

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003367
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Una Coloe
Support inspector(s):	Paul Tierney
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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

From:	To:
20 February 2015 10:30	20 February 2015 21:30
21 April 2015 08:30	21 April 2015 18:30

The table below sets out the outcomes that were inspected against on both inspections.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The inspection that took place on 20 February 2015 was the first monitoring inspection of a children's unit which was part of a large designated centre that catered for adults and children with disabilities. The centre was based in a large congregated setting approximately 5 km from a town in County Sligo. While the Authority carried out a series of monitoring inspections of the designated centre, this report sets out the findings of two inspections specific to the children's unit within the designated centre. As a result of a number of significant non-compliances, the second follow-up unannounced inspection took place to assess the progress made in implementing actions arising from the inspection of 20 February 2015.

As part of the monitoring inspection the inspectors met with the person in charge, members of the management team, staff members and two parents. The inspectors observed practices and reviewed documentation including care plans, medication, policies, procedures and staff files. The unit had 5 bedrooms, a sitting room, small kitchenette, a sensory room and a nursing station. The unit had the capacity to cater for five children. Care was provided on a full time basis to 4 children, three boys and one girl between the ages of eight and eighteen years. The fifth space accommodated children availing of respite or shared care on an alternating basis. One child accessed a shared care arrangement and four children aged between five and seventeen availed of the respite service. The children availing of the service had severe to profound intellectual disabilities and complex medical needs. The majority

of the children had a physical disability which required the use of a wheelchair.

Staffing levels were not adequate and inspectors had concerns regarding the impact of insufficient staffing levels on the safety and quality of care provided to the children. An immediate action plan was issued on the day of inspection requiring the provider to ensure staffing levels were provided to meet residents' needs. Staff were observed to be respectful towards the children. However, inspectors identified several areas of the service that required significant review to improve outcomes for the children and ensure a safe service. Social care assessments were of poor quality and there were limited opportunities for children to participate in meaningful activities or engage with the local community. Planning for the young people due to leave the service had not occurred.

The assessment of risk was not adequate and the unit's risk register and risk assessments required further work to ensure effective monitoring of risk. The risk management policy was not in compliance with the regulations. The statement of purpose was not reflected in actual service delivery and catered for a broad range of children with high support needs which the staff team were not specifically trained to cater for. Mandatory training was not completed by all staff members working in the unit. The management of the unit was not clear and systems in place to effectively monitor the service provision were not adequate. The staff files were not in compliance with the regulations.

A follow up unannounced monitoring inspection was completed on 21 April 2015. This inspection monitored compliance with some action plan responses provided following the initial inspection in February and there was a specific focus on safeguarding issues. The statement of purpose had not changed and the unit continued to cater for five children. Efforts had been made to improve systems but some actions which were due to have been completed had not been acted upon. Some risks had not been assessed and inspectors issued an immediate action plan in relation to the unsafe storage of disposable gloves and aprons and lack of restrictors on the windows. The child protection policy had been reviewed and staff were briefed on this however, the use of restrictive practices in the unit required review. Some positive changes were introduced in relation to medication management but deficits remained that were highlighted during the inspection in February. Management structures in the unit were in the process of change and additional systems were required to ensure the effective governance and monitoring of the service. Staffing levels had increased in the morning time to ensure the personal and intimate care needs of the children were addressed in a timely manner however staffing levels remained inadequate to provide effective support and care to the children. Supervision of staff and the mandatory training remained outstanding.

These and other findings are documented throughout the body of the report. The report contains two action plans, one from the initial inspection in February 2015 and a second relating to the follow up inspection carried out in April 2015.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children's needs had not been adequately assessed and personal plans were of poor quality. There was insufficient evidence that children and their families were consulted in the care of the children. There were limited opportunities for the children to socialise, learn independent skills and to participate in the local community.

Assessments of the children's needs were not consistently completed and where present the assessments were not of good quality. The inspectors reviewed a sample of children's files who were availing of respite, shared care and fulltime residential care. Assessments had not been completed for the children who availed of respite or shared care services. The staff on duty advised that assessments were not completed for children who accessed the service on a less than fulltime basis. She advised that a new respite personal assessment form had been devised to ensure assessments of need were completed for all children. At the time of inspection, this was in draft format and had not been implemented in the centre. The assessments of the children's needs were of poor quality and did not present an effective overview of the children's needs. The inspectors reviewed a nursing assessment and found that this was not fully completed and did not document some of the child's needs including mental health, behaviour that challenged, sensory needs, mobility or medication needs.

Personal plans were not comprehensive and did not provide sufficient detail on the needs of the children. The plans reviewed varied in content and quality of information. The plans contained some information such as the child's routine and preferred activities. However, the plans focused on the health and medical needs of the children with limited information to outline the social care needs of the child. One personal plan reviewed contained some details regarding personal care but it lacked essential

information on how staff would provide the required care. This could lead to inconsistent care provision for the child.

