

**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-0001824
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):	Susan Geary
Type of inspection	Announced
Number of residents on the date of inspection:	4
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: 30 July 2014 09:05 To: 31 July 2014 16:30

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 statement of purpose identified that the vision of the centre was to improve and enrich the lives of children with a diagnosis of intellectual disabilities and autism. The maximum number of children that the centre could cater for was four children of both male and female gender. The centre was a spacious detached bungalow with a large rear garden.

This registration inspection was announced and took place over two days. As part of the inspection, the inspector met four children who lived at the centre and spoke with one care staff member, a social care worker, the person in charge and the co-ordinator of the service. The assistant manager of residential services and the manager of residential services (provider nominee) attended for feedback at the end

of the inspection.

All four children were described by the person in charge as having medium to high dependency level. The age range of the children was from 11 years of age to 15 years of age and all attended the same school under the patronage of St. Joseph's Foundation. On the day of the inspection, there were three care staff on duty, one social care staff member and the person in charge. 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 and policies and procedures.

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 who was only in post as person in charge since May 2014 but she was experienced in working for the organisation, had the relevant qualifications and presented as knowledgeable about the standards and regulations.

Overall, evidence of good practice was found across all outcomes. A number of improvements were needed in areas such as consultation with children, communication, terms and conditions of residency, health and safety and the premises, the statement of purpose, workforce and development. Some areas of record keeping and documentation were in need of improvement.

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

The privacy and dignity of children was respected. Improvements were needed to ensure that children were consulted with and participated in decisions about their care, the organisation of the centre and received information regarding advocacy services. There was a clear system and procedure in place for complaints. Children were offered choice and control over their life in as much as was possible. Some improvements were needed so as to ensure that all personal belongings were kept safe.

Children were consulted with and participated in decisions about their care and the organisation of the centre but some aspects of how the children were consulted with needed improvement. As the children had communication needs, the representatives of the children were key in this regard to speak on their behalf and be consulted with and all family members spoken with reported satisfaction in how they were consulted about their child on an on-going basis. One of the children had an appointed child and family agency social worker and she reported satisfaction with the care that the centre was providing to the child she had responsibilities to. Recent review meetings all took place with parents and one parent was facilitated in this regard at her home as she lived a considerable distance from the centre. A consultation system was in place whereby weekly meetings were held by staff at which staff acted as an advocate for the child and discussed what they thought the children might like to eat and places they would like to go during the week but there was a gap in the frequency of these meetings in the previous month and some information contained in the notes was more suited to the child's individual records.

There was a clear system and procedure in place for complaints. A complaint policy was in place at organisational level and this policy also informed children and their families of

the appeals procedure. The statement of purpose contained details of the complaints procedure. A poster was displayed in the hallway advertising the complaints process and a photograph of the complaints officer was clearly displayed. The person in charge had introduced a log book of compliments, criticisms and comments in July 2014 and one compliment to the service by an external person to the centre had already been logged. During interview with staff, they had a good understanding of the procedure in place for complaints. An official complaint logbook was in place at the centre to record complaints. Two complaints had been made in 2014 and these were resolved at centre level. An additional complaint was received by the complaints officer in December 2013 and this was resolved but not in a timely manner and the complainant was informed of the appeals procedure. During interview with parents they told the inspector that where they had concerns in the previous twelve months that these concerns were acted upon and for the most part resolved.

The privacy and dignity of children was respected. An organisational policy on privacy and dignity was in place. There was ample space for children to spend time alone should they wish for privacy. Family members told inspectors that they were satisfied that their children's privacy was respected by centre staff. Staff members were observed treating the children with dignity and respect, doors were closed when children were receiving personal care.

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. In the children's bedrooms a box was placed in their room with a copy of the resident's guide and a copy of the standards for residential services. Although the children were not able to all fully understand these documents, placing information like this in each of the child's room was positive. Centre staff were very clear about the individual preferences of each child and how they facilitated these preferences. Parents reported satisfaction in this area and one parent noted that their child had been introduced to a wide range of food choices since living at the centre. Improvements were needed in relation to documenting the choices given to children at meal-times, systems were in place but the record sheets were not consistently being completed.

