaction in questionnaires returned to the Authority that their child's social needs were being met by the centre. Children also had opportunities to play at the centre. The manner of play that the children could engage in was wide ranging as there was outdoor recreational equipment in the garden but also a large indoor soft play area. Children were observed playing at the centre by the inspectors with their own toys that they brought with them and with the toys provided by the centre. Children liked to play in the bright corridors of the centre. Some parents were not aware that there was internet facilities at the centre.

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children's communication needs were met at the centre.

Children were supported to communicate. An up-to-date communication policy was in place at the centre signed and dated by the manager of the residential services. This contained the various means of communication that children might use such as visual support systems and picture schedules. In practice, the communication needs of children were assessed as part of their personal planning and most children had a communication passport in their care file and a completed assessment of their communication needs. In addition, a quick guide to the communication needs of all children that received respite at the centre was available for staff to consult and this had been prepared by the speech and language therapist employed by the organisation. The children had respite books that they brought with them upon admission and these books contained information on how the child liked to communicate. Pictures were placed throughout the centre helping children to understand which bedroom was theirs on each occasion of respite and the purpose of all other rooms at the centre. Children brought to the centre their own picture exchange systems (PECS) upon admission for respite but

the centre also maintained a set of pictures to be used by children in the event that they forgot to bring their own systems with them. Staff were aware of the different communication needs of the children and were observed communicating in an individualised manner with children. At a recent staff team meeting, communication methods were discussed with staff. Staff were observed referring to PECs in their communications with children and also using touch as a form of communication with children who had hearing and sight impediments. Overall, parents reported their satisfaction with how the children were communicated with by staff. Technology was welcomed at the centre and some children brought their IPADs with them while on respite.

Judgment:

Compliant

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.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children were supported to develop and maintain personal relationships and links with the local and wider community. Families were already involved in the lives of children as the children lived at home with them.

Children were supported to develop and maintain personal relationships and links with their family. During the respite weekend, as the children were unable to telephone home independently and speak with their family and friends, parents told inspectors during interview that they tended to ring the centre to ask about their child's welfare and staff took time over the telephone to update them on their child's wellbeing. They also explained to inspectors that they generally did not visit during the respite weekend for a number of reasons including their concern that the child would be confused that they were then not being brought home but all told inspectors that they felt comfortable to drop in and visit their children if there was a need. There was ample space in the centre for children to receive visitors. Families were encouraged to get involved in the development of plans for their children at the centre as evidenced by specific records documenting this in the child's personal plan.

The children all lived at home and were part of their own community of friends and family. Notwithstanding this, children attending respite at this centre were brought to recreational facilities in the local community and surrounding areas. The inspectors viewed records of a range of places that the children went to. Children were facilitated

in engaging with the local community in a manner comparable to their peers and went to local food outlets, shops and parks.

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:

Admissions and discharges were in line with the centre statement of purpose. Children had agreed written terms and conditions of residency that their parents signed on their behalf but improvements were needed in relation to the clarifying of donation requests by the centre.

Admissions were in line with the statement of purpose and since the monitoring inspection, a transition to respite pathway had been developed by the person in charge. This transition to respite pathway described clearly the admission process of the centre and documented the arrangements in place to help a child transition to the service, including transition readiness targets. During interviews parents reported satisfaction with how their child was first introduced to the service and the transition process. The centre was flexible in terms of meeting the needs of children and on one occasion during the summer they provided a specialised service for a period of time to a child who was recuperating from a hospital stay. The centre also provided respite on an emergency basis and the inspector viewed a record of a request made by a parent in this regard which was facilitated by the centre. A multi-disciplinary committee was in place and met monthly to discuss the needs of the children. Every quarter this committee focused on new admissions.

Terms of residence were completed for all children by their parents, a copy of which was placed in their file. In relation to charges, donations or fees, there were no details set out in the terms of residence. During interview, parents told inspectors that they were asked to make a donation to the centre for each night their child spent at the centre. Some of the parents used the word fee and told the inspectors that bills from the accounts office came to their home. No parent expressed concern about having to pay this donation or fee but the arrangements for these donations/charges/fees were not set out in the terms of residence. The provider nominee told the inspectors during the feedback session following the inspection that the organisation understood this

arrangement to be strictly donation based only and that should a parent not pay the suggested donation then this would not affect the provision of service to their child.

