<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001840</td>
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<tr>
<td>Centre county:</td>
<td>Longford</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Christopher's Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Clare O'Dowd</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Tom Flanagan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Susan Geary, Anna Delany</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>3</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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

<table>
<thead>
<tr>
<th>From:</th>
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<tbody>
<tr>
<td>25 November 2014 19:00</td>
<td>25 November 2014 19:30</td>
</tr>
<tr>
<td>26 November 2014 09:20</td>
<td>26 November 2014 17:30</td>
</tr>
<tr>
<td>27 November 2014 09:40</td>
<td>27 November 2014 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This was the second inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre.

The centre was located in a five-bed single-storey house in a quiet housing estate on the outskirts of a town. The service provided day, evening and overnight respite services to meet the needs of children from the age of 4 to 18 years old, with moderate to profound intellectual disability and or autism, with associated physical, sensory, medical and behavioural needs. There was capacity for four children to stay overnight. There were three children receiving an overnight residential break as the
inspection began.

The previous inspection, which was carried out on 1 May 2014, found that the service provided was safe and child centred and was delivered by a committed and experienced person in charge and staff team.

As part of this inspection the inspectors met with children, parents/guardians, staff members, the person in charge, the provider nominee and the policy officer. Inspectors observed practices and reviewed documentation such as children’s personal plans, medical records, incident logs, policies and procedures and staff files. Parents of three of the children completed questionnaires which were reviewed by inspectors.

Inspectors found that the provider and staff had made a number of improvements in response to the findings of the previous inspection. New assessment and personal plan templates had been introduced and all assessments and personal plans had been updated. Multidisciplinary professionals, parents and, where possible, children were involved in the care planning. A satisfactory risk management policy and associated risk register had been put in place. Behaviour support plans had also been revised with multidisciplinary input.

Since the previous inspection, the provider notified the Authority that the person in charge had gone on long-term leave and was replaced by one of the staff nurses. Inspectors found that the new person in charge was suitably qualified and experienced and was engaged in the operational management and oversight of the centre. Management systems to quality assure the service had been strengthened. The provider had undertaken bi-annual unannounced visits and produced written reports and action plans. A system of auditing of practice had been put in place and an annual review of the quality and safety of the service was due to be finalised in December 2014.

The premises was fit for purpose and good care was provided by an experienced and well trained staff group. Further improvements were required in the following areas: monitoring of medication administration; the statement of purpose; oversight of quality and safety; and the frequency of staff supervision. Improvements were also required in the following areas: contracts for the provision of services; incident recording and reporting; multidisciplinary assessment for safety procedures; and record keeping. These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

<table>
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<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>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.</td>
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| Theme: | Individualised Supports and Care |

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

| Findings: | The rights of children were protected and their dignity was promoted. They were consulted in relation to their preferences and provided with choices in relation to their food and activities. |

A large poster setting out the rights of children using the service was displayed in the hallway. These rights were also set out in a Resident’s Guide booklet which was sent to the children’s parents. Parents who completed questionnaires said that they had received the booklet and were aware of their children’s rights.

At the beginning of each respite break, staff met with the children to seek their views and choices regarding the food they wanted to eat and the activities they wanted to participate in during their brief stay. Inspectors sat in on one such meeting and looked at the minutes of other meetings and found that they offered children the opportunity to make decisions and gave them a sense of belonging and ownership of their respite break.

While staff told inspectors that parents acted as the advocates for their children, the service also promoted the use of independent advocates and the name and contact details of an independent advocate was clearly displayed in the entrance hallway.

Parents were consulted in relation to the specific care needs of their children and some parents told inspectors that there was a lot of informal contact with staff before and after respite breaks and that they were kept informed by staff. However, no formal consultation had taken place so far with parents in relation to their experience of the service in order to identify any improvements that would benefit the service. The
residential coordinator told inspectors that the service was planning to undertake such consultation and she showed inspectors a copy of a detailed questionnaire that they planned to use for this purpose.

There was a policy and procedures for the management of complaints which was reviewed in November 2014. Information on how to make a complaint was made available to parents and to children in an accessible format. Parents knew how to make a complaint if necessary but told inspectors that they have never had reason to complain. A complaints log was available for use but the person in charge told inspectors that no complaint had been received. There was an independent appeals process in the event of a complainant not being satisfied with the outcome.

Parents who spoke with inspectors and those who completed questionnaires confirmed that their children were treated with dignity and respect. Each child had the privacy of a single room and the premises was large enough to facilitate children to have their own private space if they required this. Staff told inspectors that they were conscious of preserving the children’s privacy and dignity while providing personal care in line with the centre’s policy on intimate care.

