### Health Information and Quality Authority Regualtion Directorate

#### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Enable Ireland Disability Services Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003641</td>
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<tr>
<td>Centre county:</td>
<td>Tipperary</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Enable Ireland Disability Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Fidelma Murphy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Tom Flanagan</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 12 February 2015 09:35 To: 12 February 2015 19:35

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

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Summary of findings from this inspection
This inspection was the second inspection of the centre carried out by the Authority. The centre was first inspected in June 2014 and was registered in September 2014.

The centre, according to its statement of purpose, provides short residential respite breaks for children, both male and female, from the ages of 0 to 18 years, who had been diagnosed as being on the autistic spectrum or have a diagnosis of physical, sensory or intellectual disability and who were living within a specified geographical area. The centre had capacity for a maximum of five children.

As part of this inspection, the inspector met with the children, the director of services, the residential respite coordinator and two members of staff. The inspector
also inspected the premises and viewed children's files, policies, procedures and a range of records maintained in the centre.

Children received a child-centred service and continuity of care from a well-trained and competent staff group. The premises was fit for purpose and provided a comfortable setting for respite breaks.

The person in charge was suitably qualified and experienced. The centre was well managed and there were good governance structures in place.

The provider had implemented the actions required following the previous inspection. However, this inspection found that improvements were required in a number of areas, including personal plans, policies and procedures, information to children and access to independent advocacy services. The improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.
Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
There were systems in place to support children’s rights, to promote their dignity and to ensure that they were consulted in relation to their care. The complaints procedure was easily accessible to children.

The residential respite coordinator told the inspector that, following referral and assessment, children and their parents were invited to the centre in order to see the premises, meet the staff and to receive an information booklet which outlines their rights and responsibilities and describes the services to be provided. Before the centre opened, children, who had been receiving a respite service in another centre, and their parents were invited to an open day. They viewed the new centre, met staff and took part in a fire drill.

Each respite break began with a welcome meeting during which the children were invited to make suggestions regarding the timetable of events for their respite break and to decide on what meals they would have. This offered children the opportunity to influence decision making in the centre. The inspector viewed the records of such meetings and observed children being asked for their opinions and preferences and being facilitated to make decisions.

Parents were seen as the main advocates for children. The key workers contact parents of the children prior to respite breaks to ask them if there have been any changes in relation to their child’s needs. In their statement of purpose, the centre promoted the use of advocates. However, there was no independent advocacy service available for the children and their parents should this service be required.
There were policies and procedures for the management of complaints, which included a commitment to resolve the complaint quickly, contact the complainant in writing with the outcome of the investigation and to set out the action taken. There was also an appeals process in the event of a complainant not being satisfied with the outcome. The inspector viewed the complaints policy and the template for the recording of complaints, both of which were satisfactory. However, there was no easy read version of this for children that would help them to understand that they had a right to complain and that it was okay to do so. The director of services told the inspector that no complaints had been received since the centre opened.

The inspector observed that children were treated warmly and with respect by staff. Policies emphasised the importance of children’s consent. They set out the right of children to be in contact with their parents and families during their stay and to participate, or not, in activities.

While two of the three bedrooms had room for two children sharing, the statement of purpose explained that children share a room only when they choose to do so and after they and their parents have been consulted about this and are happy with this arrangement. The premises was large enough to facilitate children who required space to be on their own on occasion or to see visitors in private if necessary.

Policies and procedures were in place to ensure that children’s belongings and finances were protected. Sufficient storage was provided for children’s belongings. Inventories of belongings were recorded on arrival and secure storage was available for any pocket monies that was required to be stored on behalf of children.

Children had the opportunity to take part in activities of their choosing. The specific interests of children were described in their personal plans and records of activities showed that they could pursue these interests on their respite breaks. Activities in the centre included playing air hockey, using the ball park and baking. The inspector observed that one of the children assisted a member of staff to cook the evening meal. Recent activities in the community included walks, visits to parks, swimming, going to the cinema and cafe.

**Judgment:**
Non Compliant - Moderate

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Children were supported to communicate effectively. However, there was no access to wireless internet which may enhance the opportunities for some children to communicate more effectively.