Judgment:

Non Compliant - Moderate

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:

The well-being and welfare of children was maintained by a good standard of evidence based care and support. The arrangements to meet children's assessed needs were set out in personal plans that reflected their interests, needs and capacities however some improvements were necessary. Personal plans were drawn up with the participation of parents who acted on behalf of their children. Children were supported in transitions between childhood and adulthood.

Children were involved in assessments to identify their needs. Since the monitoring inspection, all children's care file records had now moved over to the personal planning system adopted by the centre and this system involved an assessment of a wide range of needs, such as social, health, communication and educational needs conducted by a member of the multi-disciplinary team with the parent. Not all copies of prior assessments or reports were on each of the children's files. Not all sections of the assessment section of the personal planning were complete for all children. The centre had indicated following the previous inspection a date by which all these would be complete, and this date had not yet been reached

The arrangements to meet the assessed needs of the children as set out in their personal care plans was documented but there were some gaps. Each child had a written personal plan which detailed their individual needs in a number of areas. Outcomes of assessments were completed for some children and these highlighted needs in certain areas. Plans and goals were then developed around these needs, this meant that there was a clear link between the child's personal plan and the care that

was delivered to them. Not all children had an outcome of need finalised at the time of the inspection. This meant that not every child had written plans and goals in place to address key needs. Following the monitoring inspection, the centre had indicated a date by which all these would be complete, and this date had not yet been reached.

In the majority of the files reviewed by inspectors there was a specific entry in the file that confirmed that the parent was involved in the personal planning system. During interviews with parents, all reported that they had been involved in the development of personal plans for their children.

As the personal planning system was relatively new to the centre, the progress of the children against goals had not yet been assessed or reviewed. A review process was in place at the centre and the first set of review dates for children were set out for later in the year. The inspector viewed written plans regarding these reviews including dates of the involvement of the multi-disciplinary team in the review process commencing in October 2014.

As the nature of the centre was a respite service, there were no significant moves between services that children experienced until they reached the age of 18 years and then were obliged to seek adult respite services. Since the monitoring inspection, a leaflet had been produced by the organisation that contained information for parents on a range of respite services available for their children when they turned 18 years of age. There was an organisational policy on admissions and discharges and this was specific to the centre and set out that the centre would support all children when they were transitioning to adult services through availability of information and support in the process itself. According to the policy, the child's personal plan would be updated to take into account the changing circumstances. The person in charge told the inspector that two of the children that received respite at the centre would be turning 17 years of age later in 2014 and that plans for their transition would be discussed at monthly multi-disciplinary meetings. A copy of monthly multi-disciplinary meetings were viewed by the inspector and the most recent meeting recorded that transition plans for children to adulthood in general were discussed at this meeting.

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 its stated purpose and met the needs of the children in an individual and collective manner in a comfortable and homely way. There was appropriate equipment for use by children and staff which was maintained in good working order.

The location, design and layout of the centre was suitable for its stated purpose and met the children's individual and collective needs in a comfortable and homely way. The centre had a spacious garden to the rear of the property with recreational facilities, such as swings and slides for the children to use. Children were observed playing in the garden. The rear fence of the property was painted in a colourful manner as was an indoor courtyard. The door and gate to the garden was kept unlocked and the inspector viewed a child making his or her own way out to the back garden to play under the close supervision of care staff. The centre had an indoor soft play area with lots of colourful equipment. A child was observed spending time in this room. Although there was only one living area at the centre the children had plenty of space in the building should they wish to be alone. Some children played in the corridors of the hallway and the corridors were brightly decorated with pictures of the children and staff. Pictures displaying the routines associated with outings were displayed in the corridor. The centre had the required adaptations to meet the needs of children in terms of their mobility needs. The premises was free from significant hazards. There was a kitchen with sufficient cooking facilities and children were kept safe from cooking areas in the kitchen. The centre was clean and maintained well. Each child had their own bedroom when they arrived for respite and these were clean, brightly decorated and well maintained. One bedroom had en-suite facilities. There were two shared bathrooms for use by children, one with bath facilities and the other with shower facilities.