Systems were in place to ensure that children's belongings and monies were protected. Children’s clothes were not usually washed in the centre but care was taken with children’s clothing. Inspectors observed that clothing left behind by children was carefully wrapped and labelled to await collection and parents told inspectors that they never had a problem with clothes going missing. A log was maintained of any money that was brought to the centre by children. Any money spent was signed for by two staff and parents told inspectors that, at the end of the respite break, they were given all the receipts for any money spent by their children.

Staff respected the children’s right to exercise choice regarding their activities and routines and attempted to facilitate these choices. Prior to admission children, or their parents on their behalf, were asked to state their likes/dislikes and describe their normal routines and these were recorded in their files. They were also asked to indicate what level of independence the child exercised and what help and support they needed from staff in daily activities such as personal care, communication, and eating and drinking. The need for children to have consistency in their lives was reflected in the allocation of the same room to children on each respite break.

Children were given opportunities to participate in activities that they enjoyed and which suited their need to engage in recreational activity with their peers. The person in charge told inspectors that groups of children on respite were matched according to age or friendship and one parent told inspectors that their child always came to respite with friends from school and that they enjoyed the opportunity to go out together. Records showed that children took part in a range of leisure activities together. These included walks, bowling, meals out and going to the cinema. Some children brought their own electronic devices such as dvd players to the centre and a range of toys and games were also available in the centre.

**Judgment:**
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:
The communication needs of children were assessed and children were assisted to communicate to the best of their ability.

The service policy on communication promoted an approach to communication in which signs, symbols, photographs, gestures, body language, objects of reference and electronic aids were used in a consistent manner to support effective communication.

There was evidence that symbols, signs and pictures were used to communicate with children. For example, a communications board in the hallway contained photographs of the staff on duty and the children availing of respite at the time. Symbols and a photograph of a staff member were located by a locked door and indicated that a child could approach that staff member for the key in order to go out to play. Fire instructions and hand washing techniques were also displayed in the form of symbols. A child-friendly Resident’s Guide and a guide to the complaints procedure also made good use of pictures.

Each child’s file contained an assessment in which the details of their particular communication needs and abilities were set out. If required, there was an individual care/support plan developed on communication. There were communications passports on file and reports from a speech and language therapist containing child-specific communications strategies for staff and recommendations in relation to particular children.

All the children who availed of the service lived in the community. During their respite breaks they had access to television and radio. None of the children used assistive technology for communications purposes.

Judgment:
Compliant

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
Children were supported in their relationships with family and assisted to develop stronger links with the community.

Parents told inspectors that they were offered the opportunity to visit and view the centre and its facilities with their children prior to the commencement of their respite service and that their children were initially offered short respite breaks for a few hours at a time before being offered a residential break. This gave children and their parents the opportunity to visit the centre and familiarise themselves with staff and facilities over a long period of time. Parents generally brought their children to the centre and collected them. Some told inspectors that they felt free to visit at any time and were always made feel welcome. Staff made contact with parents before the respite break to ask about any new information that staff needed to be aware of such as changes in medication or diet or any other issues of relevance. Parents received informal feedback from staff after the respite. While records of this informal contact were not maintained, staff recorded more formal contacts with parents in the communications notes.

Parents were free to contact their children by telephone during their brief stay if they wished but some parents told inspectors they were reluctant to do so as their children’s stay was so brief and they did not want to distract or upset them.

There was evidence that the majority of parents visited the centre to review the children’s personal plans with their key workers and that parents signed the care/support plans.

Children were encouraged to use community facilities. The centre was located on the outskirts of town and transport was provided by the centre. Children participated in shopping trips and used community facilities in a nearby large town such as the bowling alley and cinema and they also visited places of interest in the locality.

**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:
The admissions for respite were in line with the criteria set out in the statement of purpose and were clear and transparent but the current contracts for the provision of services required improvement.

Children eligible for admission came from a specified geographical area and had a diagnosis of moderate to profound intellectual disability and some had additional disabilities. Referrals to the service were usually made by parents/guardians or members of the multidisciplinary team. A respite admissions team, which comprised the residential coordinator, the person in charge, two members of the multidisciplinary team, two parents’ representatives and one or more members of the Health Service Executive (HSE) met every two months to consider the eligibility of children referred and whether the service should offer a respite placement. Clear criteria for decision making by the admissions team were set out and they made their recommendation to the general manager who made the decision about the timing of the placement. Prior to admission a comprehensive assessment of the child’s needs was carried out in consultation with the families and relevant professionals. The person in charge told the inspector that children were then matched with other children for respite according to criteria such as their ages, needs and friendships.

