<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003576</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Sharon Balmaine</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Una Coloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Paul Tierney;</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the</td>
<td>6</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on the</td>
<td>4</td>
</tr>
<tr>
<td>date of inspection:</td>
<td></td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. 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>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>04 March 2015 08:30</td>
<td>04 March 2015 18:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This was an announced monitoring inspection which took place over one day. As part of the inspection, inspectors met with children, members of staff, the person in charge and members of the management team. Inspectors observed practices and reviewed documentation such as care plans, policies and procedures.

St. John of God Community services provided respite breaks for children aged six to eighteen years with a moderate, severe or profound intellectual disability. Overnight respite breaks were provided at weekends and during summer holidays. On the day of the inspection, six children attended for after school day respite.

Parents told inspectors that they were happy with the service provided for their children and the staff team were observed engaging positively with the children. Assessments of need and personal plans were adequately detailed to ensure quality provision of care. Multidisciplinary input was sought however this was not always incorporated into the personal plans. Goals identified for the children were not specific and children were not supported in preparing for adulthood or to transition from the service.

The centre had some systems in place to promote the health and safety of children and staff. The temperature of the water on the day of the inspection was 51 degrees and posed a risk of a scald or burn to the children. This was brought to the attention of the management team and an immediate action plan was issued the day after the
There were some provisions in place to safeguard children and young people. Care provided to children was of a high standard but behaviour management plans and consistent training in a behavioural management approach were not in place. There was a clearly defined management structure that identified the lines of authority and accountability in the centre. Management systems required improvement to ensure that the service was effectively monitored.

There were sufficient staff to meet the needs of the children on the day of the inspection. There were some gaps in the training provided to the staff team. Formal supervision was in place for the staff team but the process required review to ensure it was effective.

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

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The health, personal and social care needs of the children were assessed and personal plans were adequately detailed to ensure quality provision of care. Multidisciplinary input was sought however this was not always incorporated into the personal plans. Goals identified for the children were not specific and children were not supported in preparing for adulthood.

The inspectors observed the children and they appeared happy and content in the centre. The inspectors observed a mealtime, activities and interactions between the staff and the children. The staff members engaged in a friendly, kind and respectful way with the children. There was a friendly atmosphere in the centre and there was adequate staffing levels to provide care, support and attention to each of the children.

The assessments of the children’s needs were detailed however additional information was required to ensure a comprehensive overview of all of the child’s needs. The inspectors reviewed the care files and it was evident that the children’s health, personal and social care needs were assessed. The inspector reviewed assessments of needs including communications, behavioural, food and drinking, health and nursing supports, mobility, skin, personal care, physical safety and money supports. There were some needs not assessed in some of the files reviewed and improvements were required to ensure all the needs of the children had been assessed. For example, it was not evident in one file reviewed if a behaviour support plan was in place or if a medication plan was required. There had been no new admissions since the last inspection which took place in April 2014.
The personal plans contained input from the multi disciplinary team but this was not always incorporated in the child’s personal plan. There was evidence in the files reviewed that input from professionals had been requested by the team and specific referrals for the children were made to relevant professionals when required. The inspector viewed recommendations from a speech and language therapist regarding the eating, drinking and swallowing needs of one child and the suggestions were included in the child’s personal plan. The inspectors reviewed a referral to a psychology service and to a speech and language therapist. There were guidelines in place for one child from a psychologist which detailed a comprehensive list of strategies for the staff to implement with the child. However, this was not incorporated into the behaviour management plan for the child and there was a risk that the recommended approaches were not implemented consistently by the team. The inspectors reviewed an email that had been forwarded to a physiotherapist to request an updated report for one child. There were detailed individual education plans and progress reports present for the children. This ensured the staff team had detailed knowledge of the educational needs of the children attending the service.

There were some goals identified for the children but they were not adequate. The personal plans documented goals for the children however, they required review to ensure improved outcomes for children. The goals reviewed by inspectors referred to activities to complete with the child rather than a target the child could achieve. For example a goal identified for one child was “to sing songs to put on clothes”. This was not measurable or specific. The goals were not broken down into achievable or realistic targets and there were no short term or long term aims identified for the child.