There was appropriate equipment for use by children and staff which was maintained in good working order. Some of the equipment required staff to have completed training in manual handling and this training had already been provided to staff whose personnel files were viewed by the inspectors. Further training opportunities in this area were scheduled to take place in August and September 2014. Bed rails were used in some instances at the centre and these had written approval for use by an occupational therapist. Some children brought with them to the centre their assistive equipment such as wheelchairs.

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):

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

Findings:

The health and safety of children, staff and visitors was promoted and protected by policies and practices in place at the centre.

The centre had policies and procedures in place relating to health and safety. At an organisational level a risk management policy was in place and a health and safety officer was employed. A centre specific health and safety statement was in place and up to date. This contained a risk register of hazards at the centre. In addition to the risk register, additional hazards were added to the register, risk-assessed and controlled therefore making the risk register a live document. A critical incident management plan was in place at the centre and this clearly identified where the children should go in the event of an evacuation and the procedure to be followed. An emergency evacuation bag was prepared and contained a number of items useful in the event of an evacuation. Pre-populated absence sheets were prepared for all children in the event that they went missing. An inspector viewed the centre vehicle used for the transportation of children and the vehicle had the necessary tax, NCT and insurance details. There was a first aid box and equipment for use in the event of a breakdown. Staff had access to emergency services in the event of a vehicle breakdown.

A maintenance log was maintained by the person in charge and requests were clearly signed off by her when completed. A visitor book was used and contained clear details of all visitors to the centre, the purpose and duration of their visit. Oxygen tanks were used on occasion and servicing was in date. Guidance was available for staff to follow for children who were immobile and details of repositioning were recorded. A scale for the assessment of pressure ulcer risk relating to immobility was used by staff. Training in manual handling was scheduled for staff to take place in August and September 2014 and some staff were already in date in this training. Records of incidents and accidents were maintained and reviewed regularly by the person in charge and the health and safety officer. The majority of children whose files were reviewed by inspectors had individualised risk assessments conducted on behaviours that were considered to be concerning but this information was not moved into their daily working file which meant that staff did not have ready access to these risk assessments. There was one red cord viewed by an inspector in an ensuite bathroom that was a hazard to children and this was resolved by the person in charge immediately.

Guidelines were in place for staff regarding safeguarding against infection. At an organisational level, staff were required to follow health service executive guidelines for infection control. Soap dispensers and paper towels were available for staff, children and visitors to use. The centre was clean. There were procedures in place to guide staff in the event of an outbreak of an infection and since the monitoring inspection a tool-kit had since been introduced by the person in charge for staff to use. Practical guidance for staff was placed in this tool-kit along with a range of equipment such as water soluble bags for clothing and hand hygiene gels. Hand hygiene training had been completed by staff in 2014 and a second round of training in this area was scheduled for later in the year. Cleaning rotas were in place and the records were monitored by the

person in charge. The information booklet to guide staff on cleaning was not specific to the centre.

There were adequate arrangements in place against the risk of fire. A fire policy and procedure was in place. Fire equipment had been serviced within the previous 12 months. The inspector viewed fire exits which were unobstructed. Staff had up-to-date fire training. The fire alarm system had been serviced in February 2014 and serviced on a quarterly basis prior to this date. Lighting was serviced by an external company on a quarterly basis. All fire records were kept in a fire register. There were arrangements in place for reviewing of fire precautions and staff completed weekly, monthly and daily checks. There were some gaps identified by the inspector in the month of June 2014 of daily checks. A fire extinguisher in the centre vehicle was overdue its service.

The mobility and cognitive understanding of children had been taken into account and each child had a personal emergency egress plan (PEEP). Regular fire drills had taken place and comprehensive notes were written by staff following each drill. The names of children that had taken part in the drill were not recorded and some children refused to evacuate the centre. The PEEPS were not updated to include information on those children who had refused to evacuate during fire drills.

Judgment:

Non Compliant - Minor

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Measures to protect the children from being harmed or suffering abuse were in place at the centre. Children were assisted and supported to develop self awareness, understanding and skills needed for self-care and protection through intimate care policies and plans. Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. A restraint free environment was promoted.