Each child had a written contract which was signed by the child’s parents/guardians and a representative of the service. The person in charge told inspectors that new contracts had been developed which were more comprehensive than those currently in use. However, the contracts seen by inspectors did not meet the requirements of the regulations as they did not set out the arrangements for the support, care and welfare of each child, the services provided and any fees to be charged.

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.
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Children had personal plans which were based on comprehensive assessments of need and set out their individual needs and choices, goals, and the supports they required. Parents/guardians and children, according to their abilities, were involved in the care planning process. Professionals from the multidisciplinary team had a role in reviewing the plans. Children were supported to engage in activities they enjoyed and they were also supported in their journey into adulthood and their transition to adult services.

The care planning process had been improved since the previous inspection. A new assessment template had been introduced and the information it contained provided adequate information on the child’s strengths, abilities, choices, preferences and support needs. At the end of each section of the assessment, the assessor indicated whether a particular support plan was required. For example, when a child did not have verbal skills, the assessor indicated that a communications support plan was required. A detailed support plan was then drawn up to set out the ways in which the child’s needs in relation to communication were to be met. Similar support plans were in place for issues such as personal care, hygiene and diet and nutrition. While there were some inconsistencies in the staff recording of the number and type of support plans required, the system ensured that the supports children needed were identified. There was evidence that the supports required were provided and that the children’s care and welfare needs were met. The new care planning system included reviews of the children’s plans by the key worker and the person in charge every three months. There was evidence that these reviews took place but children’s progress in relation to their goals was not documented as the new system had been recently introduced and children had not yet spent sufficient time in the centre since then to warrant a review of goals.

Parents/guardians were involved in the care planning process. Parents and guardians told inspectors that they had met with the children’s key workers to go through the plans. The person in charge showed inspectors a schedule of visits to the centre by parents/guardians for this purpose and inspectors found that the care plans had been signed by parents/guardians in recent months. There was also evidence that members of the multidisciplinary team were involved in reviewing the care provided to the children. The files of children contained copies of speech and language therapy reports and recommendations. There were behaviour support plans drawn up by a behaviour therapist and these were reviewed and signed by a psychologist.

The children’s files also contained risk assessments, consent forms, personal emergency evacuation plans, school timetables, records of the children’s monies and possessions, health-related records and hospital passports which contained the necessary information required for hospital staff should a child have to be admitted to hospital. Communication notes documented the staff’s interaction with children and their monitoring of the children’s health, general well being and their activities during their stay in the centre.
Key workers reports were completed every three months.

Improvements had been made since the previous inspection in the area of supporting children in the transitions they made. For example, children who were due to be discharged from the service in 2015 had been identified and their future care needs were due to be discussed by the admissions and review committee in December 2014. Plans were in place for parents to be invited to meet regarding the transitions and letters had been sent to the HSE regarding funding future placements. The records of children who had recently made the transition to adult services reflected a child-centred approach. Parents and the children concerned were involved in planning meetings and the children’s needs, especially regarding the pace of transition, was a key factor. Appropriate plans were outlined to transfer the children’s personal plans to the new service and to review the process of transition.

The children’s respite breaks were of very short duration and staff were not involved in in-depth preparation of the children for independent living. There was evidence that children were encouraged to be involved in decision-making and in giving their opinions in the house meetings which were held at the beginning of each respite break. Children decided what activities they would like to undertake and what food they would like to eat. Parents/guardians told inspectors that the children loved coming to the centre and that it was also an opportunity for them to develop their social skills. Children were involved in a limited way in the practical running of the centre by planning meals, shopping with staff and assisting with household tasks.

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 and layout of the centre were suitable for its purpose. It was clean and comfortable and the premises and equipment were well maintained.

The centre was located in a five-bed single-storey house in a quiet housing estate on the outskirts of a town and it was accessible for wheelchair users. The layout of the centre was in line with the statement of purpose. There was adequate private and
communal accommodation. There were five bedrooms, one of which was used for staff to sleep over. Each bedroom had a bed, a wardrobe and a bedside locker. There were two bathrooms, both of which had shower, toilet and wash hand basin facilities. One of the bathrooms was a large room which contained an accessible shower for wheelchair users and a shower trolley. There was a well-equipped kitchen with a dining area and there were two sitting rooms, one of which had a television. There was also a staff office, a laundry cum store room and a room used for the storage of files. At the rear there was a secure play area with rubber matting underfoot and which contained a trampoline and a seating area. There were car parking facilities to the front of the premises.

The premises was clean and suitably decorated and furnished. It had good lighting and ventilation. It was free of any significant hazards that could cause injury to a child. Suitable arrangements were in place for the disposal of waste.