Multidisciplinary input was not consistent and the information provided by professionals was not always incorporated into the child's care plan. Recommendations provided by professionals required review to ensure that interventions were implemented. Inspectors reviewed detailed information from an occupational therapist in relation to the communication needs of a child, dated August 2014. This was a separate document and not reflected in the child's care plan and therefore key strategies may not have been implemented consistently by the team. Inspectors reviewed minutes of multidisciplinary meetings held in October 2014 and September 2013 regarding one child, with a date for a further review in April 2015. The minutes were not of good quality. There were no recommendations or actions arising from the meeting and there was no evidence that goals had been discussed for the child. Overall it was difficult to determine the impact of the meeting regarding improved outcomes for the child.

The files reviewed were not well organised and record keeping required improvement. The inspectors reviewed an email on a file which documented information for an 'individual education plan' meeting. It outlined concerns for a child regarding aggressive behaviour, pulling hair and difficulties at night time. It was not clear who this email was from or to and there was no response evident on the file. There were five records detailing such behavioural difficulties issues from October 2014. There was no behaviour management plan in place for the child. The staff on duty advised that a clinical nurse specialist in behaviour worked with the child in school but there was no documentation in the file to evidence this. Children's educational needs were not assessed or monitored and there was no individual education plans in place in the files reviewed. The staff on duty advised that the team liaised very closely with the school but this was not documented.

The participation of children and family members in the planning of care was not sufficient. The inspectors were advised that family members were invited to attend review meetings. There was some evidence that a family member had participated in a child's assessment but inspectors noted that information provided by the child's mother had not been incorporated in the child's personal plan and it had not been reviewed or updated since mid 2013. A parent interviewed as part of the inspection advised that she felt involved in his child's care and staff members asked for her input but she stated that she had not been invited to meetings to discuss her child's needs. A child friendly "all about me" book was present in one of the files but it was not clear the extent of consultation that had occurred with the child. It detailed the child's likes and dislikes, gave a description on communicating with the child and had pictures of family and friends. This was not present in all of the files reviewed.

Goals or achievable outcomes had not been considered for the children. Inspectors did not see evidence of planning interventions to improve outcomes for the children. A staff member advised of the use of a communications board with the children and gave examples of sensory activities completed with the children including a 'smell for the day'. Inspectors observed the communications board but this work was not reflected in the plans reviewed to document that this work had been completed, reviewed or amended to suit the child's needs.

There were limited opportunities for the children to participate in the local community. Inadequate staffing levels (as discussed in outcome 17) impacted on opportunities to take the children out on social activities. The inspectors reviewed activity recording sheets and there was no record that activities had occurred outside of the unit during the months of December and January. A staff member and one parent noted social events which some of the children attended including a trip to the theatre and a farm. The person in charge advised that the children cannot be taken out as a group due to limitations of staffing levels. Transport was also a difficulty. A staff member advised that the unit did not have an allocated driver for the bus and therefore relied on taxi's for outings. This was not conducive to meaningful time out of the unit due to time constraints on taxis and the cost of paying for such a service.

Transition planning was not of good quality. There were no transition plans in place despite the fact that one resident was eighteen and another resident was turning eighteen in May. Inspectors were advised that provisions were made in the unit to ensure a young person could remain in the unit if the school year had commenced before they turned eighteen. A referral form was submitted to the Health Service Executive (HSE) Learning Disability Service dated October 2014 which inspectors reviewed. This documented that the transition process had started but it was not clear that any additional planning had not taken place with the young person or their family.

The residents were treated with respect and the staff were kind and caring towards the children however the care and quality of the service provided to the children was limited due to staffing levels. A parent interviewed by an inspector spoke highly of the service and was happy with the care provided.

During the follow up inspection on 21 April 2015, inspectors noted that some work had commenced with regard to assessments and transition planning however, there was limited documentation to evidence adequate progression in such areas. A number of templates had been created to aid the personal planning process but they had not been implemented in practice. The services provided in the unit including fulltime residential, shared care and respite were under review by the management of the service. There was little documentation to evidence that consultation had occurred with the children or their families and there were no transition plans in place. An assessment of the appropriateness and suitability of children to be placed together when they transitioned from the service had not been completed.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The management of risk in the centre was not adequate. The risk assessments were not comprehensive and the risk register was not an effective tool for managing risk in the unit. The size and layout of the unit was not adequate to meet the needs of the children and it was not clear if all children had participated in a fire drill. Fire training was not completed by the full staff team.

The risk management policy was not in compliance with the regulations. The policy was a generic HSE document and was not specific to the unit or centre. The policy gave an overview of the responsibilities of management and staff and the quality and safety committee. The policy did not include hazard identification and assessment of risk in the centre and did not outline the measures and actions in place to control identified risk. The policy outlined the procedure to follow regarding specific risks including accidental injury, unexpected absences of resident's, aggression and violence and self harm. The measures and actions to control the risk of accidental injury, unexpected absences and self-harm were not comprehensive and detailed the procedure to follow if the risk occurred but did not outline the measures and actions to control the risk of this happening. The risk management policy detailed a plan to follow in the case of an emergency. This did not outline the location for residents to be transferred to should the need arise. Inspectors were provided with a copy of a major emergency site specific plan. This was a plan for the entire organisation and it outlined the procedure to follow for a range of possible events including fire, explosion, gas leak, severe weather and flood. The plan did provide adequate procedures to follow for the children residing in the unit as it was unclear where the children would be evacuated to if necessary.