The residential respite coordinator carried out assessments of the needs of children and these were reflected in their personal plans. Each child’s personal plan contained a communications passport in which their individual communication needs were set out. A number of files contained letters and reports from speech and language therapists which set out the ways in which the children could be supported to communicate. Staff who were interviewed were aware of and could describe in detail the children’s individual communication needs and the inspector observed effective communication between children and staff. In various ways, staff displayed patience and understanding and supported the children to communicate their needs and choices.

Training records showed that staff members had received training in a recognised method of sign language. The residential respite coordinator told the inspector that staff were familiar with the picture exchange system used by many of the children and would also facilitate children who use this system on electronic tablet to assist them in expressing themselves and, in particular, their choices and preferences. Visual schedules were in place for the children and there was good use made of photos in the centre. The inspector observed that one child used an ipad which contained an application that assisted their communication.

Children had access to television, DVD and radio. A computer was available in the staff office on which children could access the internet under supervision. However, there was no access to a wireless internet system to enable children to access the internet on their own electronic devices, if and when appropriate.

Judgment:
Substantially 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 maintaining their relationships and developing links with the community.
The residential respite coordinator told the inspector that children and their parents were invited to the centre to familiarise themselves with the premises and the staff and the records supported this. The statement of purpose stated that families were welcome to visit the centre during the respite break and requested that the needs of other children be taken into consideration. It also encouraged parents to contact their children by telephone during their stay if they wished. A mobile phone was available so that children could speak to their parents in private and a number of children used their own mobile phones for this purpose. There was adequate space and facilities available for children to meet their parents and family in private if required.

The director of services told the inspector that children were matched according to age or friendship on each respite break and that they had the opportunity to form friendships at this time. The inspector observed that the children using the centre at the time of inspection were appropriately matched as they were school friends and knew each other well. They were at ease with each other and were observed to be laughing together and engaged in gentle banter together and with staff.

Children were facilitated to use community facilities while on respite and wheelchair accessible transport was provided by the centre in order to take children to and from school and for various outings to places of interest or leisure during their stay.

**Judgment:**
Compliant

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**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:**
Children were admitted in line with the statement of purpose and each child had a contract for the provision of services.

There was evidence that the names of children who availed of the respite service were registered on the disability database and that each of them had a diagnosis of intellectual, physical or sensory disability and/or were on the autistic spectrum.

Each child had a written contract which set out the services to be provided. The inspector viewed copies of the contracts on children’s files and found that they met the
requirements of the regulations and were signed by the parents, children and a representative of the centre. Children and their parents did not have to make any financial contribution towards their respite break.

**Judgment:**
Compliant

**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):**
No actions were required from the previous inspection.

**Findings:**
Children had personal plans, based on comprehensive assessments of need, which set out their individual needs and choices and the supports they required to enable them to maximise their potential and enjoy a good quality life. However, the goals for each child were not set out clearly.

The residential respite coordinator told the inspector that she undertook assessment visits to the children’s homes, met the children and discussed the children’s needs with the children and their parents. The assessments included all aspects of the children’s lives such as health, medical condition, education, sexuality, personal care, communication, activities, eating and drinking and sleep patterns. Specialist assessments were also taken into account. The inspector viewed the documentation in relation to a child who was recently referred to the service. Records showed that the child was subsequently assessed by the residential respite coordinator in the manner she described.

The inspector viewed the personal respite plans for children and found them to be satisfactory. The plans were developed with the active participation of children and their parents and each was signed by the child, their parents, the key worker and the residential respite coordinator. Each plan had a date for review. Staff interviewed were familiar with the children and their personal plans. The residential respite coordinator told the inspector that they will be formally reviewed in consultation with the children and their parents on an annual basis. However, as the personal plans did not clearly outline the goals for the children and timescales for achieving these goals, the reviews
of children's care could not adequately assess the effectiveness of their plans.

The children’s files contained personal communications passports, which included photos of the children and their description of their routines, interests, feelings and various things they wished the staff to know about them and their lives. There were also letters and reports from a number of other professionals, including speech and language therapists, an occupational therapist and medical professionals. Educational reports were also on file.

