

**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 CoAction West Cork Ltd
Centre ID:	OSV-0002110
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	CoAction West Cork Ltd
Provider Nominee:	Hazel Trudgill
Lead inspector:	Patricia Sheehan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	2

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, 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 This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 January 2015 09:30 To: 23 January 2015 18:00

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

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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

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

The centre provided a respite service for a maximum of six children with a moderate intellectual disability and a residential service for one child four days a week. It was a single-story purpose built building located on the outskirts of a town.

During this inspection, inspectors met with the provider nominee, person in charge, and three members of staff. Inspectors also met briefly with two children and observed practices, inspected the premises, viewed policies, procedures, personal plans and a range of records. Inspectors also met with four parents.

On the day of inspection there were four children availing of respite. All the children attended educational programmes in special schools nearby.

The inspector found that the children received a good standard of care from an experienced staff group who were very familiar with the needs of the children. Staff were observed to be caring and respectful to the children and staffing levels were sufficient. Parents were involved in care planning for their children and children were supported as they made the transition from home to the respite service. Parents spoken with were satisfied with the service. There was a clear management structure

in place.

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

- multi-disciplinary input into personal plans,
- discharge planning,
- risk management,
- restrictive practices,
- medication management,
- monitoring quality and safety.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

While children had personal plans that detailed his or her individual needs and choices they required improvement. The system was not sufficiently robust to ensure comprehensive multidisciplinary input in the assessment, planning and review process. Children availing of respite received the necessary support when making the transition between the centre and home. Older children were supported in preparing for adulthood.

There was no evidence that multi-disciplinary assessments informed the personal plan. The person in charge told inspectors that the child's main file contained multi-disciplinary assessments but this was maintained by a key worker located in one of four area team offices and not kept in the centre. Consequently, despite the person in charge and provider nominee describing the monthly multi-disciplinary planning meetings occurring for a child approaching a transition between children and adult services, inspectors were not able to evidence this multi-disciplinary involvement. The provider nominee said that a system was being introduced in February 2015 to ensure multi-disciplinary inputs to the assessment and to the development and review of personal plans.

Child-friendly personal plans were in place and were person-centred. They included aspects of the children's lives such as communication, activities, education, dietary requirements, and outlined the supports required. Inspectors found that a recent addition to personal plans was the identification of goals for the child but this required further development to be sufficiently comprehensive to assess the effectiveness of the plan. The person in charge discussed how personal plans were formulated with the family. Family members spoken with by inspectors confirmed their participation;

however, personal plans were not signed by parents and it was not clear to inspectors that each family had a copy of the plan. The plans sampled were dated, contained a date for review and were implemented.

Children were supported as they made the transition from home to the respite service and then back home on a regular basis. Staff described the preparation and planning that took place to ensure the children had as seamless as possible transition to the service from home and this was confirmed by the person in charge. Inspectors observed the children arriving with their parents and saw that they were very familiar with the centre and comfortable in the environment. There was evidence that appropriate information was provided and received as children transferred to and from the centre.

Inspectors reviewed the personal plan for one child who availed of the residential service four days a week and was due to be discharged at the end of the school year. There was some multi-disciplinary involvement in the planning and the person in charge said that multi-agency meetings took place regularly regarding the new service and a final discharge plan was in the process of being finalised. However, inspectors found that there was no written transition plan in place evidencing this multi-agency consultation and discussion with the child. There was no detail of the life-skills training being delivered to the child for the new living arrangement and in terms of preparation for adulthood.

Staff were not involved in any in-depth preparation for adulthood of the older children who received the respite service as the respite breaks were of very short duration and their purpose was mainly of a social nature. There was evidence that children were encouraged to be involved in decision-making and in giving their opinions about activities they would like to undertake and what food they would like to eat. Children were involved in a limited way in the practical running of the centre by planning meals, shopping with staff and assisting with setting the table and meal preparation.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The non compliance under this outcome is contained in outcome 7, Health and Safety and Risk Management

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):

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

Findings:

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

Inspectors found that some measures were in place to promote the safety of children, staff and visitors. A record of all visitors was maintained and a health and safety statement was available although it was not dated. There was evidence of personal emergency evacuation plans for the children. However, checks of health and safety areas such as furnishings, maintenance and staffing levels had only recently been implemented and inspectors found that not all equipment was safely maintained as the hoists in the centre were over due for servicing. Individual risk assessments for the children and the strategies in place to manage these risks were not up to date. The centre did not have an emergency plan and in the absence of a plan staff may not know what action to take in the event of an emergency requiring the evacuation of the premises.