Measures to protect children from being harmed or suffering abuse were in place at the

centre. A policy on child protection was in place at the centre and this included reference to the Children First (2011): Guidance for the Protection and Welfare of Children. During interview, staff had a good awareness of the procedure to be followed in the event that they had a concern about a child. All staff were aware of the role of the designated liaison officer. All children in receipt of this respite service had a social worker assigned to them by the organisation and parents reported during interview with inspectors that they had a good relationship with the child's social worker. Training in Children First had been provided to staff in 2014 and a second set of training was planned for later in the year. There had been no concerns raised about children that required reporting to the child and family agency (CFA) in the 12 months prior to the inspection. Staff were observed treating children with respect and warmth. During the inspection, the children presented as comfortable with staff and enjoyed sitting with staff and spending time with them. A policy on intimate care was in place at the centre and intimate care plans were developed for all children whose files were viewed by the inspector.

Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. An organisational policy was in place at the centre and since the monitoring inspection this policy had now been expanded upon to also include not just the management of behaviour that challenges but also the promotion of positive behaviour. There had been no incidents of restrictive practices used at the centre in the previous 12 months. The person in charge was an approved trainer of the management of acute or potential aggression and told the inspector that staff were up-to-date in this training or were scheduled to attend training in August 2014, records of which were viewed by the inspector. Efforts were made by the multi-disciplinary team to identify and understand the underlying causes of challenging behaviour and assessments of this area were noted in the files of children. As the nature of the service was respite and the children stayed at the centre for short periods of time, the person in charge told the inspector that there were very low numbers of incidents that involved challenging behaviour apart from the usual behaviours that one might expect of a group of children spending time and playing with each other. A system for the logging of restrictive practices had commenced at the centre but was in its infancy. During interview, staff were clear about the ethos of the centre in this regard. Children were observed walking freely around the centre, in and out of their own room and communal areas. Children were observed sitting with staff in the office when a staff member was present and when it was safe to do so. Some children required the use of bedrails and the inspectors viewed documentation regarding this use, which was approved by an occupational therapist.

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 where required notified to the Authority.

A record of all incidents occurring in the centre was maintained by the person in charge. She was knowledgeable of the requirement to notify the Authority of incidents where appropriate and had a recording system in place. At the time of the registration inspection, the assistant manager for residential services had responsibilities for forwarding notifications to the Authority. A quarterly notification was received by the Authority within the time-frames specified.

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:

Children had opportunities for new experiences, social participation and education at the centre.

Children were exposed to new experiences at the centre and participated with the local and wider community. The centre facilitated the children in their education and arrangements were in place for the children to come directly from school to the centre and from the centre to school following the respite weekend. As the children were not living at the centre, responsibilities for their education lay with the school, their parents and the multi-disciplinary team of the organisation. Notwithstanding this, information on education was collated as part of the personal planning system. There was evidence of regular communication between school staff, staff at the centre and the parent. Parents reported a high level of satisfaction with their child's welfare and development whilst receiving respite and told the inspectors that they were satisfied that staff continued with whatever programmes they were completing with their child at home or the child

was completing at school such as behavioural programmes or communication programmes.

Judgment:

Compliant

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.

As part of the personal planning system in the centre the health needs of the children were assessed. As the nature of the service was respite only, children generally did not attend the centre when they were ill. This meant that healthcare services, such as general practitioner services and dental services were not in the main contacted by the centre. The multi-disciplinary team and the parents had responsibilities in this regard and the role of the centre was to ensure that the child's health was promoted during their respite stay. Daily written records were recorded by staff and the inspector viewed a sample of these records. The health of the children was recorded routinely on these records. Some of the children had high dependency levels and required specific supports from staff in areas such as their mobility, repositioning and feeding. On each shift, there was a staff member with a qualification in nursing and they had key responsibilities in areas such as medication administration. Parents told inspectors during interview that they were satisfied that their children's healthcare needs were being met.

Food appeared nutritious and varied and available in sufficient quantities. Children were provided with food in an unhurried manner and the inspector observed children eating together at meal times which overall was a pleasant experience. Staff were observed taking their time when supporting a child to eat and drink and did this in a sensitive and appropriate manner. Records documenting food choices were viewed by the inspector and these demonstrated that choices were offered to children. There was a gap in some records. The policy on nutrition used by the centre was not specific to the centre and was also not truly reflective of practices at the centre. This policy required adaptation to make it more centre specific.

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):

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

Findings:

Children were protected by the centres policies and procedures for medication management.