Children were supported as they make the transition from home or school. Key workers communicated with the children and their parents to confirm the respite break, discussed the children’s current needs with the parents and made practical arrangements for collecting the children and returning them, usually to school on the following day. Feedback was provided to parents on their children’s stay. A communications system was also in place for information on the children’s school needs, for example, homework, to be passed on from school staff to the centre staff and vice versa.

Children were also supported when making the transition to other services. Two children had been identified as due to leave the service in June/July 2015. This had been brought to the attention of the Health Service Executive (HSE) and the residential respite coordinator had attended a meeting with other professionals, a child and a parent in relation to identifying a future placement and planning the transition. She had liaised with the school in relation to the other child. She told the inspector that staff will assist children to prepare for transition to their future placements. The discharge will be marked by opportunities to say goodbye and to celebrate their time in the centre. The residential respite coordinator had also developed a form to be used for communicating relevant medical information in the event of a child requiring hospitalisation.

The purpose of the respite service was mainly of a social nature. However, children were encouraged to be involved in decision-making and to give their opinions. This was usually done at welcome meetings at the beginning of respite breaks. Children were also encouraged to be involved in the practical running of the centre by planning meals, shopping and assisting with meal preparation.

**Judgment:**
Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**
_The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order._

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

Findings:
The design and layout of the centre were in line with the statement of purpose and were suitable for the purpose of respite breaks.

The centre was located in an accessible, single-storey premises, which was purpose built and was situated a short distance from the centre of a large town. There was adequate private and communal space for the children. Each of three bedrooms had its own en suite shower, toilet and wash-hand basin facilities. While two of the bedrooms could accommodate two children sharing in each and were large enough for this purpose, the respite coordinator told the inspector that no child had shared a room since the centre opened. The third bedroom had an overhead electric hoist to facilitate a child with high physical support needs.

The centre was clean and well maintained. It was nicely decorated and had plenty of natural light. There was sufficient furniture and fittings and it provided a comfortable setting for children. There were murals painted on the corridor walls near the bedrooms.

The kitchen was large and well-equipped. There were separate dining and sitting rooms, each of which was a large room and fully accessible. There was a laundry room and there were sufficient storage facilities available. There were sufficient toilet and shower facilities. Documentation was maintained in relation to assistive equipment such as an overhead electric hoist, a manual hoist and electric beds. There was also a multi sensory room. There was a staff room, an office and sleepover facilities for staff with an en suite shower room. Children had access to the garden through doors leading from the dining room and sitting room.

There was a large secure garden to the rear of the centre, which contained lawns and some play facilities for the children. There was sufficient space for car parking to the front of the centre and the entrance to the site was secured by large gates.

At the main entrance to the premises, there was a reception desk and an office which was used by an administrator and visiting family support staff. This area was separated from the part of the premises used by the children.

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):
No actions were required from the previous inspection.

Findings:
Systems were in place to promote the health and safety of children, visitors and staff. The policies on health and safety and risk management did not contain all information required by the regulations.

There was a health and safety policy in place which was a national policy and was signed by the chief executive officer in February 2015. While it did set out the responsibilities of local personnel and committees and systems that were required to be in place in the centre, it did not contain a section on food safety and there was no centre-specific safety statement. The policy was implemented in the centre and was supplemented by a set of risk assessments which were centre-specific.

Measures had been taken to ensure the safety of children, visitors and staff. A record of all visitors to the centre was maintained at the reception area. The premises and surrounding gardens were secure. Closed circuit television (CCTV) was used to monitor the entrances to the centre and a policy on CCTV was in place which set out the responsibilities of the provider under data protection legislation. The entrances to the premises were wheelchair accessible and the corridors were wide and provided ease of access to all parts of the centre. Materials such as curtains, bedding and furniture were fire retardant.

Procedures were in place for the prevention and control of infection and some staff had received training in this area. All members of staff had received accredited training in food safety management and records showed that this training was implemented. There were sufficient hand sanitizers located throughout the premises and there were adequate facilities and materials available for hand washing. Chemicals were stored in locked cupboards and various cleaning materials were colour-coded. Cleaning check lists, schedules and audits were used to assist in ensuring that the premises was cleaned on a daily basis and that deeper cleaning was also carried out regularly.