Staff sometimes used their own vehicles for transporting children and inspectors saw evidence of the system used to ensure that such vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who were properly licensed and trained, as required by the Regulations. The person in charge told inspectors that the centre also shared a minibus with other designated centres but records of services and checks were kept elsewhere and not available at the time of inspection. As a result, she was not able to be assured that the vehicles used to transport children were regularly serviced, insured and equipped with appropriate safety equipment. Evidence of insurance and tax was submitted after the inspection.

Procedures were in place for the prevention and control of infection. Chopping boards in the kitchen were colour coded. There were also notices in the kitchen with regard to the colour coding of mops and cloths. Written guidance and pictorial displays in relation to hand washing were displayed in the centre. Hand sanitising gel was available in the hall and there was soap and paper hand towels in all toilets. The inspectors saw a daily and

weekly cleaning rota which was regularly completed by staff. There was also a rota for cleaning the fridge. The inspectors observed that laytex gloves and wipes were available in a number of locations in the centre for staff if required. The risk assessment action plan identified some risks which may have led to infections and actions in relation to these had been completed.

There was a system for the assessment and management of risk. The centre had a risk register which included a number of general and environmental risks and included dates for when each of these risks were due for review. Each risk was more comprehensively assessed in terms of the impact, risk rating, actions required, the person responsible and the date when any action was due. Inspectors noted that other individual risk documents were also in use and this duplication could compromise the effectiveness of the system.

There was a risk management policy which had been reviewed and updated on 21 January 2015. It did not fully meet the requirements of the Regulations. It did not include the measures in place to control the risk of unexpected absence of any of the children, accidental injury, aggression and violence and self harm. Inspectors viewed incident records kept by the person in charge and found no incidents recorded for the centre in the last twelve months. The policy did not set out the arrangements for the investigation of and learning from serious incidents nor the arrangements to ensure that risk control measures are proportional to the risk identified.

A number of precautions were in place to guard against the risk of fire. Suitable fire equipment was provided, such as a fire alarm, fire extinguishers, fire doors and emergency lighting and break glass units. Records showed that fire equipment was serviced annually and emergency lighting serviced on a quarterly basis. Fire drills were carried out regularly and fire safety training provided. Staff were familiar with the fire evacuation procedures which were displayed in the centre. Personal emergency evacuation plans were in place for each child. Fire exits were unobstructed and there was evidence of routine checks of both these exits and the fire alarm and emergency lighting. However, the fire alarm had only been serviced three times in 2014 and not quarterly as required.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There was a range of measures in place to safeguard the children and protect them from abuse. However, some behaviour support plans were not up to date, not all staff had received training on understanding behaviour that challenges and the use of some restrictive practices were not applied in accordance with policy and evidence-based practice.

The policy on child protection, dated December 2013, required improvement but was under review. It included a copy of the standard report form and the details of the designated liaison person plus their deputy. The senior social worker within the organisation was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre within the last twelve months.

With the exception of one new staff member, all staff members were trained in Children First: National guidance on the Protection and Welfare of Children (2011) and training records confirmed this. The new staff member was scheduled to receive the training in February 2015. Staff members interviewed by inspectors were knowledgeable regarding the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have and who the designated liaison person was and her role. The person in charge outlined the steps she would take in the event of an allegation of abuse of a child by a staff member.

There were various safeguards in place to protect children. Staff were aware of the protected disclosure policy dated 2011 and felt confident that they could express any issues of concern that they may have about the safety of the service. An Garda Síochána vetting was in place for all staff. Children were well supervised and inspectors saw that there was a secure garden for outdoor play.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging for each child. A policy was in place to guide staff however some behaviour support plans were not up to date and not all staff had received training on understanding behaviour that challenges.

Some restrictive practices were used in the centre. These included harness use, bed rails, and the use of a specific sleep system for one child. Inspectors viewed consent forms signed by family members but restrictive practices were not governed by a sufficiently comprehensive policy and there were no detailed logs for every episode of a restrictive practice to include the date, details of the reason, type and duration. The restrictive practices in use were not subject to monitoring and review by the physical interventions committee. The person in charge told inspectors that an occupational therapist assessment had recommended the specific sleep system due to a medical condition but this was not evident in the child's files.

<p>Judgment: Non Compliant - Moderate</p>

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

Findings:
The non compliance under this outcome is contained in outcome 14, Governance and Management.