Finances were managed well but some improvements were needed so as to ensure that all personal belongings were kept safe. Specific procedures regarding personal property, personal finances and possessions were in place. An inspector viewed these practices and they were appropriate. An internal audit was completed in July 2014 of finance management by the organisation accountant and the result of this audit was that finance management in the centre was satisfactory. An inventory of possessions was done by centre staff upon the admission of each child and records were kept in this regard. There were however some concerns raised by some parents that items given to the child on an on-going basis such as toys were not always kept safe and sometimes lost around the centre. A record system was not in place to record on-going receipt of items such as toys and clothes to children.

Children were offered opportunities to participate in activities that were meaningful and purposeful to them. One child enjoyed baking and made scones during the inspection with a member of staff. Parents reported satisfaction in this area and told the inspector

that their children enjoyed outings to the park and other local amenities. There was an enclosed garden at the rear of the property and this garden was very child-friendly with plenty of outdoor play equipment. Inside the centre there were play rooms and a room with a computer that had access to the internet.

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 were assisted and supported to communicate but some improvements were necessary to ensure that all opportunities for communication were maximised.

Children were supported in their communication. Picture exchange communication systems were used by children and staff and a notice board contained the schedule of the day. There was evidence of multi-disciplinary input by speech and language therapists in the area of communication and information on each of the child's needs in this area was contained within their personal planning paperwork. Each child had a communication passport. An audit system had been put in place by the person in charge and communication systems were scheduled for review further in the year by a speech and language therapist. Some staff had received training in communication skills and further training was scheduled for September 2014. Minutes of staff team meeting minutes were viewed by inspectors and picture exchange systems were discussed at these meetings. Children had access to television and there was some use of technology such as a computer with internet access but this was mostly used for play purposes more so than as a device to communicate. An analysis of each of the children's requirement of assistive technology to promote their full capabilities had not been conducted. The notice board for the schedule of the children was not updated as the day progressed and the times of the activities did not match the actual events of the day, such as breakfast and getting up.

Judgment:

Non Compliant - Minor

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 wider community. Families were encouraged to get involved in the lives of their children.

Children were supported in their personal relationships with family. Families were involved in the lives of their children and during interview they told inspectors that they were facilitated by the centre to spend time with their child inside and outside of the centre. There were arrangements within the centre for a parent to spend private time with their child. Family members told inspectors that they were kept informed of their child's well-being. At the monitoring inspection of this centre there was little evidence that family members were involved in the development of personal planning for their child but at this inspection, all family members with whom the inspectors spoke with confirmed that they had recently been involved in the development of personal plans for their child.

Involvement with the community was promoted by the centre and there was some evidence that children were involved in their local community such as going to the local shops and services. The children engaged in group activities in the wider community and visited parks, playgrounds and child-friendly amenities. One family member told an inspector that her child was introduced to a range of activities, some of which he or she had not experienced before prior to them living at the centre. The children and staff also used the services of the organisation such as sports facilities. There was an acknowledgement from the co-ordinator of the service that more effort could be made by the centre in developing stronger links with neighbours and the local community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Admission and discharge systems were in place in the service but some improvements were necessary.

Systems were in place for admissions and discharges and these were set out in the statement of purpose. During interview with parents, they told the inspectors that they all had opportunities to visit and or read information about the centre prior to their child living at the centre. The centre had originally been located elsewhere and moved to this premises in late 2013. Family members and those with responsibilities for children reported satisfaction with how the move was planned.

Terms and conditions of residency were in place for all children but arrangements regarding fees and charges (where applicable) were not set out. Not all terms and conditions of residency with 28 days of admission by all parties.

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):

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

Findings:

Systems were in place at the centre to ensure that the welfare and well-being of children who lived at the centre was promoted by a detailed assessment of their needs that included multi-disciplinary input. Personal plans were in place for all children and drawn up in consultation with family members. There were systems in place to support transitions of children between childhood and adulthood.

Since the monitoring inspection, each child now had a personal plan that was drawn up in consultation with family members. These assessments had multi-disciplinary input and

an inspector viewed the internal IT system that the organisation used which contained all previous reports pertaining to each child and records of all communications by the multi-disciplinary team with the child and their family. Some of these multi-disciplinary reports on file were not dated.