There were some measures in place for the prevention and control of infection but there were risks to the children that had not been assessed. There was hand washing signage in the bathroom and disposable hand towels in place. There were foot operated bins throughout the centre and one hand operated bin in the kitchen. A colour coded system was in place for cleaning and the household staff could identify different colour mops to use in various areas. The mops were stored in a locked storage unit. The household staff advised that there was a laundry room and all children's clothes were labelled and returned by the household staff. She told the inspectors that sluice bags were used when necessary. There was some signage on display regarding hygiene. The storage of rubber gloves was not adequate as they were stored in an unlocked press and children could gain access if unsupervised. Inspectors observed soaps and gloves in another room which posed a risk should a child enter the room alone.

There were inadequate systems in place to protect the children from infection. Inspectors were advised of a possible outbreak of an infection recently and the children were in isolation in their bedrooms for two to three days to contain the spread of the infection. The clinical nurse manager 2 (CNM2) advised that the children did not go to school and did not interact with others during this time. However, she said the children had opportunities to leave the centre for walks during this time. The procedure to follow in such instances was not documented in the emergency plan for the unit. A parent

interviewed was aware of this situation and advised that this was not a regular occurrence at the centre. The person in charge confirmed the outbreak and advised that the infection control unit from the HSE and the Public Health Department assessed the risk. He advised that this was a precautionary measure and stated that the children were confined to their room during this time. Training had not been provided to the team in infection control and some staff members had not completed hand hygiene training.

There were policies in place in relation to health and safety of residents. There was a policy on food safety for residents, visitors and staff. This covered aspects of safety in relation to food including personal hygiene, food preparation, cooking and food poisoning. There was also a policy regarding missing persons and absconding which outlined the procedure to follow if such an event occurred. This included a diagram depicting the procedure to follow.

The size and layout of the unit was not adequate for the service it provided. The children's bedrooms were small and not satisfactory to cater for the manual handling needs of the children. Storage areas in the building were not sufficient. Inspectors observed large equipment such as hoists stored in the bedrooms and the children's wheelchairs were in the nursing station area of the unit. There was no evidence that such issues had been risk assessed. Inspectors observed three different types of beds in the bedroom used for children who stayed overnight for respite visits. This was not appropriate and did not ensure a child friendly space for the child. The communal sitting room was small and limited the number of children that could access this space at the same time. The radiators in the unit were covered and the temperature of the water was within acceptable range.

There were some precautions in place for the prevention of fire. It was not clear if all the children accessing the service had completed fire drills. The fire extinguishers were serviced in November 2014 and fire exits were clearly signed and unobstructed on the day of the inspection. There were evacuation plans for the children on display on a notice board but there was no evacuation map displayed in the centre. Inspectors reviewed three fire drills which were completed in September and October 2014 and February 2015. The names of the children who participated in the drill were not consistently documented and it was not clear if all of the children and young people had completed a fire drill. The time required to evacuate the children was not documented on all records. The drills were completed at various times during the day and evening however there was no record of a drill completed at night time. Personal evacuation plans were in place for the children but they varied in content. One plan reviewed lacked essential information regarding the steps to evacuate a non ambulant child. Fire training was not completed by all staff members on the rota.

The management of risk in the unit was not of good quality and risk assessments were not comprehensive. The unit had completed a risk register in February 2015. The risk register identified risks relating to the children's needs. The identified risks were rated by colour and included control measures in place and additional controls required. The register was completed recently and no reviews had taken place. Risk assessments reviewed by inspectors identified the same information as the risk register. There were no physical, environmental or chemical risks identified. Risks such as staff shortages, manual handling and gaps in training had not been assessed. It was not evident that a

comprehensive assessment of all risks in the unit had been completed. Inspectors reviewed a sample of incident/near miss reports which related to behaviour that challenged and unexplained bruising but they were not sufficiently detailed. It was not evident that learning had taken place as a result of the incidents. The person in charge advised that incident forms were reviewed and were incorporated into a risk register following a risk assessment. Inspectors did not find evidence of a process for learning from adverse incidents.

During a follow up inspection on 21 April 2015, inspectors noted some improvements but the management of risk continued to be ineffective. The risk management policy had been reviewed but it failed to meet all of the requirements of the regulations. The identification and assessment of risk had not progressed. There was no evidence that the risk register had been updated or additional risk assessments completed since the last inspection. Significant risks had not been assessed which were highlighted during the inspection in February including the storage of disposable gloves and aprons. Inspectors observed that there were no window restrictors and issued an immediate action plan regarding both risks. Adequate safety precautions were not employed on the morning of the inspection as inspectors accessed the unit without formally identifying themselves.