Family members were actively involved and consulted in the review of their child’s plan. The supervisor advised that the parents were invited to complete forms and give input regarding their child’s needs and in some cases attended meetings to discuss the care required. The person in charge stated that thirty three families had attended meetings last year with the service. The inspector reviewed minutes of a family/representative forum which documented that the parents were provided with information regarding the 'all about me assessments’. The minutes detailed that the attendees were provided with an overview of the service and information was provided regarding any changes in the management of the care provided in the centre. One parent interviewed advised that s/he was consulted regularly on an informal basis and felt his/her child received a good quality service. S/he also advised that her child’s plan of care had been formalised recently and the staff team had requested information from him/her.

Participant of the children was not clearly documented in the files. The inspector observed a child’s signature in one file reviewed. However, the actual involvement or consultation with the child was not documented and this was not consistent across all files. There were laminated child friendly personal plans in place but they required improvement. They contained a large quantity of text and limited pictures. Amendments were required to ensure they were sufficiently child friendly and accessible for children with literacy difficulties.

The planning for young people due to be discharged from the service was not rigorous. The children were supported when moving between services but there was little evidence that planning had commenced for young people who required adult services
imminently. The inspectors reviewed documentation which outlined that the service had sought the assistance of a psychologist to support a child with behavioural difficulties when leaving the service after the respite break. There was a discharge plan template that the inspectors viewed in the files but had not been completed for the young people. The person in charge advised that documentation relating to this type of planning was poor. S/he said meetings were planned with the school to discuss the discharge of young people from the service and the supervisor confirmed this. The inspector did not find evidence that there was an effective planning process in place and consultation with young people and their families was poor regarding the plan to discharge them from the service. One parent interviewed expressed her concern regarding her teenagers exit from the respite service. S/he expressed fears that they would not get the same level of respite breaks and support that they currently obtain.

There was limited support offered to the children in preparing for adulthood and to gain life skills to live as independently as possible. The centre had a template in place in the files to document a plan for life skills management but this was not consistently filled in and in some cases the information detailed was not specific. The supervisor advised that the young people were actively involved in developing life skills such as managing money but acknowledged that this was not documented clearly.

**Judgment:**
Non Compliant - Moderate

---

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

**Theme:**
Effective Services

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

**Findings:**
The centre had some systems in place to promote the health and safety of children and staff. There were adequate precautions in place for fire safety. The risk management policy required some amendments to ensure compliance with the regulations. Risk assessments were completed however a serious risk identified on the day of the inspection which required an immediate action plan to be issued had not been assessed.

There was a centre specific risk management policy approved in January 2015 which contained some of the information required by the regulations. It outlined the roles and responsibilities of frontline staff, line managers, the person in charge, senior management and the regional director of services. The policy identified hazards and the precautions in place regarding the hazards. Some of the hazards identified in the policy included fire, dysphagia, restrictive interventions, manual handling, infections and
allergies. The policy also identified specific risks including the unexpected absence of a resident, accidental injury, aggression and violence and self harm but the measures and actions to control the risks were not comprehensive. For example, the risk of behaviours that challenged did not identify training as a precaution. The policy did outline that a behaviour support plan should be in place for the children and inspectors identified this gap in the children's files on the day of the inspection. Risk identification and measures for the control of self harm was not adequate as it referred to a child wearing an all in one vest to prevent the risk of infection. The precaution identified in the policy was to inform the Authority of the restrictive practice. The definition of self harm was not an adequate and the measures and actions to control the risk required review. An action plan was included in the policy which identified outstanding actions required to manage key risks within the centre and this identified the time frame, person responsible and status of the action.

Some serious risks in the centre had not been identified. The temperature of the water on the day of the inspection was 51 degrees and posed a risk of a scald or burn to the children. This was brought to the attention of the management team and an immediate action plan was issued the day after the inspection. The centre was clean on the day of the inspection and radiators were covered.