There was a local risk register with the provision that any serious risks were escalated to senior management. A risk management policy was in place and this was implemented. The director of services told the inspector that training on risk had recently been provided to senior managers and that this training would be rolled out to all staff. However, the policy did not meet the requirements of the regulations in that the measures and actions in place to control the risks specified in the regulations, i.e. the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence, and self-harm, were not included.

Systems were in place for the identification, recording, investigation and learning from accidents and incidents. Monthly summary of all incidents were collated and forwarded to senior management in the organisation for review. The organisation’s national health and safety committee undertook an analysis of all accident/incident reports every six months and learning ensued from this process. Risk assessments were carried out on the individual children using the centre and these were contained in the files.
An emergency plan was in place for responding to emergencies and for the safe evacuation of the children and staff. An overhead electric hoist was available in one of the bedrooms and a manual hoist was also available. Training records showed that all staff had up-to-date manual handling training and that some staff had received training in the use of the ceiling track hoist.

Fire safety precautions were in place. A quarterly service was carried out on the fire alarm in January 2015 and emergency lighting was also inspected in January 2015. All emergency exits were unobstructed. Daily checks on the fire alarm, the means of escape and the fire fighting equipment were carried out and recorded by administration staff on weekdays and by staff who used the premises at weekends. Suitable fire fighting equipment was available at strategic locations throughout the premises. A service of fire prevention and fire fighting equipment was carried out in January 2015.

Procedures for evacuation in the event of a fire were displayed on a notice board in the dining room but not in a prominent place in the centre and not in a form easily accessible to children. Personal emergency evacuation plans were in place for each child. Provision was made for children to be taken home or to a place of safety in the event of evacuation.

Prior to the opening of the centre, an open day was held for children who were prospective users of the service and their parents. Fire safety measures were explained to those who attended and they took part in a fire drill. Records showed that fire drills were also carried out in September 2014 and December 2014. However, the names of staff and children who took part were not recorded and this made it difficult to ensure that all children using the service and all staff members had taken part in a fire drill. Records showed that all staff received fire safety training.

Prior to the registration of the centre the provider submitted to the Authority written confirmation that the centre was in compliance with fire safety and building control regulations.

The centre staff had access to a number of vehicles owned by the provider in order to facilitate the transport needs of children. The records showed that the vehicles were all currently taxed, insured and serviced.

**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):
No actions were required from the previous inspection.

Findings:
Measures were in place to safeguard children and protect them from abuse.

The director of services was the designated person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. He was knowledgeable in relation to the reporting of any allegations of abuse or neglect and he was clear about the steps he would take in the event of an allegation of abuse of a child by a staff member. He told the inspector that his priority was to foster a culture of protection and safeguarding for children in the centre. He visited the centre regularly and knew the children. Both he and the residential respite coordinator undertook unannounced visits to the centre to ensure that policies and procedures were implemented.

Records showed that all staff received training in Children First (2011) and staff interviewed demonstrated knowledge of signs and symptoms of abuse and knew how to report any concerns they may have in this regards. The director of services told the inspector that there had been no child protection concerns since the centre opened.

There was a policy in place to guide staff in ensuring that children were protected from abuse and neglect but this had not been updated to reflect the fact that the HSE no longer had statutory responsibility for child protection. This issue is addressed under Outcome 18.

The inspector reviewed safeguarding measures such as vetting for all staff, supervision for children while accessing the internet and a number of security measures to protect children were outlined therein. There was a policy on the provision of intimate care and each child had an intimate care plan. Staff were able to describe to the inspector how the wishes of the children were always considered and their consent sought and obtained before personal care giving in line with the centre’s policy on intimate care. There were local procedures in relation to safeguarding children’s monies and possessions and adequate measures were in place to ensure their safekeeping.

The provider had recently developed a draft policy on protected disclosure and the director of services told the inspector that this was due to be approved by the board in the coming weeks. Staff interviewed were confident that they could raise any issues of concern they may have about other staff or the organisation.

The policy on behaviours that challenge promoted interventions that were based on a non-restrictive, multi-element behaviour support model and outlined the steps to be followed in identifying and alleviating the underlying causes of behaviour that was challenging in relation to individual children. This included assessing a child’s behaviour, monitoring of the behaviour by staff, and putting in place a positive behaviour support
plan for the child. Records showed that not all staff had received training in managing behaviour that challenges but this had been identified by the person in charge and further training in behaviours that challenge was scheduled for April 2015. The director of services told the inspector that no restrictive procedures were used in the centre.