Personal emergency evacuation plans were updated and inspectors found that they gave a comprehensive overview of the procedure to follow for the children. There was no analysis to determine if all children who accessed the respite service had completed a drill and the names of the children who participated in drills were not consistently detailed. There was no evidence that a night time drill had been completed or planned when there was a lone worker staffing the unit. An evacuation map was observed in the unit but this was not centre specific. Inspectors were advised that all incident reports were reviewed by an incident review group and a report was compiled monthly to reflect the incidents that occurred. This had been set up since the inspection in February but this had not been fully operationalised.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The child protection policy was not in line with Children First: National Guidelines for the Protection and Welfare of Children (2011). There were no behaviour management plans in place and the individual intimate care plans required review.

The child protection policy was not adequate. There was a detailed policy and procedure for the protection of adults with a learning disability but this did not specifically relate to children. Inspectors were provided with an interim child welfare/protection protocol for the service. This referenced Children First but the references at the end of the document referred to Children First 1999, which was out of date and not adequate in terms of guiding up to date practice. The types of abuse were poorly detailed and the protocol did not detail the role of the designated liaison officer. The protocol was not satisfactory and required updating to ensure sufficient guidance for the team.

Staff were aware of what constituted abuse and were aware of the designated liaison person and their role. A staff member advised of safeguarding measures in place regarding intimate and personal care needs of the children and stated that two staff members facilitated this care at all times. She advised that any concerns regarding bruising on a child was escalated to the nurse on duty. She also advised that issues such as difficulties using a hoist, were escalated to ensure there was essential documentation in place should the child present with bruising at a later stage. One staff member required training in Children First (2011) and inspectors viewed an email to confirm that this had been scheduled for March 2015.

There was a designated liaison person (DLP) in place for the organisation. One child protection concern had been escalated to the Child and Family Agency (CFA). Inspectors reviewed the documents regarding a referral to the CFA in May 2013 which related to unexplained bruising. Inspectors reviewed the minutes of two subsequent meetings held in the unit where the issue was discussed and the case closed. It was evident that the incidents were monitored closely and input sought from other professionals including a paediatrician. The minutes of the meetings documented clear actions regarding the follow up required. The DLP advised that this issue was closed by the CFA following the review in the unit. She also advised that this concern had changed practice within the unit and gave the example of improved record keeping.

The staffing compliment in the unit was not sufficient to ensure the safety of the children was promoted or their quality of life enhanced. This was evident on the day of inspection as the children remained in their beds until 1pm. The staff on duty initially advised inspectors that the children were sleeping late as they were on their midterm break. Later, she advised that there was not enough staff to attend to the children's needs, as one staff member had accompanied a child to a swimming session, and therefore the other children had to remain in bed until his/her return. At 1.40pm inspectors observed the four children in their wheelchairs at the nursing station area of the unit. There was limited interaction between the staff and the children. Inspectors noted that there was insufficient staff to allow adequate time to complete the necessary tasks and engage with the children. However, later in the afternoon inspectors observed that two of the children were taken out for a walk. A staff member interviewed advised

that the children were late for school on a regular basis due to staffing shortages. The person in charge confirmed that the school had complained to the unit regarding the children being late.

There was a complaints procedure and complaints log in place but the management of information regarding complaints was not adequate. Inspectors were advised of two complaints by the clinical nurse manager 2 (CNM2) which were not recorded on the complaints log, including the above mentioned complaint. The CNM2 advised of a complaint from a parent regarding the lack of physiotherapy for the child due to a vacancy as a result of maternity leave. Inspectors were satisfied that this complaint was managed effectively and reviewed an email which documented that the child's parent did not require further discussion regarding the issue. There was a child friendly version of the complaints policy on display in the unit.

Individual intimate and personal care plans were not of good quality. There was a HSE intimate care policy dated 2012, which outlined procedures to follow when providing this support. It was not specific to the unit and did not refer to children in particular. The children accessing a service in the unit required a high level of support regarding their personal care. The documented information to guide this care was not consistent across the files and lacked detail in terms of the actual provision of the care. There was no intimate care plan in one file reviewed. Inspectors reviewed another plan which detailed some good information on the equipment required to aid this type of care. It also detailed how to obtain consent from the child by observing their body language. The plan did not outline the level or extent of care required or how this should be provided for example, dressing, toileting or bathing/showering. Staff members advised that they used their personal in depth knowledge of the children to guide their practice and passed this information verbally to new members to the team. This lack of guidance could impact on the safety and quality of care provided to the children.