Each child was protected by policies and procedures for the safe administration of medication. There were written operational policies in place relating to the ordering, prescribing, storing and administration of medication. There were also procedures for medication management set out in the centre operational folder. A first aid box was kept in the staff office. All medication was kept in a locked medication trolley and only staff members with nursing qualifications had a key to open this storage system. There was a safe available for use in the event of a controlled drug being brought on to the premises, the key to which was kept on the person of the nurse on duty. At the time of the inspection there were no controlled drugs at the centre. There was a procedure in place for the handling and disposal of unused or out of date medication and there were no medications of this nature in the centre. Children arrived at the centre with an up-to-date prescription record or their prescription sheet held at the centre was considered valid. The staff member described to the inspector the efforts that nursing staff made to ensure the accuracy of prescription records. On occasion, a parent issued instructions to staff regarding some aspect of medication. The nurse, with whom the inspector met, told the inspector that in this instance medication was administered only in line with An Board Altranais guidelines. The nurse gave an example to the inspector of such an occurrence but a record of her decision making in that situation was not written down. Since the monitoring inspection, the nurse told the inspector that she had completed an on-line health service executive short course in August 2014 in medication management.

A system was in place for the reviewing and monitoring of safe medication management practices and an audit had taken place prior to the inspection by a staff member external to the centre. This audit recommended improvements in a number of areas such as writing on prescription records to be in black pen and maximum dosages to be recorded for all medication. An audit of medication received for each child was done upon admission and discharge, the details of which were recorded. The inspector reviewed a sample of records and the departure count was not always done by the nurse on duty. The system that this audit was based on was not written down therefore there was a risk that a relief nurse may not understand in full the purpose of the audit count and the manner in which it was to be performed.

The administration of medication against what was prescribed was found to be mostly in order at the centre. An inspector viewed a sample of prescription records. The child's name and address was recorded, photographs of children were attached to the record and dates of birth were recorded. The name, dose and route of administration of medication were also noted. The nurse showed an inspector the errors that she had identified on one of the prescription sheets earlier that day in relation to a maximum dosage and described to the inspector her plans to address this which were appropriate. In relation to administration records, the signature of the nurse was documented in administration records and a signature sheet to compare the signature was available. There was adequate space to the record comments on the withholding or refusing of medication. Times of administration matched the prescription sheet. During the review of the administration sheets, the inspector identified a recording error whereby a nurse had not recorded the administration of one medication on one occasion for a child. The daily progress sheet of the child was checked for that day and according to this entry all medication was administered. This recording error had not been previously identified. The nurse described to the inspector the process that would now take place as a result of this error having been identified which was appropriate. Since the monitoring inspection, there was a good culture of medication errors being recorded on the medication error logbook.

Judgment:

Compliant

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 that accurately described the service provided in the centre with minor improvements needed. The services and facilities outlined in the statement of purpose and the manner in which care was provided reflected the diverse needs of the children.

The statement of purpose consisted of a statement of the aims, objectives, vision and mission statement of the centre. The statement was up-to-date, kept under review and a named person had responsibilities in this area. During interview with staff, they were familiar with the statement and were aware of the service that was provided to the

children. The statement was clearly implemented in practice. The statement contained most of the information required by Schedule 1 of the regulations. There was one minor amendment needed. The arrangements for a child to include contact between their child and family agency social worker needed to be added to the document.

The statement of purpose had only just been reviewed prior to the inspection and the person in charge told the inspector that the document had only just been posted out to parents prior to the inspection. During interview with parents, they had not all yet received a copy of the statement of purpose but had a good understanding of the nature and purpose of the service.

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):

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

Findings:

The quality and care and experience of the child was monitored and developed on an on-going basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure in place that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service.

The quality, care and experience of the children was monitored and developed. On a day to day level, the person in charge oversaw the day to day practices of the centre and told the inspector that she reviewed daily progress reports, night reports and day unit reports. An inspector viewed evidence of monitoring of night reports but the review of daily progress reports was not as clearly set out or recorded. In 2014, a system of internal audits had been put in place at the centre by the person in charge and key aspects of the service, such as finance management, health and safety and personal plans were now scheduled for review by a staff member external to the centre. Some of these reviews had already taken place such as medication management and personal planning. The person in charge had made a note on the personal planning audit that the

results would be shared at the next staff team meeting, thus ensuring that staff were aware of the findings.