Personal plans were in place for all children. The inspectors viewed a sample of children's files. A personal planning system in place and was comprehensive. Personal plans were completed for all four children and the person in charge told an inspector that the behaviour plan was not yet finalised for one child who was still being assessed by a psychologist. There was a child friendly version of the personal plan available for children. A child in the care of the State had a comprehensive child in care plan developed in 2014. Short-term and long-term goals were set out for children. Behavioural plans were in place for three children and members of the multi-disciplinary team regularly came to house meetings and discussed elements of the plan. Parents told inspectors that they were involved in the personal planning system and had contributed information that was recorded on the child's plan. There were however no minutes on file of these meetings with parents therefore information such as their viewpoint on the progress of the plan and or their satisfaction with the plan was not recorded.

Review systems for personal plans were in place at the centre. A review system had been introduced by the person in charge and the dates of reviews were set out for all four children. The arrangements for reviews were documented. The person in charge had agreed a clear set of dates with a child's social worker for the review of his or her personal plan and the date of the next child in care review.

Children were supported in a move between premises. The children had moved premises in 2013 to the current premises and parents/ family members and others with responsibilities for the children were satisfied with how the move was planned. The children appeared well settled into the premises and all staff told inspectors that this premises was much more suitable for the children.

Systems were in place to support transitions between services. A policy was in place at organisational level and this matched the practice at the centre. Although none of the children were yet at an age that required transitional programmes to be put in place, the person in charge demonstrated a very good awareness of when each child would need support in this area and already had scheduled a reminder date in her diary to organise a meeting with members of the multi-disciplinary team to discuss the needs of one child who would be turning 16 years old later in the year.

Judgment:
Compliant

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 children's individual and collective needs in a comfortable and homely way but improvements were needed in the furnishing.

The design and layout of the building was suitable for its stated purpose however but improvements were needed in furnishing. The centre was homely and the description of the centre matched the statement of purpose with reference to the aims and objectives of the centre and the profile of the children. The centre met the needs of the children in terms of privacy and there was ample space for children to be alone when they wanted. The design and layout of the building promoted the children's safety as a rear garden was enclosed which meant that children could play safely outside. Framed photographs were displayed around the house of the children. The kitchen had suitable facilities and equipment. Computer and televisions were in good working order. Each of the children's bedrooms had a distinct colour scheme which helped to individualise the rooms from each other. At the time of the inspection, there was no specific requirements for additional equipment or aids and appliances for the children. Laundry facilities were located in a room separate to the kitchen. There were two bathrooms that children shared, one with bath facilities and a second with shower facilities. Some of the furnishing, fixtures and fittings in the centre were old-fashioned and in a worn condition.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of children, visitors and staff was protected and promoted by the centre.

Policies and procedures were in place regarding health and safety. The centre had a centre specific health and safety statement that was signed and up to date. At an organisational level there was a corporate risk management policy in place. A risk register was attached to the health and safety statement and new hazards were added to this register on risk rating forms by the person in charge in conjunction with the health and safety officer. There was regular communication between the person in charge and the health and safety officer and they met once a month to review all incidents and accidents at the centre and together they identified any patterns and made notes on their analysis of key findings. There were clear procedures for staff to follow in the event of an incident or accident and events were recorded on a log book, a duplicate of which was forwarded to and reviewed by the co-ordinator of services and a record of all events was sent each month back to the person in charge for her review by the health and safety officer.

A first aid box was kept in the staff office. Staff were scheduled to receive training in manual handling in August 2014. Individual risk assessments were completed in areas that were of concern to each child and copies of these assessments were kept in their file. A weekly review of hazards at the centre had commenced in June 2014. The vehicle the staff used to transport children was serviced in 2013 and 2014 and had the relevant tax, insurance and NCT in place. A first aid box was kept in the vehicle along with the relevant breakdown equipment. A comprehensive critical incident management plan was available for staff in the event of an emergency. Places of safety were identified for all children. An evacuation procedure sign was displayed in the staff office but not in the hallway, therefore visitors were not able to all see this procedure in the event of an evacuation. The measures in place to identify and control the risk of self-harm was not included on the risk register.

A maintenance book was in place at the centre and this contained relevant information on the nature of the maintenance request, but it was not clear what requests had been completed and what remained outstanding.