Assistive equipment included a hoist, a high-low bed and a shower trolley. Inspectors found that this equipment was in good condition and had been recently serviced by an external contractor. Staff were also trained in the use of assistive equipment.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
*The health and safety of residents, visitors and staff is promoted and protected.*

Theme:
Effective Services

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

Findings:
There were adequate systems in place to promote the health and safety of children, visitors and staff. However, procedures for the recording and reporting of incidents needed to be improved.

There was a health and safety statement which was signed and dated as having been reviewed in June 2014. This included a description of the safety management system in the service as a whole, procedures to be followed and the responsibilities of all staff. This was complemented by a register of equipment in the centre, service records of the equipment and a set of risk assessments conducted in the centre.

Suitable procedures were in place for the prevention and control of infection. There were sufficient facilities and materials available for hand washing. There was a hand hygiene policy and hand gel dispensers were located around the premises. Colour-coded
cleaning materials were used. Protective gloves, masks, aprons and disinfectant wipes were available for staff. A legionella prevention log was maintained and staff carried out weekly checks on water temperatures in relation to this.

The risk management policy was reviewed and updated in July 2014 and it met the requirements of the regulations. Inspectors found that the risk management policy was implemented in the centre. There was a local risk register which contained a range of centre-specific risk assessments and a corporate risk register was also maintained. The assessments were wide-ranging and identified specific risks and the measures in place to control them. Risk assessments that were carried out on each of the children and the measures put in place to control any risks identified were specific to each child and were set out in their personal plans. All staff had received training in risk management in October 2014.

There was a policy and procedures on incident/accident/near miss reporting and incident investigation. These events were recorded, signed off by the person in charge and then were sent to the residential coordinator for review. Inspectors viewed the records of incidents and there was evidence that they were reviewed by managers and that learning and change in practice took place as a result. However, the procedures allowed for incidents to be recorded either online or on manual forms. While there was evidence that the incidents that were recorded both online and on manual forms were reviewed and signed by managers, inspectors found that this system was not robust as not all incidents recorded on manual forms were included in the reporting of total numbers of incidents to the Board.

Satisfactory precautions were in place to guard against the risk of fire. A fire safety policy had been reviewed in July 2014 and was comprehensive. Suitable fire equipment was available and this was serviced in May 2014. Emergency lighting was in place. Fire exits were unobstructed. A fire alarm was in place and was serviced quarterly, the last service being in August 2014. Planned fire drills were carried out monthly. All staff had received training in fire safety in April 2014 and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. The fire safety register was located near the front door and contained the personal evacuation plans and hospital passports for current residents. Records of daily, weekly and monthly checks on the fire equipment, fire precautions and on the means of escape were undertaken by staff. Integrated magnetic release locks were in place on all fire doors. A fire evacuation notice was displayed in a prominent place and a child-friendly version of this was also available. Monthly audits were carried out by the person in charge on the fire safety precautions. The provider also submitted to the Authority written confirmation that the centre was in compliance with fire safety and planning legislation.

Systems were in place for responding to emergencies and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies.

The vehicles used for transporting children were taxed and insured and serviced regularly and contained appropriate first aid and safety equipment. Inspectors viewed records of vehicle safety checklists which were completed monthly and signed by the driver, the transport manager and the residential coordinator.
Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were adequate measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures on child protection which was comprehensive and generally satisfactory. It outlined different types of abuse and set out the procedures by which a staff member should report any concerns or suspicions to their line manager or the designated person. The policy listed three designated liaison persons (DLPs), including the residential coordinator, and two deputy DLPs but did not specify who the DLP was for children’s respite services. Nevertheless, staff were clear that they would report any concerns about the safety of the children firstly to the person in charge and then to the residential coordinator. The policy also outlined the various safeguarding and child protection measures that the provider had put in place and a code of behaviour by staff was also included. The person in charge told inspectors that there had been no allegations, concerns or suspicions of child abuse in the centre during the past year. The policy was updated in July 2014 but multiple references were made to the HSE and its statutory role in child protection even though it no longer has this role. The policy also needed had not been revised to include the current person in charge as a deputy DLP and the appendix included national social work contacts instead of contact details for local duty social work personnel.

There were various safeguards in place to protect children. All staff members attended training in Children First: National guidance on the Protection and Welfare of Children (2011) within the previous year and training records confirmed this. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. An Garda Síochána vetting was in place for all staff. Risk assessments were carried out in relation to individual children. There were procedures in place in relation to who could visit children and in
what circumstances. Children were well supervised and inspectors observed staff interacting with the children in a respectful and warm manner. Parents/guardians who completed questionnaires said that their children felt safe in the centre.

There was a policy and procedures on the provision of personal and intimate care. Children were assessed as to the level of support they required in this regard. Inspectors found that, when support was required from staff, an intimate care plan was developed by staff and consent was sought from parents. Such plans were reviewed periodically by the key workers and the person in charge.