Judgment:
Non Compliant - Moderate

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

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

A new medication management policy had been developed as of January 2015 but was not yet formally approved. On review, inspectors found it to be comprehensive and to include the requirement that staff receive training in the safe administration of medication. Staff interviews confirmed that one staff who was on the roster for the current respite period had received this training. Planned training records showed that the remainder of staff were scheduled at the end of January before the next respite period. Staff interviewed stated that their overall competency in medication

administration would be followed up at the centre by the trainer at a later date.

Medication was stored in a locked cupboard in the staff office and there was separate secure storage available for controlled drugs although no controlled drugs were being dispensed during this respite period. Medication was maintained separately for each child and was clearly labelled and in the original packaging.

Inspectors found that current prescription sheets did not always contain the route and time of administration, the maximum dosage for PRN (to be administered as required) medications and the general practitioner (GP) signature for discontinued drugs. Administration sheets did not contain a space to record comments on withholding or refusing medication. The person in charge gave inspectors new prescription sheets that had separate records for PRN medication as part of the newly developed medication policy. These new sheets contained all the required information and the person in charge assured inspectors that for all future periods of respite prescribed medication will be recorded on these sheets. New administration sheets allowed for the recording of medication refused but there was still no space to record comments and the times of administration were not specific so as to ensure the times of administration matched the prescription.

A process was in place for the recording and review of medication errors and there was evidence that the person in charge had recently implemented drug counts. Inspectors viewed one audit of a child's medication, however, there was no evidence that audits were routinely undertaken on the medication management system. This meant that managers had no way of assuring themselves that the medication management system was safe.

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

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose in place, which set out the aims and ethos of the centre but it did not contain some of the information required by regulations. The content of the statement of purpose could lead to the identification of one of the children resident at the time of inspection, which was inappropriate.

Some of the information required by the Regulations was included, such as details of the multi-disciplinary services provided, floor plans and arrangements for respecting privacy and dignity. Some information was specific to one of the children, such as the age and gender of the child and how the child accessed education, which could lead to the identification of the child and was inappropriate in terms of outlining the overall purpose of the centre.

All the information required by the Regulations was not contained in the statement, such as the specific care and support needs that the designated centre intended to meet, the facilities which were to be provided and the criteria used for admissions. While reference was made to contact between the children and their relatives, no reference was made to contact between a child in care and the Child and Family Agency. Not enough information was provided with regard to certain aspects of the service, such as complaints, access to education and arrangements to facilitate attendance at religious services. There were differences between the written organisational structure and the organogram. There was no information regarding the arrangements for the statement of purpose to be reviewed and it was not available in an accessible format to children.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

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

The management structure was set out in the statement of purpose. The centre comes under the auspices of Co Action, a not for profit organization which is run by a board of

directors and delivers services as part of a service agreement with the Health Service Executive (HSE). Staff reported to the children's services coordinator who was also the person in charge. The services coordinator reported to a newly appointed provider nominee, who was the services director, and she reported to the chief executive officer. The latter reported to the board of directors.

The person in charge had the appropriate qualifications and inspectors found that she was developing the necessary knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. For example, she was aware of her obligations to ensure staff training and supervision but she had not notified the authority regarding restrictive practices. Inspectors saw that the standards were available to staff in the centre.

Staff who spoke with the inspectors were clear about who to report to and said that they received good support from the person in charge who was readily available to them when required. The person in charge was knowledgeable about the needs of the children and visited the centre on a consistent basis. Inspectors viewed sign off sheets as evidence that staff read and were aware of the policies.

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

Some measures to review the safety and quality of care to residents were in place but some of these were recently implemented and needed further development to be assured of sustainability. There were systems in place to record and review medication errors. There was evidence that parents were consulted in the review of their children's care and personal plans. Inspectors reviewed some completed questionnaires that parents had been sent in 2014 to determine their level of satisfaction with the service. The person in charge told inspectors that no specific issues regarding quality and safety had arisen that needed to be addressed. Inspectors saw evidence of service reports, checks of health and safety issues, staffing levels and the risk register; however, comprehensive audits of compliance with standards and regulations needed to be implemented to ensure that the services were safe and appropriate to children's needs.

The provider nominee told inspectors that she made unannounced visits to the centre and reviewed annually the quality and safety of care and support in the centre as required by the Regulations. Inspectors examined two reviews of the service dated 2013 and 2014 and found that while improvements had been made in the decoration of the centre and the resident guide and training in complaints had been delivered, the need for up-to-date risk assessments had not been completed. A comprehensive report of the unannounced visits available to children and their families and the chief inspector was not maintained.