The organisation's policy on behaviour management was not effective and there were no behaviour management plans in place for the children. Inspectors reviewed the positive behavioural support/behaviour management policy, dated June 2014. This was a HSE document and was not specific to the unit. The policy outlined general guidance but was not appropriate for the unit as it did not refer to children's needs specifically. The policy recommended an assessment of a resident, followed by a planning meeting which would lead to the formulation of a behaviour support plan but there were no plans in place for the children. Inspectors reviewed an email from a nurse at the unit requesting written guidelines in relation to a child's aggressive behaviour. Inspectors could not see evidence of a behaviour management plan for this child. The staff on duty advised that a clinical nurse specialist in behaviour, supported the child in school. There was no documentary evidence to support this and therefore a consistent approach could not be followed for the child in school and the unit. The person in charge advised that a recruitment process had commenced for a psychologist and stated that the aim of this new role was to support the service in relation to the management of behaviour that challenged. Inspectors reviewed the training records and there was no record that training in a behaviour management programme had been provided. The policy referred to a specific type of strategy to use in managing behaviour however it was not evident that training was provided to the team to implement this.

The management and learning from incidents was not sufficient. Inspectors reviewed a sample of incident/near miss reports which related to behaviour that challenged and unexplained bruising but they were not sufficiently detailed. It was not evident that learning had taken place as a result of the incidents. The post incident review and actions or measures to minimise or prevent such incidents was not always documented and in some cases contained limited information. There was no reference to training needs arising from the incidents. On two occasions the forms documented the management plan required review and the person responsible was the unit staff. This was not specific and there was no evidence that learning was shared among staff at team meetings.

The mix of children in the centre was not appropriate to ensure the safety of the children. The age range and needs of the children was very varied and there was insufficient staff on duty to provide a high standard of care to all of the children. A staff member advised that one child required one to one supervision due to behavioural issues and advised that the household staff assisted in the child's supervision on occasions when the two care staff were attending to personal care needs of other children. The quality of service provision was jeopardised due to the nature of the care arrangements and the person in charge acknowledged that residential and respite care were not compatible services. She stated that the service was not meeting the needs of the child placed in the unit on a shared care basis and therefore was not in the child's best interests to remain in the unit. The person in charge accepted the large age range and stated that no additional training was provided to the staff regarding the developmental needs of children.

There was a protected disclosure policy in place but staff members were not aware of this. The person in charge advised that staff were briefed in the policy. A staff member interviewed advised of the route she would take to escalate a concern if necessary however she was not knowledgeable about the organisations process regarding this. The person in charge identified that the systems in place to manage the quality of the care needed improvement.

The policy on restrictive practices was not adequate. Staff and management at the centre were not fully briefed on the use of restrictive practices. The policy on restrictive practices provided guidelines relating to use of restrictive practices for the management of behaviours that challenged. It did not give guidance on physical, chemical and environmental restraints and was not specific to children. Staff and management identified the use of bed rails and lap straps as essential for safety reasons in the unit. The person in charge stated that there was no formal system to review the use of restrictive practices but advised that members of the multi disciplinary team review the practice if necessary. Inspectors found evidence that a restrictive practice used in the centre had been risk rated by the occupational therapist in terms of safety issues. Inspectors also observed that a restrictive practice had been reviewed during a phone call with the occupational therapist in December 2014. There was no evidence that the least restrictive practice had been considered for the child. Inspectors observed a restrictive practice where one child had to sleep in a comfort chair while on respite visits. Inspectors were advised by a staff member that the child had a risk of aspiration for safety reasons the child slept in the comfort chair. She advised that staff at the unit were awaiting feedback from the occupational therapist regarding this.

During a follow up inspection on 21 April 2015, inspectors noted some improvements to address deficits identified during the inspection in February however concerns remained in relation to restrictive practices and behaviour management. The child protection policy was updated and was in accordance with Children First: National Guidance for the Protection and Welfare of Children (2011). The DLP advised that the staff in the unit had been briefed in this policy. Training in Children First (2011) was outstanding for some staff members, including new employees to the team. Staffing levels had increased in the morning time to provide extra support in the provision of intimate care and to ensure children attended school on time. However, all of the children did not attend school on time. Inspectors observed that four children had left for school by 9.40 and the fifth child was brought to school at 10.30 am. Inspectors were advised that the school was based on the campus and commenced at 9.30.

Behaviour management plans had not been developed. Inspectors observed a child engaging in self injurious behaviour and was late for school due to behaviour that challenged. There was no plan in place to guide staff in managing this behaviour. A staff member was observed attending to the child in a timely manner and the self injurious behaviour ceased but clear guidance was absent to direct the care provision in such instances.

Inspectors observed a number of restrictive practices in use in the unit. There was no evidence that the practices were the least restrictive for the least amount of time. Some risk assessments had been completed but there was insufficient documentation that restrictive practices had been reviewed. The person in charge advised that the practices were not viewed as restrictive practices and had not been notified to the Authority as required by the regulations.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were policies were in place regarding medication management and staff were knowledgeable about the medications in use in the centre. The storage of medication was not adequate and the audit of medications did not identify the deficits identified on the day of the inspection.