While staff had access to a complaints policy and a grievance policy, the service did not have a policy and procedures on whistleblowing as yet. The absence of a whistleblowing policy meant that staff did not have specific guidance in relation to how they should voice their concerns about the service should they have any. The respite coordinator told inspectors that such a policy would be developed. Staff members who were interviewed felt confident that they could report any serious concerns they may have about the safety of the service.

There was evidence of efforts made to identify, understand and alleviate the underlying causes of behaviour that was challenging in relation to individual children. Training records showed that all staff had received training in the management of behaviour that challenges. Inspectors viewed a number of positive behaviour support plans in which triggers for behaviour that challenges were identified and pro-active strategies were set out to ensure that incidences of behaviour that challenges were lessened. There was evidence that a psychologist was involved in reviewing the plans and that these were discussed with parents.

The person in charge told inspectors that there had been no serious incidents of behaviour that challenges and no restrictive practices were used in this regard. Inspectors found that bed rails/supports were used for one child as this arrangement was also in place in the child’s home. This was not regarded as a restrictive practice by the person in charge. However, the use of these bed rails/supports was not informed by an assessment by an occupational therapist or by a risk assessment for the child. There was no evidence that alternative measures were considered before this procedure was used or that it was the least restrictive procedure for the shortest duration necessary.

Judgment:
Non Compliant - Moderate

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.

The person in charge was knowledgeable on how to report notifiable incidents/events to the Chief Inspector and had done so according to the time frames laid down. Information was available in the centre on how to notify incidents and the person who deputises for the person in charge was also familiar with the process.

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’s participation in the education system was facilitated and supported and they were provided with opportunities to socialise with their peers.

All but two of the children using the service attended a special school operated by the provider and the other children attended special classes in mainstream schools. While they were on respite breaks in the centre, transport was provided to take them to and from school. The centre’s approach to education was set out in a policy which promoted the children’s right to education and outlined the responsibilities of staff to liaise with parents and school staff, to continue any programmes that were in operation in the school in relation to speech and language and behaviour management, and to facilitate the children to complete any homework they may have.

The children’s files contained brief assessments of the educational needs and contact details for their teachers and other school staff. Copies of school timetables were maintained for each child and inspectors viewed minutes of meetings between the person in charge and teachers.

Parents/guardians told inspectors that there was good three-way communications between the school, the centre and home and that all relevant information was shared.
Parents/guardians told inspectors that the children enjoyed spending time in the centre and that they took part in lots of activities both inside and outside the centre. Inspectors observed that children played in the centre and the records showed that children also enjoyed a range of activities in the community such as bowling, cinema, eating out and going for walks or visits to places of interest in the surrounding countryside. Parents/guardians also told inspectors that their children got similar opportunities to their peers by spending some time away from their families in the company of friends. One parent commented in a questionnaire that their child had become more self confident and assured as a result of availing of the respite service.

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 provided with good healthcare while on their respite placements.

Children’s respite breaks were for short periods of time and their healthcare needs were generally met at home by their parents in conjunction with their own General Practitioner (GP). The respite service was a nurse-led service with a qualified nurse on duty on each shift and this ensured that children who had medical conditions that required monitoring received nursing care. If a health-related issue that required medical attention arose while the child was on respite, their parents/guardians would be contacted to arrange an appointment with their own GP. An out of hours GP service was also available if required.

The assessments of children’s needs contained sections on medical needs, vaccinations and medication. Inspectors viewed a number of assessments and each contained detailed information on children’s health. Parents/guardians told inspectors that they spoke to staff at the time of each respite break and informed them if any healthcare issues had arisen that staff may need to be aware of. Hospital passports were prepared for each child by staff. These contained relevant information required by hospital staff in the event that a child needed to be admitted to hospital in an emergency.

Training records showed that all staff received training in first aid and epilepsy management. Children also had access to a school nurse, a speech and language therapist and a psychologist. Children were encouraged to take part in physical exercise...
such as outdoor games and walks while on respite.

The service had a policy on the provision of food and nutrition and this was implemented in the centre. The nutritional needs of children were assessed and if they required support in the area of nutrition, eating and drinking, a support/care plan was put in place. Staff used pictures to assist children in making choices about the food they would like at the beginning of respite and these choices were recorded. The person in charge told inspectors that children’s general health was monitored and that their weight was taken each time they came on respite so that any issues in relation to loss or gain of weight could be followed up on. Inspectors found that records of the children’s weight were maintained in their files.