There were good precautions in place for the prevention of fire. Fire drills were completed on a regular basis. The inspector reviewed the record of fire drills and one child attending the service had not completed a fire drill for 12 months. There was no system to audit the participation of children in fire drills and it was not clear if the service ensured all children and young people availing of respite services were fully aware of procedures to follow in the event of a fire. The inspectors reviewed a plan of scheduled fire drills for March 2015. The inspectors were advised that a staff member was assigned responsibility on a daily basis for the daily fire evacuation plan and to complete daily fire checks.

There were detailed personal evacuation plans for the children and the majority of staff had completed fire training. The inspector viewed evacuation plans for the children which contained emergency contact numbers, information on how to manage the children and a photograph of each child. The inspectors were advised that this was placed at the exit to the building on a daily basis to represent each child that was accessing the service on that day. There were signs on display which detailed the actions required in the event that the fire alarm sounded or if a fire was discovered. There was an evacuation plan of the house and a sign for the children in a pictorial format on display. There was a fire assembly point nearby and a hydrant was evident at the front of the building. Fire doors were in place which automatically closed if the alarm sounded. The inspector was advised that the keypad system for the entrance to the building deactivated if the alarm sounded. There were two emergency fire exits with a break glass system present. Fire extinguishers were located throughout the building which were serviced in November 2014. The inspector was advised that there were fire detectors located in the attic that activated curtains to drop down to contain the spread of fire. The majority of the team had received fire training. The training records reviewed highlighted that two relief workers required this training and this was scheduled for March 2015.
The inspectors viewed the centre’s vehicle and were advised that a transport officer for the organisation arranged services for the vehicle. The training records reviewed highlighted that all staff members were trained in manual handling. There was also some individual risk assessments on manual handling in some of the files reviewed.

There was a risk register in place and the supervisor had responsibility to update this. Risk assessments were completed by a nurse on duty. The risks contained in the risk register included transport, challenging behaviour, absconding and some restrictive practices. There were individual risk assessments completed for the children which were contained within the care files. They identified risks such as manual handling, medical conditions and the risk of absconding. However, these were not consistently included in the centre’s risk assessments or risk register if required. Adverse incident records were completed. These were forwarded to the health and safety coordinator to inform the Health Service Executive (HSE) national adverse events management. The person in charge advised that learning from incidents was communicated to staff at monthly team meetings and during six weekly governance sessions.

The inspector reviewed adverse incident report forms from October 2014 to February 2015. The majority of the incidents recorded related to behaviour that challenged. There were also behavioural report forms and the inspectors noted this was a duplication of incident recording. The inspectors were advised that incidents were forwarded to the health and safety coordinator. The supervisor advised that this was to ensure that the incidents were logged and stated that the recommendations and actions following the incident were documented on the forms. The inspectors noted that controls taken or planned were recorded on the incident form to reduce the likelihood of a reoccurrence. The person in charge stated that s/he discussed any incidents with the team on the day it occurred and ongoing concerns were discussed at team meetings. The inspectors reviewed minutes of three team meetings and the agenda had standing issues including quality and safety, incidents, hazards and risk management. It was not evident that specific incidents had been discussed during the meetings held in January, February or March 2015.

A contingency plan was in place which outlined the procedures to follow should an evacuation of the centre be required. This plan covered a short term vacation and it outlined that parents would be called to collect the children should the situation continue overnight.

There were measures in place to control the spread of infection. The centre was clean on the day of the inspection and there were pedal operated bins in place. The person in charge advised that s/he liaised with the nurse at the school regarding infection control if any of the children were unwell. S/he also advised that the parents were encouraged to cancel the respite visit if the children were sick. There was a procedure in place regarding infection control for the organisation dated December 2014. Training in infection control was provided to the staff team in July 2014.

**Judgment:**
Substantially Compliant
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There were systems in place to safeguard children and to protect them from the risk of abuse. There was a child protection policy which was in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011). Individual intimate care plans were comprehensive but behaviour management plans were not in place for all children. Some restrictive practices required review.