There were two policies in place in relation to the management of medication in the unit. One policy gave guidance for nurses on medication management and the second policy related to administration of medication by care assistant. Staff nurses had full responsibility for the administration of medication in the unit. The policy outlined procedures for the prescribing, storing and administration of medications. It also outlined guidance on controlled drugs, crushing of medication and medication errors.

The storage of medication was not adequate. Inspectors observed the storage of medication and this was not safe. The medication was placed on shelves in a unit but there were no means to separate each child's medication and therefore medication could be easily mixed up. Out of date medication and empty bottles were not stored in a safe manner. Inspectors observed that a basket was being used for this storage. The peg fed machines were stored in the kitchenette area and it was not clear which machine belonged to what child. Inspectors noted the connection of one machine was placed in a plastic cup in the kitchenette and this was not appropriate for infection control. There were a number of medications not labelled with the name of the medication or who it was prescribed too. A staff member advised that they are currently arranging additional labels from the pharmacy to ensure medication contained within the box was also labelled. Nutritional drinks were stored in the general fridge were not labelled correctly. A medication fridge was in place and this was shared with other units. Inspectors observed that the medication in the fridge and was not clearly labelled. The staff on duty advised that the medication stored in this fridge did not belong to the children living in the unit.

The staff member on duty was knowledgeable about the management of medication in the centre. She advised that the unit received a monthly medication order and that the medication press was cleared of all left over medication but there was no pharmacy returns log in the unit to document this. The staff member advised that extra medication was ordered to ensure the school which is located on the campus have the required medication for the children. There was a locked storage area in the unit for controlled drugs but there were no controlled drugs in use at the time.

The prescription sheets required additional information. Inspectors reviewed the prescription sheets which included long term and short term prescriptions. The prescriptions lacked some of the required information. The maximum dosage of the as required (PRN) medication was not recorded and the name of the prescribing GP was not evident. There was a signature of the GP but this was not clear. There was a photograph of the child on some of the prescription sheets but this was omitted on the prescription sheet for the as required (PRN) medication. The prescription sheets were not updated to reflect changes. Inspectors observed that discontinued drugs were crossed off on the prescription sheet which was not best practice. The nurse advised that the unit was having difficulties ensuring the GP regularly updated the prescriptions. The prescriptions did not outline the route of the required medication. The nurse on duty identified the need for some medication to be crushed but this was not recorded on the prescription. The nurse advised that this route was detailed on the medication audit completed by the pharmacist however was not clearly identified on the prescription, and therefore unclear if prescribed by the G.P. This practice was in conflict with the organisations policy in relation to crushing medication. The inspector reviewed the

administration sheets and they contained the necessary information. The initials of the administering nurse was present and there was a signature sheet in place. A numbering system was used to reference the medication detailed on the prescription and there was a space to record if the medication was withheld or refused.

There were no medication errors recorded in the unit. The nurse highlighted a signature placed incorrectly on the administration sheet which was an error but not recorded. A medication audit was completed in July 2014 and this was updated in January 2015. The medication audit outlined the medication each child was prescribed and how this medication should be administered. It also highlighted the five rights of medication management but the audit did not identify any errors. The discrepancies identified by inspectors were not noted on the audit. Inspectors reviewed other documents in the unit to promote good and safe practice including the rational for as prescribed (PRN) medication administration, an antibiotic register and a protocol in relation to epilepsy medication.

During a follow up inspection on 21 April 2015, inspectors noted some improvements in the management of medication but deficits remained. Protocols were introduced to provide guidance and templates developed to guide practice. However, inspectors noted some shortfalls in relation to the labelling and storage of medication. A medication audit was completed in April 2015 but issues regarding the maintenance of prescription sheets remained.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose did not meet all of the requirements of the regulations.

The statement of purpose did not accurately describe the service that was provided at the centre. The centre had capacity for five children. Four children received full time residential care and the fifth space accommodated children availing of respite and shared care which rotated on a daily basis. The criteria for admission to the unit was broad and not consistent with providing a safe quality service. The variety in services provided was not acceptable and assurances could not be given to ensure a consistent,

effective and safe service was provided to all the children. The person in charge acknowledged that the shared care arrangement was not appropriate and he stated that the respite service should be a separate service. The training provided to the staff team was not adequate to meet the complex needs of the children. The statement of purpose outlined details of the children attending the service currently and this was not consistent with the requirements of the regulations. The criteria for emergency admissions was not outlined.

The building was not adequate for the services provided. The unit was situated within a large institution which was not consistent with best practice for the care and support of the children. There was one communal space for the children. Inspectors noted that this room was small and the amount of wheelchairs that could be placed comfortably in the room was limited and therefore impacted on potential for group activities. The bedrooms were also small in size and both the person in charge and staff highlighted the limited space when using assistive equipment. The statement of purpose did not document the size of the rooms.

The statement of purpose was not reflected in the actual service provided in the centre. It referred to local amenities and social activities that the children could avail however it was evident that the children had limited opportunities to engage in activities outside of the unit. Interviews with staff members and documents reviewed highlighted that social activities for the children outside of the centre were not facilitated on a regular basis due to staffing levels and resources. There was no evidence that the statement of purpose had been circulated to the children or their parent/guardians.