Records of the food eaten by children were not maintained separately but noted in the communication notes for each child. A separate record may facilitate the person in charge to maintain an overview of children’s diets by being able to look back at the children’s patterns of eating to determine that adequate amounts of nutritious food had been provided to and consumed by each child during their stay.

Judgment:
Non Compliant - Minor

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:
Policies and procedures on medication management were in place to protect children. However, improvement was required in the areas of record keeping and in maintaining regular oversight of the medication management system to ensure that any errors that may occur are identified quickly.

The policies and procedures on medication management were not centre specific but applied to both adult and children’s services. Nevertheless, they were clear and comprehensive. There were records showing that all staff had read the policy in recent months. There were adequate systems in place for the safe storage of medication, which was kept in a secure cabinet. This contained a further locked cabinet for controlled drugs should they be required. The keys of the cabinet were held by the nurse on duty. Medication for each child was clearly labelled. There were records of medication received at the beginning of respite breaks and of medication returned to
Each child had a medication file which contained a consent form signed by parents, photo identification, date of birth, details of the child’s general practitioner (GP), medical card details, any allergies they may have, an administration sheet and a prescription sheet. Inspectors found that, in one child’s file, the administration sheet was not up to date in relation to medications identified on the prescription sheet and not all discontinued medications were signed by a GP.

Two of the staff administering medication were registered nurses and training was provided for each of the care staff in the safe administration of medication. None of the children using the service at the time of inspection had the ability to self-administer medication.

Audits of the medication management system were usually undertaken every six months. Inspectors viewed completed audit records which were thorough and outlined the actions required, by whom and the timeframe for their completion. However, there were no frequent checks of the administration sheets to ensure that any medication errors were identified quickly and that immediate action was taken to remedy the error or ensure that it did not recur.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There was a statement of purpose but it did not contain all the information required by the regulations nor did it accurately describe the admission criteria for residential placements.

The statement of purpose was reviewed in May 2014 and contained most of the information required by the regulations. Some omissions included the arrangements for consultation with children about the operation of the centre and the arrangements for contact between children and their relatives and others, including contact between any child in care and their Child and Family Agency social worker. The arrangements in place for matching or grouping children according to age range or friendship was omitted. The
person in charge told inspectors that children aged four were not normally offered accommodation but the statement of purpose did not make this clear.

Staff were aware of the statement of purpose and it was also available in a format that was accessible to children.

**Judgment:**
Non Compliant - Moderate

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**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The management systems in place to support the delivery of care was generally effective. However, the system for recording and reporting incidents was not robust and children and their parents were not formally consulted in relation to the annual report.

The management structure was set out clearly in the statement of purpose and identified the lines of authority and accountability in the centre. Staff reported to the person in charge, who reported formally to the respite coordinator each month. The respite coordinator reported to the general manager, who, in turn, reported to the board of directors.

Management systems to review the safety and quality of care and support to residents had been further developed since the previous inspection. The policies and procedures had been reviewed and updated. There was evidence that a range of audits were carried out in the centre by the person in charge and that the finance department undertook audits of petty cash. Unannounced visits to the centre had been undertaken on behalf of the provider on two occasions in 2014. Inspectors viewed copies of the reports on the quality and safety of care and support which contained recommendations. Action plans were put in place which identified the persons responsible and the timeframes. There was evidence that this had been implemented and had led to further compliance with the regulations. The respite coordinator told inspectors that an annual report was being prepared for presentation to the board of directors in December 2014. However, although the residential coordinator told
inspectors that the service was planning to undertake formal consultation with parents in relation to their experience of the service and in order to identify any improvements that would benefit the service no such consultation had yet taken place.

The provider had responded positively to the action plan contained in the report of the previous inspection. Children’s personal plans were reviewed and improved. There was evidence of the involvement of multidisciplinary personnel and parents in the process. The risk management policy was reviewed and updated and local and corporate risk registers were developed.

The person in charge was a qualified and registered nurse who had significant experience of working in services for adults and children with intellectual disabilities. They had been managing the centre since August 2014 and had previously worked in the centre as a clinical nurse manager. The post of person in charge involved managing both the adults and children’s respite services. They demonstrated that they were engaged in operational oversight of the centre, visited regularly during the children’s stay and were available to respond immediately in the event that staff required their assistance. There was evidence that they knew the children well and were aware of their needs. They demonstrated their knowledge of the standards and regulations and their commitment to their own professional development. Staff told inspectors that they were well supported by the person in charge and the respite coordinator. There were a number of supports available to the person in charge. These included formal supervision provided by the respite coordinator approximately every eight weeks, a persons in charge meeting in the service every four to six weeks and one planning day per quarter with other persons in charge.

Inspectors viewed the minutes of a number of persons in charge meetings and senior management meetings which showed that the meetings were held regularly and that the agendas for these meetings were appropriate.