A draft policy for safeguarding vulnerable people was in place dated October 2013. This policy referenced Children First (2011), and described the types and indicators of abuse and guidelines on recognising abuse. The role of the designated liaison person was described but it did not document who the designated liaison person was. There were procedures outlined to guide staff should child abuse be suspected, and these procedures were in-line with Children First (2011). There was a designated liaison officer and a deputy designated liaison officer for the centre. Their contact details were displayed in the office and a staff member interviewed by the inspectors was aware of their role. The team had not attended specific training in Children First (2011). The inspectors were advised by the person in charge and the provider nominee that this was incorporated into the protecting vulnerable adults training course which staff had attended. Staff members interviewed by inspectors advised that they had not attended Children First training. The person in charge provided the inspectors with sign in sheets following the inspection which outlined that seven staff members had attended a Children First briefing in 2013. The inspectors viewed an email from the Child and Family Agency (CFA) which outlined that training in Children First had been cancelled in April 2014.

The inspectors observed staff interacting with the children in a respectful and kind manner. They were knowledgeable about the children’s needs and advised inspectors of activities that the children engage in. On the day of the inspection staff members were observed singing and playing with the children and some children went on a trip to a park to feed the ducks.

The centre had no record of any incidents, allegations, suspicions of abuse that required
reporting to the CFA and some practices required review to ensure effective safeguarding of children. The person in charge described one welfare concern which was being monitored by the designated liaison officer. This concern involved the failure of a child to gain weight. The centre had good practices in place for children regarding how children’s money was documented and managed. The arrangements for this were contained in each child’s person centred plan. The inspector viewed receipts and a log of the children’s money in their files which was signed by two staff members. Children’s rights were displayed in the centre. The inspectors were advised that young people attending for respite were able to choose to share a bedroom with another young person and the inspectors reviewed some consent forms signed by parents relating to this. The inspectors were not satisfied that this practice was in the best interests of the children or service in terms of safeguarding.

There were comprehensive policies in place regarding positive behaviour management but individual behaviour management plans were not in place for all the children. The staff team were not consistently trained in a common approach to manage behaviour. There was a policy on behaviours that challenge (2009). This included the roles and responsibilities of the staff team, the line manager and the director of services. It referred to the approach used within the service however it was not clear if the staff team had been trained in the approach described.

Training provided to the staff team in a behavioural management programme was not sufficient. The management of training records required review as certificates in some staff files were not reflected in the training record provided to the inspectors. The inspectors reviewed the training records and five staff members had not been trained in a behaviour management programme. Two members of the team received training in 2014 with the remaining three staff members trained in 2011, 2007 and 2004. It was noted on the training records that the supervisor was trained in a different programme to the staff team. This could lead to inconsistencies in the team’s approach. The inspector reviewed minutes of a positive behaviour support committee meeting in January 2015 where the issue of inconsistent training was discussed and it was noted that the committee were awaiting feedback in how to progress this issue.

There was a draft protocol on the management of behaviour and therapeutic interventions. This included procedures to follow when assessing and responding to challenging behaviour. It also listed elements for assessing and intervention in challenging behaviour including individual factors, environmental factors and psychological factors for example. There was a template for individual behaviour management plans for the children but they were not completed for all of the children. The plans that were completed were not adequately detailed to ensure a consistent approach to behaviour that challenged. One file reviewed by inspectors contained guidelines from a psychologist for a child regarding behaviour that challenged but recommendations were not incorporated into the child’s plan. The inspectors reviewed another file and noted that the child’s need regarding behaviour was not specific as the need recorded was “to get the child to comply”. This was not an effective description of the child’s need and it did not refer to the risk of aggressive behaviour which inspectors noted in other documentation on the same file.

Incidents of behaviour that challenged were recorded and reviewed but learning or
changes to practices following the incident was not evident. The behaviour report forms were signed by the staff member and the supervisor and contained an adequate overview of the incident including the type and severity and a description of what happened before and after the event. It was noted on the forms if the child’s behaviour management plan was followed however it was not documented if a behaviour support plan was formulated for a child if such a plan was not in place. The behaviour reports were forwarded to a positive behaviour committee for further review. The inspector reviewed the minutes of three positive behaviour support committee meetings which were attended by a psychologist, behaviour practitioner and members of management from across the organisation. The centre had submitted a total of 30 behaviour report forms to the committee since November 2014. The minutes of the committee meetings were not sufficiently detailed to determine the impact of the discussions. There was no evidence of the review effecting change for the individual children involved. The person in charge advised that the children attending the organisation's school accessed the psychologist however children attending the respite centre on an outreach basis did not have access to this service. The person in charge said a new system was in place where a behavioural practitioner reviewed the behaviour reports and offered support to all children attending the service. The person in charge stated that it was important to obtain the views of a professional not directly involved in the incident or with the children. The role of the behavioural practitioner was to analyse unusual trends and this was documented on the minutes of the committee meetings.