At an operational level, since the monitoring inspection, the provider nominee had commenced what he described as the annual review of the centre based on schedule one to six of the regulations. A named person was identified as responsible for each schedule review. Five of these reviews had already been completed in August 2014 by the provider nominee. A copy of the results of the review were kept at the centre. Although the results of the reviews were clear there was no overall finding established nor a plan for addressing the improvements needed. It was not clear if the children and their representatives had been involved in the review or if they had yet received a copy of the findings.

Arrangements were in place for staff to exercise their personal and professional responsibilities for the quality and safety of the service they delivered. Formal supervision with staff had commenced at the centre in May 2014. Performance management development systems were being developed by the organisation in 2014 with an expected roll out date of 2015. Regular staff team meetings were held at the centre since the appointment of the person in charge and the agenda for the next meeting was displayed in the staff office and staff could add to the agenda. A staff team meeting held in May 2014 recorded how a number of issues was discussed such as the use of restrictive practices, communication with children using visual schedules and giving choices to children. Since mid 2014, monthly team meetings were held with the person in charge and the multi-disciplinary team to which the assistant manager of residential services also attended. At the most recent meeting, issues regarding equity of allocation of places of respite, transitions pathways and discharge plans were discussed.

There was a clear management structure in place as outlined in the statement of purpose. During interview with staff, they were clear about who was in charge and the role of the person in charge. The inspectors observed the person in charge using their authority and addressing a need for additional resources during the inspection period.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service who was in post since April 2014. She had fifteen years experience of working for the organisation in a variety of roles, including management roles. She demonstrated an excellent knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She was engaged in the governance and operational management of the centre as she also had a secondary role in the centre, that of co-ordinator of the service. This meant that she met with other co-ordinators of residential services regularly to discuss the operation of the centre. She was committed to her own professional development and was included in the centre training roster. A named staff member was in place who would take on the role of the person in charge in the event of an absence of 28 days or more of the person in charge. During interview with parents and staff, they were clear about who was in charge.

Judgment:

Non Compliant - Minor

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:

Arrangements were in place in the event of the absence of the person in charge for 28 days or more.

The registration application confirmed a named employee within 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.

During the inspection, an inspector met an employee of the organisation who would assume the role of person in charge at this centre in the event of a 28 day absence. This staff member had current experience of managing a team of staff and had an excellent knowledge of the standards, regulations and the roles and responsibilities of the role of the person in charge. She demonstrated a commitment to her on-going continuous professional development.

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 receiving respite at the centre achieve their personal plan. In relation to unexpected resource issues such as staffing the person in charge had the authority to secure relief staff as and when she determined a need. On the second day of the inspection she secured a relief care assistant in this regard. Some parents expressed concern in questionnaires returned to the Authority that as a key resource to them and their child, they would like the centre to be open more, for example on week days and additional respite offered to their children. They also said that they thought there was a need for additional respite centres.

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):

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

Findings:

There was an appropriate skill mix to meet the assessed needs of children and to ensure the safe delivery of services. The person in charge had the authority to organise extra staffing when necessary. Staff had up-to-date mandatory training and access to further training to meet the needs of the children. Staff and volunteers were supervised appropriately and recruited, selected and vetted in accordance with best recruitment practice.

There was an appropriate skill mix to meet the assessed needs of children and children received continuity of care from a core group of staff complemented by relief staff used when necessary. There were care staff and nurses employed and this ensured that the needs of children with high dependency or medical needs were met. An actual and planned staff rota was maintained and this matched the staffing levels outlined in the statement of purpose. During the inspection, children received timely and respectful care from staff. Contingency plans were in place to cover staff on annual or sick leave and the person in charge had the authority to arrange extra staff where she determined there was a need. A number of questionnaires were returned by parents during the inspection period and some parents raised concerns regarding staffing numbers. During

interview, some staff also raised concerns about staffing levels. The inspectors observed the staffing numbers and staff presented as very busy during the inspection period attending to the various needs of the children but children did not receive inadequate care or care that was rushed. The person in charge organised for an extra staff member to be included on the roster on day two of the inspection due to the need level of the children that weekend. Given however that there were concerns raised by some staff and some parents regarding staffing numbers there was a need for reassurance in this area to be given to parents and staff by the person in charge and the provider.