There was evidence that the provider met with the HSE each quarter to review the implementation of the service level agreement. In this context the provider had engaged an external consultant to review the operation of the service and was in discussions with the HSE in relation to this.

**Judgment:**
Non Compliant - Minor

### Outcome 15: Absence of the person in charge

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

**Theme:**
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The previous person in charge went on long term leave in August 2014 and the provider notified the Authority as required.

The residential coordinator told inspectors that, should the current person in charge be absent from the centre for over 28 days, the residential coordinator would deputise as the person in charge. Inspectors interviewed the residential coordinator and found that she was suitably qualified and sufficiently experienced to take on the role. She demonstrated good knowledge of the regulations and standards and was very familiar with the children and all aspects of the service.

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 sufficiently resourced to ensure that care and support was effectively delivered to children in line with the statement of purpose.

Inspectors found that the facilities available in the centre were of a good standard and children were afforded adequate space both inside and outside the centre. They also had access to a range of resources such as toys and games, garden furniture and equipment, and, in the case of a child who required them, assistive equipment such as an electric bed and hoist.

Staffing resources were maximised by ensuring that staff shifts coincided with the times that children were in the centre.

Since children attended school during the weekdays, activities and outings took place after school and, in order to facilitate this, the centre had access to a suitable vehicle for collecting children from school and for outings.

Judgment:
Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

Findings:
There was a sufficient number of staff to meet the needs of children and continuity of care was provided by a small, consistent group of staff who were experienced and adequately trained. The frequency of supervision sessions for individual staff was inconsistent.

Apart from the person in charge, the staff team comprised two nurses and two care staff. Gaps in the staff roster were usually filled by one consistent relief worker, making up 2.84 whole time equivalent staff. The staff team was stable as there had been little change of personnel in the centre for several years.

The staff rota was planned in advance. A review of the staff rota in relation to the numbers of children using the service showed that the staffing levels took account of the needs of the children and the size and layout of the premises. For example, some children required one to one or two to one staffing levels and the staffing rota reflected this.

Inspectors viewed a local analysis tool for training needs, dated 13 August 2014. Training records showed that all staff had received training in Children First (2011) and in fire safety during the previous 12 months and their training in people moving and handling was up to date. Care staff had received training in the safe administration of medication and all staff had received training in risk management, food hygiene and epilepsy management. One staff member had not received refresher training in a recognised form of behaviour management.

Inspectors observed the interaction between staff and children and found that staff treated the children with warmth and respect and knew the children well. They made efforts to ensure that the children were given opportunities to express themselves and exercise choices. Staff who were interviewed presented as competent and demonstrated awareness of the policies and procedures, the legislation and standards.
Inspectors viewed the staff files of the person in charge and all four core staff members. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible. The majority of files contained all the information and documents specified in Schedule 2 of the regulations. However, there were unexplained gaps in the employment histories of some staff and there was no documentary evidence of relevant qualifications for another staff member.

The person in charge had worked as a member of the staff team until taking up the post of person in charge a number of months previously and they knew the staff well. While there was evidence that staff received individual supervision sessions and that disciplinary issues were addressed when they arose, there was a lack of consistency regarding the frequency of supervision sessions. For example, there were three recorded supervision sessions for one staff member while there was only one recorded supervision session for each of two other staff. This meant that staff were not receiving the level of professional support they required and the system for holding them accountable for their practice and for monitoring and reviewing their performance was not sufficiently robust.

There were no volunteers working in the centre.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely. The majority of records maintained in the centre were accurate and up to date.

Records viewed by inspectors were generally complete, up to date and well maintained. However, there were some gaps in record keeping. For example, not all discontinuations
of medication were signed by a GP and there were some inconsistencies in the staff recording of the number and type of support plans required by children. A directory of children was maintained but this did not contain all the information specified in Schedule 3. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage space in the centre for archived files.

All the policies and procedures required by the regulations had been reviewed and updated and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them. A child-friendly Residents' Guide had also been developed.

Inspectors viewed a statement from the current insurers which outlined the insurance cover put in place by the provider. Adequate insurance was in place against injury to children.

**Judgment:**
Non Compliant - Moderate

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**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:**

Tom Flanagan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Christopher's Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001840</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 November 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>04 February 2015</td>
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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 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 contracts on children’s files did not meet the requirements of the regulations as they did not set out the arrangements for the support, care and welfare of each child, the services provided and any fees to be charged.

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:**
A revised Individual Contract of Support/Care has been developed and will be implemented following consultation with the child/family.

**Proposed Timescale:** 06/03/2015

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The system in place for the recording and subsequent reporting of incidents in the centre was not robust.