Satisfactory procedures were in place regarding infection control but some improvements were needed in the cleaning rota. The centre used Health Service Executive guidelines to guide their practice in infection control. Posters on hand washing were clearly displayed in the bathrooms at the centre, soap dispensers and paper towels were available for staff and children to use. Staff were due to receive training in hand hygiene in August 2014. Staff had access to separate hand-washing facilities. The centre was clean but there was dust in some of the bedrooms. A cleaning schedule was in place but needed review by the person in charge to ensure that it was completed accurately and that the cleaning was of a high standard. A parent raised concerns with an inspector regarding an aspect of cleanliness in their child's bedrooms. The inspector saw evidence that this concern was taken seriously by the person in charge and staff were asked to attend to this task but a reminder to staff was not made on the cleaning schedule itself, therefore it was difficult to evidence that this task had been attended to since the concern had been raised. Cleaning equipment was stored in the laundry room and a poster on the colour coding scheme for mop equipment was displayed but in practice, the mops were not all colour coded.

Fire safety precautions were in place at the centre. The centre had a fire safety

certificate in place and documentation regarding the compliance of the centre with statutory requirements relating to fire safety and building control was signed by an engineer and forwarded to the Authority. A fire safety policy was in place at the centre. Suitable fire equipment was provided and serviced within the last 12 months. There were adequate means of escape and fire exits were unobstructed. The majority of staff had been trained in fire safety in April 2014 and further training opportunities in this area were scheduled by the organisation to take place in September 2014. Quarterly inspections of the fire management alarm system had taken place. Each child had a personal emergency egress plan (PEEP) in place. Since the last inspection, a set of checks were now performed by staff on fire safety on a daily, weekly and monthly basis. There was a gap in the regularity of weekly checks observed by the inspector and this was raised with the person in charge. Regular fire drills took place at the centre and comments regarding each drill were recorded by staff. The names of children that took part in fire drills were not recorded.

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):

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

Findings:

Measures to protect children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional, behavioural and therapeutic support that promoted positive behaviour. A restraint free environment was promoted in the centre.

Measures to protect children from being harmed or suffering abuse were in place at the centre. An organisational policy on child protection was in place and this was based on relevant child protection guidelines. Staff were trained in Children First (2011): Guidance for the Protection and Welfare of Children and those whose training was outstanding in this area were scheduled to attend training in August 2014. Staff members were observed treating children with respect and warmth. During interview, staff were aware of what constituted abuse and what to do in the event of a concern about a child. Staff were also aware of the designated liaison person within the organisation and a photograph of this staff member was clearly displayed in the hallway of the centre. There

were no concerns that required reporting to the Child and Family Agency (CFA) in the previous 12 months. A procedure was displayed in the office showing clearly the process that staff should follow in the event they had a concern about a child. The person in charge had an audit system in place and the area of child protection was part of this audit, to be reviewed yearly by the designated liaison person. At the time of the inspection, this audit had not yet taken place. The person in charge told the inspector that she assured herself of the safety of the children on a day to day basis through a review of records written by staff, observation of practice and the provision of regular staff team meetings and supervision with staff. Each child had an allocated social worker who worked for the organisation and there were records that showed these social workers visited the children at the centre. Parents reported a good relationship with these social workers. A child had been visited by their CFA social worker and had an up-to-date care plan. An intimate care policy was in place at the centre and plans were contained in each of the children's files. In questionnaires returned to the Authority and during interview, parents reported satisfaction in areas such as their child's safety and the manner in which their child was respected.

Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. Efforts were made by the organisation to understand the cause of behaviour that challenges and promote positive behaviour. The majority of staff had up-to-date training in the management of acute and potential aggression and remaining staff were due to attend training in August 2014. Records of house team meeting minutes confirmed professionals from the multi-disciplinary team attendance and their discussions with staff on strategies to promote positive behaviour and manage behaviour that challenges. The majority of the children had positive behavioural plans in place and one child was still undergoing assessment in this area by a psychologist. An organisational policy on the management of behaviour that challenges was in place at the centre but this policy addressed challenging behaviour only and had minimal reference to the promotion of positive behaviour.

A restraint-free environment was promoted at the centre and the person in charge told the inspector all alternative measures were considered before a restrictive procedure was used. There was one incident of a restrictive practice used. The use of this restrictive procedure was risk-assessed by the person in charge, the health and safety officer and considered appropriate to use by a psychologist where it was deemed necessary. There was no use of medication to manage behaviour that challenged.

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 notified to the Authority where required.