Staff had completed mandatory training and had access to further training to meet the needs of children. A policy on staff development and training was in place. Training records were kept and the person in charge had a good overview of the training needs of staff. The human resources department had responsibilities in the management of on-going training and organising the dates of all training. Mandatory training was provided in areas such as the management of acute and or potential aggression, hand hygiene, fire safety, Children First, epilepsy, complaints, manual handling and front line management (where applicable). These courses were scheduled for 2014 and the names of all staff including relief staff were documented on an overall training record. It was clear from this record the staff that needed to attend training in 2014 in certain areas or whether they were still in date for a particular training. Individual training records were also kept in each staff members' file.

Staff were supervised in their roles in a formal manner. An organisational policy on staff supervision was in place. A supervision template record sheet was used by staff to record supervision notes. There was a structure in place regarding which staff had supervision responsibilities. The person in charge provided supervision to the nurses. The nurses provided supervision to the care staff. This system was in place since May 2014, the frequency of which was quarterly. The agenda of all supervisions included future work targets, training, support, development and personal needs. An inspector reviewed a sample of supervision records. Some staff raised concerns at current staffing levels and the challenges in organising outings and activities in this regard.

There was an effective recruitment procedure in place. An comprehensive organisational policy on recruitment of staff was in place. The inspectors viewed a sample of personnel files and the information contained in the files contained all of the requirements of the Regulations. Since the monitoring inspection, there was a record in each of the files of the requirements of Schedule 2 of the Regulations and checks were placed against each requirement by the human resource department. This meant that it was very easy to see if the file contained all of the requirements and any gaps. All relevant members of staff had up-to-date registration with the relevant professional body.

At the time of this inspection, there were no volunteers involved at the centre.

Judgment:
Compliant

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:

The records listed under Schedule 3 and 4 were maintained in a manner that ensured completeness, accuracy and ease of retrieval. Some improvements were necessary. The centre had the designated policies as required by Schedule 5 of the Regulations but some policies needed adaptation. The centre was insured against accidents.

Records were maintained at the centre and these reflected the majority of the requirements of Schedule 3 and 4 of the regulations. General records kept at the centre were easy to retrieve, well organised and up-to-date. The files of all 29 children who were in receipt of services from the centre were in good order and kept secure in the staff office. Records relating to internal audits and reviews of the service were also kept at the centre. The centre maintained a statement of purpose and a child-friendly resident guide. The person in charge maintained an actual and a planned staff roster. Records relating to health and safety were kept at the centre and organised well. A record of the donation requests made to parents and the receipt of donations was not maintained at the centre.

In relation to resident's records, the majority of the records as set out in Schedule 3 of the Regulations were in place at the centre. A directory of residents had the name, address and contact details of each child, details of specialist communication needs, money and personal property records and other records. The funding stream for each child was also set out in the directory. The date of admission on which all of the children first attended for respite at the centre was not recorded for all children but the person in charge forwarded this information to the Authority following the inspection. This date was not easily retrievable on the file. There were no dates written on the personal emergency egress plans for the children. Some multi-disciplinary reports on the children were not all dated.

A resident guide was in place at the centre and there was an easy read version of this guide in place also for children. The information as set out in the regulations was contained in the resident guide.

The person in charge prepared a daily working file for the children attending the service

each weekend, this comprised of their communication passport, the communication notebook that captured communications between parents, the school and the centre. The child's 'my respite book' was also in this file along with the child's personal emergency egress plan (PEEP). Individual risk assessments of behaviours particular to the child were not placed in this file nor the short, medium and long term goals of the child in relation to what they hoped to achieve over time at the respite centre. This meant that staff did not have ready access to this information on children. The nurse on duty completed the daily progress reports for children each day of respite, these records were found by the inspector to be signed, dated and detailed but there was some use of medical language which was often abbreviated. The abbreviations were not explained further on in the record. A parent or child who chose to review their file in the future may not understand the abbreviations. Body charts were completed where staff observed bruising on children during their stay, or upon admission. Although the records were completed, there was no prompt for staff to explain their professional judgment regarding the bruises noted and what their plan might be to address any concerns. It was not clear if the person in charge monitored daily progress reports and forms such as body charts. Comprehensive records of activities were not maintained for children who did not regularly participate in activities outside of the centre.