**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:**
Two meetings were held with the author of the electronic incident management system on the 13/01/2015 and 27/01/2015 to identify gaps in the system. The system is in the process of revision to ensure accurate recording and subsequent reporting of incidents in the centre.
In the interim, a revised monthly incident management system per centre is in operation.

**Proposed Timescale:** 27/03/2015

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**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:**
The use of bed rails/supports was not informed by an assessment by an occupational therapist or by a risk assessment for the child. There was no evidence that alternative measures were considered before this procedure was used or that it was the least restrictive procedure for the shortest duration necessary.

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and
alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
An Occupational Therapy Assessment and a risk assessment has been completed in the centre with the child. The Occupational Therapist recommended that for safety reasons the child requires bed rails as a support /safety practice during sleeping hours. The Child’s support plan has been revised and amended to reflect OT recommendation. The Child and the Child’s Next of Kin has been consulted throughout the above process.

**Proposed Timescale:** 23/12/2014

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The service did not have a policy and procedures on whistleblowing

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

**Please state the actions you have taken or are planning to take:**
The Registered Provider is in the final stage of completing a Whistleblowing Policy

**Proposed Timescale:** 27/02/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Records of the food eaten by children were maintained in the communication notes for each child and this did not facilitate the person in charge to maintain an overview of children's diets to determine that adequate amounts of nutritious food had been provided to and consumed by each child during their stay.

**Action Required:**
Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident’s individual dietary needs and preferences.

**Please state the actions you have taken or are planning to take:**
The Food and Nutrition Policy provides for the use of a food diary, which has been enacted as practice in relation to each child availing of the service.
**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:**
The administration sheet in one child’s file was not up to date in relation to medications identified on the prescription sheet.

Not all discontinued medications were signed by a GP.

There were no frequent checks of the administration sheets to ensure that any errors were identified quickly.

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

**Please state the actions you have taken or are planning to take:**
The administration sheet for one child’s file has been updated in relation to the medication identified on the prescription sheet.
All discontinued medication has been signed by the relevant General Practitioner.
The Day Tasks Log has been revised to ensure each child’s Medication Administration sheet is checked on a daily basis.
Medical Stock Controls are completed during each child’s admission and discharge process, which can be in a period of less than twenty four hours.

**Proposed Timescale: 04/02/2015**

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain all the information required by the regulations nor did it accurately describe the admission criteria for residential placements.

**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:**
Statement of Purpose has been reviewed and updated to contain all the information required by the regulations and accurately describe the admission criteria for respite placements.

**Proposed Timescale:** 26/01/2015

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**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:**
The annual review of the quality and safety of care and support did not provide for consultation with children and their parents.

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

**Please state the actions you have taken or are planning to take:**
A Questionnaire has been devised and will be circulated to families to ensure consultation in the Annual Review of the Quality and Safety of Care and Support Process.
Informal Consultation will continue to take place on a regular basis with each child and their family.

**Proposed Timescale:** 30/04/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A copy of the annual review of the quality and safety of care and support had not yet been made available to residents and to the chief inspector.

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

**Please state the actions you have taken or are planning to take:**
A letter has been circulated to all families of the children to advise that the Annual Review of the Quality and Safety of Care and Support completed on 05/11/2014 is
available to view should they wish.
The above practice will be also be adhered to when the Annual Review of the Quality and Safety of Care and Support 2015 is completed and every year thereafter.

**Proposed Timescale:** 05/02/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The above practice will be also be adhered to when the Annual Review of the Quality and Safety of Care and Support 2015 is completed and every year thereafter.

**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:**
All Staff personnel files have been revised and completed to ensure compliance with Schedule 2 of the regulations.

**Proposed Timescale:** 01/03/2015

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
One staff member had not received refresher training in a recognised form of behaviour management.

**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:**
The identified staff member completed their MAPA Training in December 2014

**Proposed Timescale:** 14/12/2014

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The frequency of supervision sessions for individual staff was inconsistent.

**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:**
A Supervision Schedule has been revised in practice which ensures that each staff member has a supervision session with the PIC every eight weeks in accordance with the Supervision Policy.

**Proposed Timescale:** 28/01/2015

<table>
<thead>
<tr>
<th>Outcome 18: Records and documentation</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Use of Information</td>
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<td></td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>There were some gaps in record keeping.</td>
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</tbody>
</table>

**Action Required:**
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

**Please state the actions you have taken or are planning to take:**
All discontinued medication has been signed by the relevant General Practitioner.
The number and type of identified Support plans required by children has been reviewed and updated accordingly.
The Directory of Resident’s has been reverted back to the previous directory to ensure discharge date is evident.

**Proposed Timescale:** 28/01/2015