**Judgment:**
Compliant

**Outcome 09: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

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

**Findings:**
A record of all incidents occurring in the centre was maintained and the director of service was knowledgeable on how to report any notifiable events to the Authority.

Following any accident or incident, staff completed an incident form. This was then signed off by the director of residents and a process was in place for accidents and incidents to be reported to senior management. The data was analysed periodically to ensure that learning took place and that the recurrence of accidents and incidents was minimised.

Both the director of services and the residential respite coordinator were knowledgeable regarding notifiable events and literature on the notification process was available in the centre. Notifications had been made to the Authority as appropriate since the centre opened.

**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:**
The rights of children to have an education, to socialise with their peers and to participate in activities in the community were valued and supported. However, there was no policy in place on education.

The statement of purpose outlined the organisation’s commitment to support the education of children and their participation in the local community. While there was good practice in relation to supporting children’s education, no policy on education was in place to provide guidance for staff. This issue is addressed under Outcome 18.

On the day of inspection children were facilitated to come to the centre from school and were due to be brought back to school the following day. A communications book was maintained for each child to ensure good communication between home, school and the centre to ensure that all relevant information was communicated.

The pre-admission assessment contained a section on education and each child's communication passport also contained a section on their school and how they were getting on there.

Children were supported with homework when required. The inspector viewed the file of one child, whose personal plan required that staff assist him or her to complete homework and to support his or her use of the ipad. Staff support for this requirement was recorded on specific sheets in the child’s file. The child’s individual education plan was also maintained in the file.

The statement of purpose also outlined that one of the goals of the respite placements was to afford the children opportunities to socialise with their peers and engage in social activities both inside and outside the centre. Records of welcome meetings showed that children decided on the social activities they would undertake while in the centre. The inspector observed a welcome meeting in which children indicated their preferences and also observed children at play with some other children. Children also took part in a range of activities in the community and these activities were recorded in activities logs.

**Judgment:**
Compliant

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**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:
The health needs of children were met while on their respite placements.

The assessment of each child’s needs contained a section on their healthcare needs. The children’s healthcare needs were attended to at home in conjunction with their parents and their own general practitioner (GP). Before each respite break in the centre the respite coordinator or key worker contacted the parents of the child and enquired whether any healthcare issues had arisen for the child that staff may need to be aware of. If a health issue that required medical attention arose while the child was on respite, an out of hours GP service was available locally.

Health assessments were in place for the children and there was evidence of involvement with the relevant children’s services team, including speech and language therapists, occupational therapists and medical professionals in the community and that any treatment programmes that had been developed for a child were implemented. Should a child require nursing care during their respite break, a nurse was available to be rostered.

Records showed that staff received a range of training to address the health needs of individual children. Training included first aid, epilepsy awareness and emergency medication. Some staff had also received training in percutaneous endoscopic gastrostomy (PEG) feeding.

The pre-admission assessment contained a section on eating and drinking and the children's passports outlined their likes and dislikes regarding food. The template for recording information from parents prior to each respite break prompted the staff member to ask about the child's diet. Records showed that staff had received training on food preparation and were aware of healthy eating standards. Children were given a choice of snacks after school and were offered choices in relation to their evening meal. There were adequate stocks of food available and the evening meal was appetizing and nutritious. At the welcome meeting beginning each respite placement, children were consulted about their preferences for food while in the centre. Children were assisted to prepare food if they wished to do this. One of the children helped to prepare the evening meal and set the table. Records of the meal plans and the food consumed by children were maintained. Children invited the inspector to join them for the evening meal which they attended with staff and which was an occasion the children seemed to enjoy.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for
**Theme:**
Health and Development

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

**Findings:**
Systems were in place to manage medication in order to protect children but the written procedures did not cover all practices in the centre.

A policy and procedures on the ordering, prescribing, storing and administration of medicines to residents were in place and were implemented.

Prior to a child's arrival at the centre, an up-to-date prescription sheet was received from the child's general practitioner (GP). The residential respite coordinator contacted the children's parents to enquire if there had been any changes to medication or any issues arising in relation to medication. When medication was received at the centre it was checked and records of this were maintained in the children's files.