There was a mixture of organisational and centre specific policies in use at the centre. Since the monitoring inspection, all policies had now been signed off by the manager of residential services and approval dates recorded. Some policies also contained a review date. During interview, staff had a good understanding of policies and during the inspection, inspectors observed practices that reflected the various policies, such as privacy and dignity, health and safety, staff training and development. Since the monitoring inspection, amendments had been made to some policies, such as the management of behaviour policy and discharge policy. A policy on closed circuit television (CCTV) was in place at the centre. An organisational policy on nutrition was in need of adaptation in order to reflect more accurately the practices of the centre. An information booklet for staff on cleaning needed adaptation to ensure it was applicable to the centre.

Confirmation of insurance for the centre was submitted to the Authority as part of the registration application.

Judgment:

Non Compliant - Minor

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-0001817
Date of Inspection:	15 August 2014
Date of response:	09 October 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, 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.

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:

There was a risk that the privacy and dignity of children might be compromised at times as window panels on the doors did not have blinds.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The Registered Provider will ensure that each window panel on the doors will be covered to ensure the dignity and privacy of each resident and to comply with Regulation 09 (3).

Proposed Timescale: 17/10/2014

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:

Arrangements for fees and or donations were not set out in the terms and conditions of residency.

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 fees or donations will not be sought in respect of children availing of respite services.

Proposed Timescale: 01/10/2014

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:

Not all assessments were fully completed.

Action Required:

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

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

The Person in Charge will ensure a comprehensive assessment of the health, personal

and social care needs of each resident will be carried out by an appropriate health care professional.

Proposed Timescale: 31/10/2014

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:

A fire extinguisher in the centre vehicle was not serviced in the 12 months prior to the inspection.

Action Required:

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

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

The Registered Provider will ensure that the fire extinguisher in the centre vehicle will be serviced and maintained as per Regulation 28 (2) (b) (i).

Proposed Timescale: 22/08/2014

Theme: Effective Services

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

It was noted on some fire drill records that some children refused to evacuate. The names of the children was not recorded in this regard, therefore the personal emergency egress plans could not be up-dated to ensure that staff were aware that these children had on occasion refused to evacuate during a drill. A plan to address this issue was not in place at the centre.

Action Required:

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

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

To comply with Regulation 28 (3) (d) the Registered Provider will ensure that staff will record the name of any child who refuses to evacuate the residence during a fire drill and the Person in Charge will ensure that this child's Personal Evacuation Egress Plan will be updated to reflect this reluctance and a plan is put in place to address the issue.

Proposed Timescale: 22/09/2014

Theme: Effective Services

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

There were some gaps in the daily checks of fire precautions in June 2014.

Action Required:

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

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

Under Regulation 28 (2) (b)(ii) the Registered Provider will ensure that all staff will complete all the daily checks regarding fire precautions.

Proposed Timescale: 22/09/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The arrangements for a child in care to have contact with their Child and Family agency social worker needed inclusion 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 ensure that the Statement of Purpose will include the arrangements for a child in care to have contact with their Child and Family agency social worker as per Regulation 03 (1).

Proposed Timescale: 02/10/2014

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:

It was not clear that parents and children were consulted with in the review conducted by the provider nominee to date.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Registered Provider will ensure that the children and their parents will be consulted using a satisfaction survey for all future reviews.

Proposed Timescale: 30/10/2014

Theme: Leadership, Governance and Management

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

Children and parents had not yet received a copy of the review conducted by the provider nominee.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Under Regulation 23 (1) (f) the Registered Provider will ensure that children and their parents will receive a copy of the review completed in August 2014.

Proposed Timescale: 10/10/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies needed adaptation to ensure they were centre specific.

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:

Regulation 04 (1) the Registered Provider will ensure that any policies requiring adaptation to ensure that they are centre specific will be amended and included in the

Schedule 5.

Proposed Timescale: 14/11/2014

Theme: Use of Information

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

The date of the first respite stay for all children, that is, their first admission date was not recorded clearly on their directory of residents.

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:

As per Regulation 19 (3) the Registered Provider will ensure that 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 in particular the date of first respite for each child.

Proposed Timescale: 31/10/2014