There were effective policies and individual plans in place to guide the provision of intimate care. Individual intimate care plans were present in the children's files reviewed. They were detailed and gave good guidance on a wide range of personal care needs of the child. There was an organisational policy on intimate and personal care dated 2009 and a personal hygiene and intimate care protocol specific to the centre approved in November 2014. The protocol was in a draft format but it contained detailed information to guide care practices. It also included the process to follow when providing this care to children including the need to explain procedures and obtain consent and listed examples of positive approaches to intimate care.

There were some restrictive practices in use in the centre including cot side, cocoons, all in one vests and lap belts. The supervisor advised that discussions had taken place with family members to ensure the methods were the least restrictive. The supervisor advised that there is a human rights committee for the organisation to manage restrictive practices. The supervisor stated that the centre was not represented on this committee until recently and therefore there was no documentation to review regarding the meetings. The inspector reviewed a risk assessment for one child where a monitor was used to detect for seizures. It was noted that the child’s most recent seizure occurred in 2013 and there was no evidence that an alternative was considered and input from professionals had not been sought. The inspector also reviewed night monitoring charts and this documented that the child was monitored every fifteen minutes. The person in charge said this practice was assessed and necessary due to the risk of the child having a seizure or asthma attack. This risk averse practice was not considered as impinging on the child’s rights and required further review. The front door was locked at all times through the use of a key pad system. The inspector was advised that there was a risk of absconding for some children however it was not clear if the least restrictive measure was in place for the least amount of time for all of the children.
One parent interviewed by inspectors advised that the use of restrictive practices had been reviewed and the centre had requested to discontinue the use of a lap belt. The parent stated that the restrictive practice was required in the home and therefore wanted consistency for her child while availing of respite.

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

**Findings:**
Medication was well managed in the centre. There was an adequate policy in place to guide the practice.

There was a comprehensive organisational policy on medication management. It outlined guidance in relation to the prescribing, ordering, storage, crushing and disposal of medication. There was clear guidance in relation to self-medicating however the procedure for the administration of medication was not clear.

The centre had appropriate medication storage facilities. The nurse on duty was knowledgeable about the medication required by the children attending the respite service. The inspectors observed a medication trolley in the staff office and a second storage area for controlled drugs. Controlled drugs were not required by the children accessing the service at the time of the inspection. There was a nurse on duty at all times with sole responsibility to dispense medication and the nurse carried the keys to the medication storage areas on his/her person. Out of date medication was managed by the families as the centre did not store any medication in the unit after a child’s respite break. Inspectors were advised that the families were reminded if medication was going out of date.

Prescription and administration sheets were adequately maintained and were included in the children’s files. They contained all of the necessary information including the name of the child, date of birth, the medication dose, route and times for administration. The prescription sheets also contained the G.P’s name, signature and stamp, the diagnosed medical condition and they were signed by the G.P. A photograph of the child was contained on the prescription sheets. This ensured that staff administered the correct medication to each child. The administration sheets were signed and dated. The person in charge advised that a child may be refused respite if prescriptions were not correct.
S/he advised that the nurses in the centre reviewed the prescriptions and gave family members advance notice if prescriptions required updating. A parent interviewed by inspectors advised that the centre’s practice relating to prescriptions had changed recently. S/he discussed the difficulties of ensuring the service was satisfied with prescription issued by the G.P. and stated that the requirements of the service had not always been consistent. Medication management was discussed with family members at a family/representative forum. The inspectors reviewed the minutes of this forum and it was documented that medication and prescriptions were discussed.

There were no assessments to determine if children could self medicate. The nurse on duty acknowledged that some of the children accessing the service may have the competency to self medicate however s/he advised that this had not been discussed with their family members.