During a follow up inspection in April 2015, it was noted that the statement of purpose had not been amended and therefore the deficits remained as identified during the inspection in February.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The management structure in the unit was complex and the lines of authority and accountability were not clear. Significant improvement was required in terms of management systems to ensure the effective monitoring and management of the unit.

The management structure of the unit comprised of a clinical nurse manager 2 (CNM2), a service area manager and director of services. The director of service was the named person in charge and he was also acting for the provider nominee who was on leave at the time of the inspection. There was also a senior management team in place with varying roles including a principal social worker who was the designated liaison person for the organisation. The overall governance of the centre recently changed from a voluntary service to the Health Service Executive.

The management systems were not stringent enough to ensure the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. An annual review of the quality and safety of care in the designated centre had not taken place and an unannounced visit was not carried out as required by the regulations.

There were no arrangements in place to ensure that staff exercised their personal and professional responsibility for the quality and safety of services delivered. There was no supervision or system for appraisals in place and staff performance was not monitored on a formal basis. The person in charge identified that an informal structure was in place and gave example that senior nurses had responsibility to guide practices who then reported to the CNM2. However, the person in charge acknowledged that work needed to be completed to ensure formal processes were in place.

The named person in charge was fulltime and suitably qualified for the role but his role did not include the day to day operations of the unit. The person in charge advised that he did not spend time in the unit and relied on other managers for updates. The person in charge advised that he was becoming aware of the statutory obligations attached to the role and acknowledged that he was not currently fulfilling the role of a person in charge as required by the regulations. He was not based in the unit and identified that he irregularly visited the unit and therefore was not accessible to residents and their families. The person in charge recognised the need for fulltime management in the unit to ensure adherence with the regulations.

The on call system for management support outside of the normal working hours was not sustainable. The person in charge advised that there was no formal system and no remuneration for responsibilities relating to the on call system. He advised that the on call system was used on a regular basis but a transparent system had not been formalised.

There was a protected disclosure policy for the organisation but the staff interviewed were not aware of this process. There was no formal supervision in place. Adequate arrangements were not in place to allow staff to raise concerns about the quality and safety about the quality and safety of the care and support provided to residents.

There were no formalised arrangements in place to ensure there was a manager to deputise in the case of the absence of the person in charge. The service director advised

that a clinical nurse manager 1(CNM1) was due to provide cover for a CNM2 who was going on leave. The CNM1 did not work in the unit and the service director advised that this process needed to be formalised to ensure the necessary preparations were completed to ensure effective management of the unit during times of extended leave.

Team meetings were not specific to the unit. Inspectors reviewed the minutes of team meetings which incorporated other units within the overall service. Minimal information was recorded on the minutes and therefore it was difficult to determine the effectiveness of the meeting in terms of information provision, review of service or practice based discussions. It was not clear that specific meetings had occurred for the children's units. The minutes outlined an agenda with a number of items for discussion but there was no record of the discussions, actions or recommendations. Inspectors reviewed two monthly activity reports for the unit. These outlined targets, an action plan and a person responsible to achieve targets which related to housekeeping issues such as purchases required, maintenance issues and activities to be completed with the children such as story time. It was not documented who had attended and there was no set agenda for what areas were to be included in these reports. An action plan was included which outlined what targets had been achieved and updates were provided regarding the targets that were not achieved.

Inspectors reviewed minutes of middle management meetings from March, May and September 2014. Discussions related to organisational issues including for example policies, risk, safeguarding, health and safety and workforce planning. Financial budgets presented as a difficulty and discussions took place regarding the cost of agency staff and overspending on the budget. It was evident that alternative measures were considered to manage the financial cost of staffing in the organisation such as employment of graduates, use of interns and employing support staff to work on the frontline. The staffing issues remained a significant problem at the time of the inspection.

During a follow up inspection on 21 April 2015, inspectors found that the management structure for the service was in a process of change. The person in charge had remained in position since the inspection in February but the lines of authority were not clear in the unit. The person in charge did not have sufficient awareness or oversight of practices and issues within the unit. Some templates had been created to guide practice and tools were developed for monitoring aspects of the service however, they were not implemented at the time of the follow up inspection. Actions relating to the protected disclosures had been implemented. Staff were aware of the procedure to follow and information was on display.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were not enough staff on duty to meet the needs of the children during the inspection. There was evidence of negative outcomes for children due to staff shortages. The children did not receive continuity of care and the team were not up to date with mandatory training. There was no staff supervision in place and the team did not have access to education and training to meet the needs of the children.