Medication was stored securely in a locked cupboard and the keys were held by the shift leader. A dedicated medication fridge was available if required. The inspector viewed the prescription sheets and administration sheets which contained all required information. There was a section for the regular review of medication by the child’s GP. The administration sheets contained photos of the children, their names and addresses. Signature sheets contained the signatures of all staff. All members of staff received training in medication management and were assessed in relation to their competency to administer medication. No children had been assessed as competent to self-administer their medication. No controlled drugs were used in the centre.

There was a practice in the centre of storing medication for a child while he or she was not resident in the centre. This practice was agreed with the child’s parent and was convenient for the child. Daily checks on this medication were carried out when the child was not in the centre. However, this practice was not outlined in the medication management policy and procedures and could be confusing for new staff.

**Judgment:**
Substantially Compliant

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

Findings:
There was a detailed statement of purpose which set out the ethos, the aims and objectives and the services and facilities provided.

The statement of purpose was developed in June 2014, prior to registration and contained all the information required by the Regulations. It was due to be reviewed in December 2015. It stated that a respite service would be offered to children aged 0-18 and made clear the circumstances under which children below school-going age would be admitted and the criteria that would be considered when matching children on respite breaks. The statement also made clear that two of the bedrooms would be shared and set out the issues that will be taken into account prior to the decision that children will share rooms. There were currently 23 children availing of the residential respite service.

The statement was available in an accessible format for children and their representatives.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
The management system in place supported and promoted the delivery of a safe, quality care service. The quality and safety of the service was adequately monitored.

A clearly defined management structure, which identified the lines of authority and accountability in the centre, was set out in the statement of purpose. Support workers
and nursing staff reported to the residential respite coordinator, who reported to the director of services, the person in charge. The director of services reported to the regional director of services, who reported to the chief executive. The chief executive reported to the board of directors.

Arrangements to review the quality of care and support to residents were in place. The provider engaged the services of an external consultant to carry out an unannounced inspection of the centre in December 2014 and the inspector viewed a copy of a written report which was compiled following this. It set out the findings in relation to each of the Regulations and made a number of recommendations. The director of services told the inspector that such visits would be carried out every six months and that an annual report would be developed in March/April 2015.

The director of services was the person in charge. His primary qualification was in education, he had previously managed a centre for adults with disabilities and had extensive management experience within the organisation. He was in a full-time position and was also the person in charge for another children’s centre. He demonstrated that he had adequate knowledge of the legislation and of his statutory responsibilities. He showed good leadership by ensuring that adequate staffing, facilities and policies and procedures were in place. He visited the centre approximately every two weeks and was in regular phone and email contact with the residential respite coordinator. He had visited the centre unannounced on a number of occasions and had maintained notes of his visits, which included meeting children and staff and viewing the personal plans and logs of activities. He had monthly supervision meetings with the residential respite coordinator which involved reviewing key targets for the operation of the centre. He was available to be called by staff outside of normal working hours in the event of a crisis and there was a rota system for managers on call. He had recently undertaken a three-day course on the provision of supervision and was due to undertake a two-day training on completing investigations.

Day to day management of the centre was carried out by the residential respite coordinator, who liaised with the children and their families and undertook the practical arrangements involved in each respite break. She carried out regular audits of children’s files, medication management and cleaning. The inspector viewed records of medication audits carried out by the residential respite coordinator. There was no template for these audits and the records of the audits lacked sufficient detail to evidence the extent of the audit. Systems were in place for incidents and risks to be reported to senior management in the organisation and for action plans to be put in place in response should the need arise. Respite coordinators in the organisation met bi-monthly for peer support and to develop policies and address issues arising in relation to the operation of the centres.

The director of services told the inspector that a meeting had taken place with representatives of the HSE in February 2015 in relation to the development of a service level agreement for 2015. The inspector viewed a detailed business case and costings that the director of services had submitted. Funding was currently in place for 14 respite nights per month. Key performance indicators were due to be returned to the HSE each month for monitoring purposes and the director of services will meet with senior managers from the HSE each quarter to monitor and review the service.
Judgment:  
Substantially Compliant

Outcome 15: Absence of the person in charge  
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:  
Leadership, Governance and Management

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

Findings:  
The director of services and the respite coordinator were aware of the requirement to notify the Authority regarding the continued absence of the person in charge for 28 days. There had been no requirement for this since the centre opened.