A record of all incidents that occurred 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. Quarterly notification were received by the Authority within the time-frames specified. A notification regarding the absence of 28 days or more of the person in charge was in the process of being prepared by the organisation and was subsequently forwarded to the Authority.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were offered opportunities for new experiences, social participation and attendance at school.

There were opportunities for children to attend school, participate socially in the local and wider community and participate in new experiences. During the summer period when the children were not attending school, the person in charge had prepared a comprehensive plan of in-house activities and activities outside of the centre. The inspectors observed the staff leaving with the children to take part in activities outside of the centre during the inspection period. A number of in-house activities also took place. The oldest of the children liked to bake and on the morning of the inspection made scones with a staff member. Another child liked to play on the computer and access the internet and was observed engaged in this activity under the close supervision of a staff member. As part of the audit system put in place by the person in charge there were plans for a yearly audit of the social inclusion of children at the centre by a social worker

employed at the centre. Family members and others with responsibilities for the children told the inspectors that they were satisfied with the range of activities that the children engaged in.

The educational achievement of children was valued at the centre and all children were facilitated and supported in their attendance at school each day. As part of the overall personal planning system in place for children at the centre, educational needs were assessed and staff members attended regular meetings with the school.

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.

Children's healthcare needs were met through access to general practitioner (GP) services and appropriate treatment and therapies. As part of the personal planning process in place at the centre the healthcare needs of all children was assessed upon admission and parents told inspectors that they also contributed to this assessment. Children had access to GP services and were facilitated in attending their choice of GP. Children had access to a multi-disciplinary team and members of this team visited the centre and came to staff team meetings to take part in discussions about the children. Prior to the appointment of the person in charge some parents told inspectors that they had concerns regarding some aspects of their child's healthcare and how the centre was meeting these needs, these concerns were investigated and resolved to their satisfaction. A child had been waiting for an occupational therapy service for a considerable period of time in 2014 which was now resolved and the circumstances explaining this delay were fully documented. One parent had a current concern about an aspect of their child's healthcare and the person in charge was fully aware of this concern and provided an update to the inspector on the nature of this healthcare need and efforts made to address the concerns. Family members and those with responsibilities for children living at the centre told inspectors that they were satisfied that the centre was meeting the healthcare needs of the child and that they were kept informed of any healthcare needs that their children had. Staff kept written records of visits to the GP but there was a risk that these records were not accurate as they were

not written by the practitioner involved.

Food was nutritious, varied and available to children in sufficient quantities with some level of choice involved. An inspector observed a staff member preparing an evening meal with some of the children present in the kitchen and it was a pleasant environment with discussion and chat taking place between the staff member and children. An inspector viewed records of how the care staff monitored issues such as weight given that there were controls applied to the children in their access to food and drinks and comprehensive records were kept so that weight loss or gain was monitored closely. Children had access to snacks outside of meal times and they each had their own individual lunch box in a fridge that they could open throughout the day. Children were observed by an inspector accessing these snacks independently. An external review of nutrition provided at the centre was due to commence later in the year as the person in charge told the inspector that she wanted to assure herself that the nutrition provided to children in the centre was of a high standard. There was some element of choice in relation to lunch and dinner options for children but record keeping needed improvement. The policy on nutrition that guided practice was an organisational policy that needed to be more specific to the centre.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Children were protected by the centre's safe medication management.

Policies and procedures were in place for the management of medication. Only two staff members administered medication in the centre and this included the person in charge. The person in charge was a registered nurse and was confident and knowledgeable about the systems in place at the centre. There were written operational policies relating to the ordering, prescribing, storing and administration of medicine to children.

Medication was kept locked in the staff office, only those that administered medication had the keys for the medication storage system and this was kept on their person. Each child had a separate area for their medications in the medication storage system. At the time of the inspection, only over the counter and prescribed medication was kept in the centre, no child was prescribed controlled drugs. There were no 'as needed' (PRN) medication prescribed to children for the management of behaviour or mood. As part of

the centre audit system medication management was audited twice a year by the co-ordinator of the service. An audit had been completed in July 2014 and a comprehensive record was kept of the audit findings. The person in charge discussed the findings of the audit with the inspector and discussed the progress of actions recommended. Monthly in-house audits were also done at the centre and these considered issues such as a medication count and labelling. There were appropriate procedures in place for the handling and disposal of unused and out-of-date medications and no medications were found in the storage compartment of this nature. A system was in place for the documenting of medical errors and the person in charge showed the inspector the error logbook and there were a small number of errors that were clearly documented and signed and dated. There was no fridge for the storage of medications (where needed) but this was resolved by the end of the inspection. At the time of the inspection, there was no review of the quality of administration of medicine against the prescription record.