An external service completed an audit on medication. The inspector reviewed the audit report which made judgments according to the organisations policy and listed required actions to ensure the policy was met in full. The person in charge advised that the centre’s practice in relation to the crushing of medication changed since the audit. The supervisor advised that the nurses employed at the centre were tasked to complete audits on the medication on a weekly basis to assess the quality of the prescription sheets. S/he advised that management had not signed off on these audits and stated that this required review by management.

Training in medication management was provided to staff members who administered medication. The staff nurses were required to complete an online training programme in medication management which had a competency test incorporated. The person in charge advised that all the necessary employees had completed this training. The inspector viewed five certificates in staff files to evidence attendance at this training however this was not documented in the training records provided to the inspectors.

There was no drug errors recorded in the centre. The inspector was advised that any drug errors were documented on the accident and incident sheets and on a separate medication error sheet. The inspectors reviewed these and found no evidence of any medication errors. Medication was not stored in the centre and a record of drugs received and returned to the child’s family was reviewed by the inspectors.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management
Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The statement of purpose was revised in January 2015 and contained most of the information as required by Schedule 1 of the Regulations.

The statement of purpose was revised since the last inspection and included detailed information on the nature of the service, facilities and care provided to children. It included details on the development and review of care plans, fire safety and emergency procedures. It was documented that the centre had the capacity for ten children but there were only eight bedrooms in the centre. The capacity to cater for ten children was dependent on children sharing rooms and this was not clearly outlined on the statement of purpose. This practice was not in line with best practice for safeguarding children.

The statement of purpose detailed the specific care needs that the centre intended to meet, the procedure regarding emergency admissions and the exclusion criteria regarding care and support needs of children that it cannot provide for. It outlined the arrangements for children to attend religious service as the responsibility of the family and the centre did not provide transport to any religious services. There was a resident’s guide which detailed information about the service.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
There was a clearly defined management structure that identified the lines of authority and accountability. Management systems required improvement to ensure that the service was effectively monitored.
The centre had a clearly defined management structure. The inspectors met with the supervisor, the person in charge and the programme manager as part of the inspection. St John of God Carmona Services was the registered provider. The person in charge managed the supervisor of the centre. The person in charge reported directly to the programme manager for residential services, who in turn reported to the service director. The service director reported to the chief executive officer. Staff told inspectors that they were aware of the management structure and were clear about who they reported directly to. Inspectors found that the person in charge was suitably qualified and experienced. S/he had worked for nine years within the service and had substantial experience in the area of learning disability and management. The person in charge had responsibility for another service and had sufficient awareness of his/her statutory requirements according to the regulations.

Management structures were in place to monitor the service and ensure that staff exercise their personal and professional accountability for the services they were delivering. The person in charge was supported in the management of the centre by a supervisor, who was newly appointed to the role. The person in charge and the supervisor said they monitor practice by calling to the centre at the weekends to ensure they had oversight of the service. The members of the management team had good knowledge of the children attending the service. The programme manager advised of an on-call rota system to provide support and advice to staff members over the weekend and outside of normal working hours. The inspectors reviewed three on-call reports and it was clear that the supervisor on call rotated and the calls were managed effectively. The issues discussed related to staffing issues and one incident where the heating was not working in the centre which was subsequently notified to the Authority. Monthly team meetings were held and the inspector reviewed minutes of meetings held in January, February and March 2015. It was evident that there was a standing agenda for the meetings and some issues discussed included, issues pertaining to the children, quality and safety, safeguarding, communications and training. The minutes of the meetings were not consistently detailed to provide a sufficient overview of the discussions. The person in charge advised that learning from incidents was discussed at team meetings but this was not documented in the minutes of the meetings reviewed.

Management meetings occurred monthly. The inspector reviewed minutes of meetings held in December 2014 and January and February 2015 attended by the supervisor, person in charge and programme manager. There was a standing agenda for the meetings and it was evident that aspects of quality and safety, safeguarding, resource management and planning was discussed. Additional meetings were held with the person in charge and the supervisor and the inspectors reviewed minutes of two meetings held in February 2015. The minutes were not adequately detailed and some items for discussion had not been filled in. It was difficult to ascertain the effectiveness of the meetings as actions and recommendations were not clearly outlined.