In the event of the absence of the director of services, the residential respite coordinator would deputise as the person in charge. The residential respite coordinator was sufficiently experienced and competent to take on the role.

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:  
There were sufficient resources to meet the needs of the children and the services and facilities in the centre reflected the statement of purpose.

Funding was provided to the centre in line with the assessed needs of the children availing of the service and this was kept under regular review. As a consequence, there
were sufficient resources to provide qualified staff in sufficient numbers and material resources such as a suitably equipped centre vehicle to meet the needs of children and support them in achieving their personal plans.

The centre was newly-built and well-maintained. It was fully wheelchair accessible and one of the bedrooms was equipped with an overhead electric hoist. Bedrooms contained electric high low beds. Fully-accessible bathroom and showering facilities were available and bedroom doors were sufficiently wide to facilitate ease of access or egress. Children had access to toys, play areas and television and they were facilitated to maintain contact with their families and to continue to develop links with the community.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
There were sufficient numbers of skilled staff to meet the needs of children and to provide the delivery of safe services. Continuity of care was provided to children and staff had up-to-date mandatory training and appropriate opportunities for team meetings and supervision.

The staff team comprised one nurse and 10 family support workers, all of whom worked part-time, making up a whole time equivalent of 2.68 staff. Staff were qualified in either social care, child care or education.

The residential respite coordinator planned the staff roster one month in advance and decided on staffing levels in relation to the assessed needs of the residents and the size and layout of the premises. The inspector viewed the roster which seemed appropriate to the needs of the children. At the time of inspection two staff were on duty overnight with two children.

The inspector viewed the training records which showed that all staff had received training in fire safety, Children First (2011), medication management, manual handling, first aid and food safety. Almost all had received training in a recognised form of sign
language and in behaviours that challenge. Further training in behaviours that challenge was scheduled for April 2015. The respite coordinator, along with two other members of staff had undertaken training in infection control in 2014, and was due to attend a train the trainer course in hand hygiene in February 2015. A course in hand hygiene for all staff was scheduled for April 2015. All staff were scheduled to attend refresher training in the use of the hoist and shower trolley in March 2015.

There was a policy on staff development and support and supervision of staff was adequate. At the time of the previous inspection, the director of services told the inspector that, since all the staff team staff worked part-time, emphasis would be placed on staff team performance management and that this would include staff meetings every month to two months. There would also be provision made for one-to-one supervision and an annual appraisal for each staff member. The inspector viewed the supervision records and found that each staff member had a contract in relation to supervision. Records showed that team based performance management meetings had taken place and that each staff member had received individual supervision sessions. The respite coordinator had a contract with the director of services for monthly supervision meetings and an individual performance management process with very specific goals in relation to the care of children, staffing and the operation of the centre.

There was a recruitment policy in place. The inspector viewed four staff files, which were well organised, and found that all information and documentation specified in Schedule 2 of the Regulations were present.

There were no volunteers working in the centre.

Judgment: Compliant

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

Theme: Use of Information

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

Findings:
Systems were in place for complete records to be maintained securely on the children and the care provided to them. Some policies needed to be developed while others required updating.

The inspector viewed the directory of residents which contained all the information required. Adequate information on the centre and the services provided were contained in two handbooks, one a Resident’s Guide for children and the other for parents. Records were accurate and up to date. Children’s files were stored securely in locked cabinets and there was adequate space for archived files.

Policies and procedures had been developed in accordance with Schedule 5 of the Regulations to guide the practice of staff. Staff were able to explain how the policies were implemented. While policies, procedures and practices in the centre were reviewed at team meetings, not all policies required under Schedule 5 were in place. There was no policy on education or access to education. The policy on risk management did not include the measures and actions in place to control the risks specified in regulation 26. The policy on health and safety did not contain a section on food safety and there was no centre-specific safety statement. The policy on the prevention, detection and response to abuse did not reflect the fact that the HSE is no longer responsible for child protection. The policy and procedures on medication management had been updated since the previous inspection. However, they did not make provision for the practice of storing medication for a child while he or she did not reside there.