A sample of prescription records were viewed by the inspector and all were up-to-date, had photographs of children along with their name and address and had contact details and the name of the general practitioner (GP). The person in charge described to the inspector the on-going efforts that she and parents had been making to ensure that the prescription records were accurate and how this involved sending them back to the general practitioner for amendment where necessary.

Administration records confirmed that medicine was administered in the way it was prescribed. Administration records contained the signature of the person administering the medication, a signature sheet was in place to compare signatures to, there was sufficient space to record comments on and the times of administration matched the prescription record in the samples viewed by the inspector.

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. Information was provided on staffing and the whole time equivalent but during interview with parents, some of them were confused about the staff numbers at night-time. The staff ratio was not set out in the statement. The arrangements for consultation with children were set out but in practice, these arrangements needed to improve as there were gaps in the regularity of these meetings. The statement of purpose had only just been reviewed prior to the inspection and had not yet been made available to the children and their representatives.

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):

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

Findings:

Management systems were in place at the centre and these supported and promoted the delivery of safe, quality care services. An annual review system was still in the process of being planned at organisational level but internal audits had commenced at the centre. A clear management structure was in place at the centre. The centre was managed by a person in charge who had relevant qualifications and was experienced in working for the organisation.

Management systems were in place to ensure that the service was safe, appropriate to the needs of the children, consistent and monitored. During interview, the person in charge and social care worker (who was responsible for the centre in her absence)

described to the inspector the ways in which they reviewed practices at the centre such as day to day supervision of staff. the review of incidents and accidents, the review of daily progress records and unit day reports. A copy of the unit day report, incidents and accidents was also reviewed by the co-ordinator of the service, with whom the inspector met during the inspection. During interview, the co-ordinator told the inspector that she visited the centre every week, was the line manager to the person in charge and provided her with formal supervision, records of which were viewed by the inspector.

The person in charge alongside the co-ordinator of the service had put in place a series of audits to commence in 2014 in a number of areas including child protection, health and safety, medication management and finance. A planning document in this regard was viewed by the inspector. Dates for audits were set out for the remainder of the year and audits in the area of finance and medication management had already taken place. An external nutritionist would be undertaking an assessment of nutrition. Records of audits were available in the centre and the person in charge discussed the results with the inspector. The annual review of the centre to include consultation with children and their representatives was still in the planning stage at an organisational level.

Arrangements were in place for staff to exercise their personal and professional responsibility for the quality and safety of the services that they were delivering. Formal supervision had commenced at the centre and the inspectors reviewed a sample of these records and a range of issues were covered with the dates of the next supervision were clearly set out. Since the monitoring inspection regular staff team meetings took place and a wide range of issues were discussed at these meetings. Performance management development systems were not yet in place at the centre and were being planned for 2015. There were some relief staff who were not included on the supervision schedule.

The person in charge had been appointed to the post in May 2014 and displayed a very good knowledge of the requirements of the regulations and the standards. She was qualified in the area, registered appropriately with the relevant registration body and experienced in working in the organisation as a relief nurse. She displayed a good commitment to her own continuing professional development. The person in charge was involved in the day to day management of the centre and was aware of all her responsibilities in this regard. Staff were clear about who was in charge of the centre. During interviews with parents, they reported a high level of satisfaction in their confidence of the person in charge.

Judgment:

Compliant

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. At the time of the inspection, the organisation was in the process of completing a notification in this regard as the person in charge would be absent from the centre commencing in August 2014. The notification was received following the inspection.

During the inspection, an inspector met the social care worker who would be assuming the role of person in charge in August 2014 at this centre. This social care worker had previous experience of managing a team of staff and had a good 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 continuing 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 living at the centre achieve their personal plan. The centre was resourced adequately to ensure the effective delivery of care and support in accordance with the statement of purpose. Resources such as multi-disciplinary services were available to all children in contrast to earlier in the year when

the Authority had conducted a monitoring inspection. In relation to a need for unexpected resource issues the co-ordinator and person in charge told the inspector that they had the authority to contact a team of relief staff and or agency staff to cover shifts where needed. All staff had an employee assistance resource to contact in the event that they needed to discuss workplace issues and other matters.