Supervision of the staff team was not adequate. There was some supervision provided to the staff team but the records of the sessions were not sufficiently detailed to demonstrate that support was offered and performance was reviewed. There was no record that interactions with the children or care provided was discussed. The inspector reviewed two performance and development reviews completed with individual staff.
members in February 2014 and July 2013. The practice and performance of the staff members was not detailed and it was difficult to ascertain the effectiveness of the reviews due to limited details recorded on the records. The programme manager advised that formal supervision was not provided to the person in charge.

Audits of the service were completed by an external service but there was no evidence that the management team in the centre completed audits of the systems and processes in place in the centre. The person in charge provided the inspectors with a copy of an audit schedule for 2015. This listed dates and the person responsible to complete audits in various areas relating to the regulations and national standards. Audits scheduled included care planning, medication management, restrictive practices, health and developments, infection control and resources.

An unannounced visit to assess the quality and safety of care as required by the regulations was completed but this was not comprehensive. The visit was carried out by the two quality advisors in January 2015 and the inspectors were provided with the report from this visit. It was evident from the report that some family members and staff were interviewed. Staff training records, the complaints logs, incidents reports and one care plan was reviewed. Two areas were assessed in detail including health, safety and risk management and leadership, governance and management. A detailed breakdown of outcomes relating to these issues were included in the report with comments on how to improve to ensure compliance with regulations. The report provided a comprehensive overview of two outcomes but significant issues identified by inspectors such as gaps in personal plans were not recognised. There was no evidence that an annual review of the quality and safety of care in the centre had been carried out.

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

**Findings:**
There was adequate staff on the rota to cater for the assessed needs of the children. Staff files were well maintained however there was gaps in the mandatory training
provided to the team. Supervision of the staff team was not of good quality.

Inspectors observed staff interacting with the children. Staff members were kind and respectful towards the children and engaged in play activities and singing. Some of the children were brought out to a park on the day of the inspection. There was sufficient staffing levels with the right skills, qualifications and experience to meet the needs of the children. There were five nurses and three care assistants employed at the centre and there was a planned and actual rota in place. The inspector reviewed the rota and there were four staff members scheduled on duty when the children were in receipt of a respite service including staff nurses and care assistants. It was noted during the last inspection that one staff member worked nights on a permanent basis. The supervisor advised that this staff member currently worked one day a week to ensure performance was monitored. There was a staff nurse on duty at all times but the rationale for this was not clear. The inspector was advised that if a child had epilepsy for example, they had to be accompanied by a nurse if they were participating in an activity outside of the centre. This risk averse practice placed limitations on the service and the activities that children could engage in. The person in charge advised that relief workers covered shifts occasionally but said consistency was provided for the children as a limited amount of relief staff were required.

There were gaps in the training needs of the staff team. All staff members were trained in manual handling. The staff team had completed training in safeguarding however this was not specific training in child protection. The programme manager and person in charge advised that Children First (2011) was incorporated into the safeguarding training provided to the team. However, two staff members interviewed on the day of the inspection advised that they had not completed training in Children First. The person in charge forwarded sign in sheets following the inspection outlining that seven staff members had attended a briefing session in 2013. The inspector also reviewed an email from the Child and Family Agency which outlined that training in Children First had been cancelled in April 2014. The majority of the team had completed fire training in 2014 but two relief workers required this training. Behaviour management training was not consistently provided to the team and refresher training had not been provided when required. The training records reviewed by the inspectors highlighted that three staff members had not received any training in a behavioural management programme since 2004, 2007 and 2011 respectively. Three members of the team were trained in 2014 and five team members had received no training in this area. It was unclear if the team had been trained in the same technique and the gaps in this type of training could lead to inconsistent approaches among the team. The nurses listed on the rota had completed an online medication management training which incorporated a competency test. The inspector reviewed a sample of staff files and observed certificates on file, to evidence this training was completed.