There was a policy covering annual performance appraisals in order to foster accountability for individual practice, raise issues of concern, and discuss opportunities for further training or career development. Inspectors reviewed one such appraisal and

found that it was adequate.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Staffing levels were sufficient to provide adequate care for the children at the centre during the inspection. Children were provided with continuity of care by staff who had received mandatory training and were very familiar with the children. Staff personnel files that were reviewed did not contain all of the information required by Schedule 2 of the Regulations and not all staff were adequately supervised and supported. Induction of new staff was not timely.

The person in charge was responsible for the day-to-day management of the services. The staff roster was planned in advance and inspectors reviewed it and found that it took into account the assessed needs of each child. There were twelve permanent staff for the respite service, namely, two social care workers, two nurses and eight support workers. In addition, there was a relief panel available. For the four day residential service, there were two staff after school until 6 pm and one staff in the evening.

The inspector viewed training records of staff and found that there was a programme of training in place. Of the training records reviewed, staff had received training in child protection, complaints handling, fire safety, manual handling, first aid and infection control. A specific training needs analysis had not been completed so that the person in charge could assure herself that all staff had the up-to-date training they required to meet the children's needs.

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

Records reviewed by inspectors showed that team meetings usually took place monthly and agenda items included the care of the children and a range of other issues such as

policies and procedures, rosters and practical household issues.

Inspectors saw evidence of supervision records on some but not all staff files. The supervision focused mainly on operational aspects of the centre and less so on the performance or development of staff.

There was a policy on recruitment and evidence of some safe staff recruitment practices. All staff files seen by inspectors included An Garda Síochána vetting. There were some gaps in the personnel files reviewed by inspectors as they did not contain all the documentation as required by the Regulations. Some personnel files did not include photographic identification, documentary evidence of qualifications or relevant current registration status with professional bodies, some references were not dated or signed and some of the employment histories were unclear. While inspectors saw an induction checklist as part of the recruitment policy, a new staff member had not received induction at the time of the inspection.

The person in charge told the inspectors that there were no volunteers working in the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Patricia Sheehan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by CoAction West Cork Ltd
Centre ID:	OSV-0002110
Date of Inspection:	23 January 2015
Date of response:	18 March 2015

Requirements

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

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

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:

There was no evidence of multi-disciplinary input into the assessment of need, and the planning and review of personal plans.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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:

Multi-disciplinary staff use an online recording system which stores all records of the child's assessment, intervention and programmes. Staff in respite will receive training on this online system by 9th March. This will ensure that the staff in respite will be able to communicate more easily about children with the multi-disciplinary staff. The Person In Charge will involve the multi-disciplinary staff in the planning and review of personal plans and in the assessment of need. This will be achieved for all children by 30th April 2015.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was no written transition plan in place showing the supports in place for a child transitioning between residential services to include the provision of training in the life-skills required for the new living arrangement.

Action Required:

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

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

The Social Care Workers in the residential service have been fully involved in the drawing up of an Interagency Person Centred Plan, which includes the provision of training in the life-skills required for the new living arrangements. The family, staff and another agency have been working on the Person Centred Plan since the 4th April, 2014. This Person Centred Plan is now completed with Goal Plans and GANTT charts. This is in place in the file in the centre.

Proposed Timescale: 20/02/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Hoists were overdue for servicing.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly

as possible so as to minimise disruption and inconvenience to residents.

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

The hoist will be serviced four times per year. The next scheduled service is Friday 6th March 2015.

Proposed Timescale: 06/03/2015

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:

Records relating to the vehicle used to transport children were not available at the centre and therefore there was no evidence that the vehicle was regularly serviced and equipped with the appropriate safety equipment.

Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

Co-action posted copies of insurance details and taxation to HIQA following the inspection. The Provider Nominee has checked that the vehicle is roadworthy, regularly serviced and equipped with the appropriate safety equipment and is driven by persons who are properly licensed and trained. The Registered Provider will check the records on a 6 monthly basis. The Provider Nominee will ensure that copies of all transport records will be kept at the centre.

Proposed Timescale: 13/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

The risk management policy will be reviewed in March 2015 and will include measures

and actions to control the risk of self-harm.

Proposed Timescale: 28/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

The risk management policy will be reviewed in March 2015 and will include arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Proposed Timescale: 28/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

The risk management policy will be reviewed in March 2015 and will include measures and actions to control aggression and violence.