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 were appropriate numbers of staff on duty and a skill mix within the team to meet the assessed needs of the children in a safe manner. Children received continuity of care from a core group of staff. A rota was maintained by the person in charge. Staff had up-to-date training in mandatory areas. Staff were supervised formally and recruited and selected in accordance with best practice.

There were appropriate staffing numbers and a skill mix to meet the assessed needs of children in a safe manner. There were sufficient staff with the right skills, qualifications and experience to meet the assessed needs of children at all times. A social care model was in place at the centre and those with nursing qualifications worked as social care workers. Care staff had qualifications in social care and staff who had qualifications in nursing were registered with An Bord Altranais. There was a staff ratio of one social care worker and two care staff for the four children living at the centre during the day. During the night-time there was one member of staff who remained awake and one staff member on sleep-over. During the inspection period, an additional care staff member was rostered to work at the centre on a temporary basis and this was explained by the person in charge as a response to a need for extra staff to assist during the summer period and attend to the needs of a child who was in need of more one to one support. Proposed staff rosters were adequate in terms of skill-mix and numbers. There was one rota which had a number of weeks planned ahead, including the week of the inspection. The person in charge amended the rota daily as changes were made. A laminated on-call roster was displayed in the staff office and this clearly showed who to call when it was out of hours. Children received continuity of care from a core group of

staff and where necessary staff from a relief panel were asked to cover shifts and following this staff from agencies were sought to cover shifts. Children were observed receiving interventions and care in a respectful, timely and safe manner.

Continuing professional development was provided to all staff and there was documentary evidence of same. During interview staff confirmed that they had taken part in a variety of training in the 12 months prior to the inspection. Training schedules were devised for the year and clearly showed the names of staff that were due to attend training and names of staff that had completed training. Staff had completed training in areas such as the management of acute or potential aggression, hand hygiene, fire safety and Children First (2011).

There were effective recruitment procedures in place. A sample of staff personnel files were viewed by the inspector and these met the requirements of Schedule 2 of the regulations. All relevant staff members had up-to-date registration with the relevant professional body. A rolling programme of An Garda Síochána vetting was not set out in the recruitment policy.

Staff were supervised in their day to day work by the person in charge or social care worker in her absence. A formal supervision system had commenced at the centre but was still in its infancy and most staff had received one supervision session to date. The inspectors viewed a sample of records which indicated that a range of issues were discussed at each supervision such as practice issues and training needs. There was no frequency of supervision stated on the supervision policy but additional documentation stated that supervision was every three months. Supervision was provided to all core staff but some relief staff that worked at the centre quite often had not received supervision.

Volunteers had been used in July 2014 by the centre for capital works. These volunteers were sourced through a local community organisation by the volunteer co-ordinator based within the organisation. The person in charge told the inspector that the work was completed when the children were not at the centre. The person in charge had received assurances from the volunteer co-ordinator that the required vetting was completed on volunteers but did not have confirmation of this in writing.

Judgment:

Non Compliant - Minor

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:

Record and policies were kept at the centre but improvements were needed. A resident guide was in place at the centre. The centre was adequately insured.

Children were protected against the risk of unsafe or inappropriate care by the completeness and accuracy of records maintained at the centre but improvements were needed so as to ensure that all policies were signed and dated such as the supervision policy. Since the monitoring inspection policies were now signed and dated by the provider nominee. Some policies had cover sheets documenting signatures of staff who had read the policies. The person in charge described to inspectors the system she was using to ensure that all staff were briefed on policies which was that at each team meeting, one policy was discussed and staff were then expected to read the policy and sign when they had done so. The inspector viewed minutes reflecting this arrangement. There were policies that reflected the centre's practices but the policy on nutrition needed to be adapted to the centre. A policy on closed circuit television use (that was used for outside purposes only) was not in place.

Records were kept secure in the staff office and were easily accessible by staff. Records relating to audits of services within the centre and records of fire checks completed by external companies were all maintained. The records viewed by inspectors during the inspection were mostly accurate and up-to-date however there were some gaps that had not been identified by the person in charge in areas such as food choice records and consultation events with children. There was one record that was kept in a communal area and as it contained personal information about the child, there was a risk that the information could be inappropriately accessed. There was no record for the on-going receipt of items given to children by their family members.