Supervision for team members was introduced since the last inspection but this was inadequate. The inspectors reviewed the records of the supervision sessions and found that they were not sufficiently detailed to ensure practice was reviewed, accountability ensured or the quality of care had improved. The supervisor advised that the supervision sessions were scheduled every six weeks for the duration of approximately ten minutes. This was not adequate to ensure provision of good quality supervision.
There was a procedure in place for the induction of new staff members. The inspectors viewed an induction and training record template which was used to facilitate the induction period for new members to the team. The template was comprehensive and included the areas for new employees to be inducted in, such as risk management, legislation, person centred plans and record keeping.

Staff files were well maintained. The sample of files reviewed contained all of the information required by Schedule 2 of the Regulations. The inspectors noted that Garda vetting clearances for two staff members were completed in 2000 and 2003. This was not up to date and not reflective of good practice in the area of child protection. There was evidence of registration for the nurses employed for 2014.

**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:**

Una Coloe  
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 John of God Community Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003576</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td></td>
</tr>
</tbody>
</table>

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:
The child friendly personal plans required additional work to ensure they were in a format accessible to the child.

Action Required:
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
made available in an accessible format to the residents and, where appropriate, their representatives.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Input from the multi disciplinary team was not always incorporated into the child's personal plan.

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

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The level of participation of the children in their personal plans was not clear.

**Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Some of children's needs had not been assessed.
**Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The planning with the young people due to leave the service was not adequate.

**Action Required:**
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that the young people were supported to develop life skills.

**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:**

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Discharge plans for the young people were not completed.

**Action Required:**
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
</table>

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions 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:**

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
</table>

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The measures and actions in place to control the risk of accidental injury were not comprehensive.

**Action Required:**
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Timescale:</td>
</tr>
<tr>
<td>--------------------</td>
</tr>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The measures and actions in place to control the risk of aggression and violence were not comprehensive.

**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:**

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The measures and actions in place to control the risk of the unexplained absence of a resident were not comprehensive.

**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:**

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The temperature of the water in the sink was recorded by the inspectors as being 51 degrees centigrade. This hazard posed a risk of burning or scalding to children living in the designated centre. Some individual risk assessments of the children had not been included in the centre’s risk assessments or risk register if appropriate.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated
centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two relief staff members had not completed fire training.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
<td></td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One child had not completed a fire drill.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
</table>

**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:
A consistent approach to the management of behaviour that challenged was not evident. Some staff members were not trained in a behaviour management programme.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe Services</td>
</tr>
</tbody>
</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Restrictive practices used in the centre required review.

**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:**

<table>
<thead>
<tr>
<th>Proposed Timescale:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
<td>Safe Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Behaviour management plans were not in place for all children.

**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:**

| Proposed Timescale: |  |
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff were not trained in Children First: National Guidance for the Protection and Welfare of Children.

Action Required:
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Proposed Timescale:

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Young people in the centre shared bedrooms and adequate safeguarding measures were not in place.

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:

Proposed Timescale:

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:
Assessments of the capacity for children to self-medicate had not been completed.

Action Required:
Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

**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 maximum number of children the centre could cater for was dependent on children sharing rooms and this was not reflected in the statement of purpose.

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

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

Proposed Timescale:

**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 unannounced visit to the centre did not provide a comprehensive overview of the safety and quality of care and support provided in the centre.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Proposed Timescale:

**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A schedule of audits had been devised but this was not implemented. Some risks identified on the day of the inspection had not been assessed. It was not clear if there was adequate learning for the team following incidents in the centre.

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:

Proposed Timescale:
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An annual review of the service had not been carried out.

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

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

Proposed Timescale:
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Supervision and reviews of performance development were not comprehensive.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A nurse was required for all shifts in the centre and the rationale for this was not clear.

**Action Required:**
Under Regulation 15 (1) you are required to:
Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

---

Proposed Timescale:

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Mandatory training was not completed by all staff members.

**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:

---

Proposed Timescale:

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not receiving adequate supervision.

**Action Required:**
Under Regulation 16 (1) (b) you are required to:
Ensure staff are appropriately supervised.
<table>
<thead>
<tr>
<th>Please state the actions you have taken or are planning to take:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Proposed Timescale:</strong></td>
</tr>
</tbody>
</table>