Proposed Timescale: 28/03/2105

Theme: Effective Services

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

the following respect:

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

Action Required:

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

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

All incidents/accidents are recorded and the Provider Nominee is informed. The Provider Nominee in conjunction with the Person in Charge discuss the necessary learning from these incidents/accidents and put appropriate measures in place. This will be included in the Risk Management Policy when it is reviewed.

Proposed Timescale: 28/03/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

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

Action Required:

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

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

Measures and actions have now been put in place to control the unexpected absence of a resident. All staff have been informed of these measures and actions. This will be included in the Risk Management Policy.

Proposed Timescale: 28/03/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The fire alarm had only been serviced three times in 2014 and not quarterly as required.

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 fire alarm will be serviced 4 times per year. The next scheduled service will take place on 26.02.2015

Proposed Timescale: 26/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all behaviour support plans were current to ensure staff had up-to-date knowledge to support children to manage their behaviour and not all staff were trained in the management of behaviour that challenges.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The Person in Charge will ensure that all children have an up to date Behaviour Support Plan by June 30th 2015. All staff will be trained in the management of behaviour that challenges by 30th June, 2015

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

Restrictive practices were not governed by a sufficiently comprehensive policy. There were not detailed logs for every episode of a restrictive practice which were not subject to on-going review and monitoring. There was no evidence of a specialist assessment for the use of a specific sleep system.

Action Required:

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

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

The Use of Physical Interventions with People with Intellectual Disabilities Policy is in the process of being reviewed. This will include all guidelines necessary for the

management and audit of restrictive practices. The evidence required for the use of a specific sleep system will be in the file by 6th March, 2015.

Proposed Timescale: 30/04/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifications of all restrictive practices were not made in line with Regulations.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

The Person in Charge notified HIQA of all restrictive practices on January 30th, 2015. The Person in Charge will send Notifications of all restrictive practices every 3 months as per HIQA guidelines.

Proposed Timescale: 30/01/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Suitable practices relating to the prescribing and administration of medicines were not in place and there was no evidence of routine audits of the medication management system.

Action Required:

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

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

Medication training has taken place for all staff in the centre. This was completed on 21st February 2015. All staff are now competent in the practices relating to the prescribing and administration of medicines. The Person in Charge is carrying out routine audits of the systems in place on a monthly basis. The first audit took place on 15.01.2015

Proposed Timescale: 15/01/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in an accessible format for children.

Action Required:

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

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

The Statement of Purpose will be made available in an accessible format by 17.04.2015.

Proposed Timescale: 17/04/2015

Theme: Leadership, Governance and Management

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

Not all of the information as 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 was included in the statement of purpose. Some information was specific to one of the children currently resident in the centre.

Action Required:

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

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

The Statement of Purpose will be reviewed and will include all information as set out in Schedule 1 of the Health Act 2007. Information specific to one child will be removed.

Proposed Timescale: 13/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

the following respect:

Comprehensive audits of compliance with standards and regulations needed to be completed to ensure the services were safe and appropriate to children's needs.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Further management systems and audits will be put in place to ensure that the service is safe and appropriate to residents' needs, consistent and effectively monitored.

Proposed Timescale: 27/03/2015

Theme: Leadership, Governance and Management

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

A comprehensive report of the unannounced visits available to children and their families and the chief inspector was not maintained and made available on request to residents, and their representatives and the chief inspector.

Action Required:

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

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

The Provider Nominee will continue to make unannounced visits to the centre. She will compile a comprehensive report of these visits which will be made available on request to residents, their representatives and the chief inspector.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all documents as outlined in Schedule 2 of the Regulations were evident in staff files.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Person in Charge will ensure that all outstanding documents, as outlined in Schedule 2, are in staff files by March 30th, 2015

Proposed Timescale: 30/03/2015

Theme: Responsive Workforce

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

Not all staff were receiving regular individual supervision and induction of new staff was not timely.

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:

Supervision of all staff has now taken place. The Person in Charge will ensure that regular individual supervision will be carried out. Induction of new staff will take place in a timely manner in the future.

Proposed Timescale: 25/02/2015

Theme: Responsive Workforce

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

A training needs analysis had not been undertaken to ensure all staff have the up-to-date training they require to meet the children's needs.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

An up to date training needs analysis was completed by the Person in Charge in February, 2015. Training will be provided throughout the year to ensure that staff have access to appropriate training, including refresher training in order to meet the children's needs.

Proposed Timescale: 25/02/2015