A directory of residence was in place and most of the requirements of the regulations were recorded in the directory. Some of the information was contained elsewhere such as in the child's personal care file. The directory did not state exactly where the information required by the regulations could be found.

A resident's guide was in place at the centre and this document contained all the requirements of the regulations. An easy read version of the resident guide for children was also available.

The centre was adequately insured, as evidenced by the copy of insurance forwarded to the inspection as part of their 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-0001824
Date of Inspection:	30 July 2014
Date of response:	19 September 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:

Improvements were necessary in how children were consulted and participated in the organisation of the centre.

Action Required:

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

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

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

Under Regulation 09 (2) (e) the Registered Provider will ensure that each resident is consulted and participates in the organisation of the designated centre through individual or group meetings with residents and through consultation with their parents and families who will advocate on their behalf.

Proposed Timescale: 30/07/2014

Outcome 02: Communication

Theme: Individualised Supports and Care

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

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

Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

Under Regulation 10 (3) (c) the Registered Provider will ensure that where required residents are supported to use assistive technology and aids and appliances.

Proposed Timescale: 30/09/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The arrangements for fees and additional charges 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:

Under Regulation 24 (4) (a) the Registered Provider will ensure that 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 paid will be included in the terms and conditions of residency.

Proposed Timescale: 30/09/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some of the furnishings, fixtures and fittings throughout the centre were old-fashioned and in a worn condition.

Action Required:

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

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

Under Regulation 17 (1) (b) the Registered Provider will replace the existing furnishings, fixtures and fittings which are in a worn condition to ensure that the residence is kept in a good state of repair internally.

Proposed Timescale: 30/03/2015

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:

Measures and actions in place to identify and assess the risk of self-harm were not set out in the risk register.

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:

As per Regulation 26 (1) (c) (iv) the Registered Provider will ensure that the risk management policy includes the measures and actions in place to control self-harm.

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

the following respect:

A colour coded scheme for mop equipment was not in place at the centre despite procedures regarding same displayed in the laundry room. Cleaning records were in need of review by the person in charge. Specific cleaning requests needed to be documented on cleaning schedules.

Action Required:

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

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

To comply with Regulation 27 the Registered Provider will ensure that all cleaning procedures and records are consistent with the standards for the prevention and control of health care associated infections published by the Authority.

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

The procedure for staff and visitors to follow in the event of a fire was not displayed in a prominent place in the centre.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

Under Regulation 28 (5) the Person in Charge will ensure that the procedures to be followed in the event of fire will be displayed in a prominent place within the residential centre.

Proposed Timescale: 30/07/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

Not all of the requirements of Schedule 1 of the regulations were contained 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:

Under Regulation 03 (1) the Registered Provider will ensure that the statement of purpose will be amended to include all of the requirements of Schedule 1.

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

The statement of purpose had been reviewed prior to the inspection and had not yet been made available to children and their representatives.

Action Required:

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

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

As per Regulation 03 (3) the Registered Provider will ensure that the children and their families will receive the amended statement of purpose.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some of the staff who featured regularly in the staff rota but were not part of the core group of staff had not received supervision in line with their colleagues.

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:

Under Regulation 16 (1) (b) the Person in Charge will ensure that all staff will receive supervision.

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

The person in charge had not received written assurances that vetting was in place for the volunteers that were involved in capital works at the centre.

Action Required:

Under Regulation 30 (c) you are required to: Ensure volunteers working in the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).

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

Under Regulation 30 (c) the Person in Charge will ensure volunteers working in the designated centre will provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 (No. 47 of 2012).

Proposed Timescale: 30/07/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all of the records of Schedule 5 were in place at the centre.

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:

As per Regulation 04 (1) the Registered Provider will ensure that all the required records of Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 will be in place in the centre.

Proposed Timescale: 30/09/2014

Theme: Use of Information

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

The directory of residence did not state the location of all the information requested by Schedule 3 of the regulations where this information was held in other files, such as medication administration records and personal planning information.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

Under Regulation 19 (3) the Registered Provider will ensure that the directory of residence will provide direction to the locations/files where additional information required in Schedule 3 is held.

Proposed Timescale: 30/07/2014