Managers ensured that insurance was in place against injury to children, staff and visitors.

**Judgment:**
Substantially Compliant

**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 Enable Ireland Disability Services Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003641</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>12 February 2015</td>
</tr>
<tr>
<td>Date of response:</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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was no independent advocacy service available for the children and their parents should this service be required.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
We will research availability of an independent advocacy service for children and parents using the respite service and make details available to families.

| **Proposed Timescale:** 30/06/2015 |
| **Theme:** Individualised Supports and Care |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no easy read version of the complaints procedure for children that would help them to understand that they had a right to complain.

**Action Required:**
Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
The existing easy read version of the complaints policy has been further adapted to ensure access and understanding by children using the service

| **Proposed Timescale:** 20/04/2015 |

**Outcome 02: Communication**

| **Theme:** Individualised Supports and Care |

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no access to a wireless internet system to enable children to access the internet on their own electronic devices.

**Action Required:**
Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

**Please state the actions you have taken or are planning to take:**
Wireless internet is now in place and a child friendly acceptable use policy has been drafted and is pending final approval

Wifi installed 24.04.2015
Acceptable use policy sign off May 31st 2015
**Proposed Timescale:** 24/04/2015

### 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 personal plans did not clearly outline the goals for the children and timescales for achieving these goals.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
Goals will be identified and recorded in the child’s communication passport and timescales agreed for each child and family. This process will begin with each child on 20.04.15 and will completed by September 1st 2015.

**Proposed Timescale:** 01/09/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy on risk management did not set out the measures and actions in place to control the risk of the unexpected absence of a resident.

**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:**
There is an extensive policy in place in relation to responding to the unexplained absence of a resident and this will be further detailed in the risk management policy.

**Proposed Timescale:** 30/05/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**
the following respect:
The policy on risk management did not set out the measures and actions in place to control the risk of accidental injury to residents, visitors or staff.

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:
There is a comprehensive health and safety statement which explains the controls in place in relation to accidental injury, this will be detailed further in the Risk Management Policy.

Proposed Timescale: 30/05/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on risk management did not set out the measures and actions in place to control the risk of aggression and violence.

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

Please state the actions you have taken or are planning to take:
There is a policy in place with respect to dealing with aggression and violence and this will be further detailed in the Risk Management Policy.

Proposed Timescale: 30/05/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on risk management did not set out the measures and actions in place to control the risk of self-harm.

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

Please state the actions you have taken or are planning to take:
The existing policy in place in relation to Self Harm will be adapted to include pro-active measures and will be further detailed in the Risk Management Policy.
Proposed Timescale: 30/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Procedures for evacuation in the event of a fire were not displayed in a prominent place in the centre and not in a form easily accessible to children.

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

Please state the actions you have taken or are planning to take:
Existing fire signage is now displayed in prominent places throughout the building and is easily accessible to children.
A social story has been developed to explain the evacuation procedure for the building.

Proposed Timescale: 20/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The names of staff and children who took part in fire drills were not recorded.

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:
Names of all staff and children participating in fire drills will be recorded.

Proposed Timescale: 20/04/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The practice of storing medication for a child who was not resident in the centre was not outlined in the medication management procedures.
**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
This procedure has been reflected in a local policy on medication management.

**Proposed Timescale:** 20/04/2015

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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:**
There was no template for medication audits and the records of the audits lacked sufficient detail to evidence the extent of the audit.

**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:**
The existing template and procedure entitled monthly monitoring of medication and files has been changed to a monthly medication and file audit system.

**Proposed Timescale:** 01/04/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no policy on education or access to education.

**Action Required:**
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Children are facilitated to attend school and do homework if appropriate and this has been included in a local policy within the service.

**Proposed Timescale:** 20/04/2015  
**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The policies on risk management, health and safety and the prevention, detection and response to abuse did not contain all the information required.

**Action Required:**  
Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

**Please state the actions you have taken or are planning to take:**  
Risk Management Policy will be amended as above.  
Health and Safety Statement will contain local information as required  
Existing child protection policy will be amended to include Tusla details.

**Proposed Timescale:** 29/05/2015