Staffing levels in the unit were not sufficient to ensure provision of a safe and effective service. The staff on duty were knowledgeable regarding the children's needs and were committed to the provision of a quality service but resident's needs could not be met in full as the staffing levels were not adequate. An immediate action plan was issued in relation to staffing levels as inspectors had concerns regarding the impact of this on the children's safety, wellbeing and quality of life. On the day of the inspection, three children remained in bed until 1 pm. The staff on duty advised inspectors that one young person went swimming accompanied by a staff member and it was necessary to wait until the staff returned to support the children remaining in the unit. Inspectors observed that there were children in bed in their individual bedrooms and one young person in the communal sitting room. There was only two staff on duty and the ratio of staff to children was not adequate considering the complex needs of the children. It was not possible for the staff on duty to provide an acceptable level of support and supervision of the children. There was limited opportunities to engage meaningfully with the children during this time. Later, inspectors observed that the children were up and dressed and lined up in a row in front of the nursing station while the staff on duty were completing other tasks. Inspectors were advised by a staff member that staffing issues was an ongoing problem which impacted on the lives of the children. She advised that some of the children were late for school on a daily basis due to limited number of staff to attend to the children's personal and intimate care needs in the morning time. The person in charge confirmed that the school had made a complaint to the service regarding the children being late. He also advised that the children were prevented from going on social outings and were never taken out of the unit as a group due to staffing limitations.

The rota was not up to date and there was no planned and actual rota in place. There was not a sufficient number of qualified staff in the unit. The rota documented that a student nurse and agency staff were covering core shifts. The agency staff were not named on the rota and this was poor practice as there was no means to ensure accountability. The staff on duty on the day of the inspection were aware that an agency staff member was scheduled for the afternoon shift but did not know who this was. Four members of staff worked permanent nights and did not rotate onto the day

shift to facilitate the person in charge to supervise them or observe them engaging in care practices. The rota outlined that two staff members completed a 12 hour shift daily including a nurse and a care assistant and an additional staff member was scheduled to complete a shift from 4pm to 10pm on week days and 10am to 10pm at weekends. The children were on midterm break on the day of the inspection and additional staff members were not scheduled to accommodate this. A staff member advised that the rota was not always accurate in reflecting the actual staff on duty and said on occasions additional staff were not provided for example over the midterm break. A staff member advised inspectors that on occasions the nurse on night duty had to administer medication in other units of the service and a care assistant covered the unit during this time. The core staff team had many years experience working in the unit however consistency was not provided for the children. The person in charge advised that he could not maintain consistency for the children due to the need to have shifts covered by agency staff.

A training needs analysis had not been completed for the unit. The person in charge advised that due to staffing issues it was difficult to release staff to attend mandatory training. There was no additional training provided to the team to cater for the range of children's needs as outlined on the statement of purpose. The person in charge advised that there was no system in place to assess the dependency needs of the children to ensure adequate staffing provision. There are no volunteers working in the unit.

Training records were not maintained adequately. Inspectors were provided with sign in sheets for the organisation to evidence what training staff had completed. These were hand written and difficult to read. The training records for fire training outlined that three members of the regular staff team and the student nurse had not received training. Two staff members had completed hand hygiene training. One staff member had training in medication management and nutrition. The majority of the team were trained in Children First (2011) and the remaining staff member that required training was scheduled to completed this in March 2015. Inspectors were not provided with any other training records.

Staff files did not contain all of the documentation as required by Schedule 2 of the Regulations. The files were not maintained adequately and the required information was difficult to source. Garda vetting disclosures and references were not present in all the staff files reviewed. The dates the staff member commenced, their role or full employment history was not always present. Significant improvements were required to ensure the staff files were up to date and compliant with the regulations.

There was no supervision or appraisals in place for the team. There was limited evidence that the team were monitored or supported appropriately for their role. A staff member advised that she received no feedback regarding her work or performance. The person in charge acknowledged there was no system to formally review practice and ensure accountability for practice. He advised that there's an informal system of reporting however improvement was required to ensure effective supervision of the team.

During a follow up inspection on 21 April 2015, inspectors noted some improvements in staffing levels in the morning time in the unit but the management of staffing in the unit

remained inadequate. An additional two staff were scheduled for one hour and fifteen minutes in the morning to support the children with intimate care, to ensure the children attended school on time. However, inspectors observed that not all of the children attended school on time. Staffing of the unit was not managed effectively. Inspectors observed an additional staff member working in the unit on the morning of the inspection however she had not been scheduled and permanent staff members were not aware of who the additional staff member was. Inspectors were later advised that this staff member had gone to the wrong unit however had worked with the children for approximately one hour. Agency staff were scheduled on a daily basis but they were not consistently named on the rota. Inspectors reviewed the rota and identified that consistency was provided for the children at the weekends however this was not facilitated at weekends. A staff member identified that this placed additional pressures on the permanent staff as the agency staff may not have read the children's care plans and therefore may not be sufficiently aware of the children's needs.

Staffing levels had not increased at night time. The nurse on duty administered medication in other units and a care assistant supported the children when the nurse was fulfilling the additional duties. Effective safeguarding measures were not in place and the nurse on duty advised that nurses used their professional judgment and assessment of the children's needs to determine if it was appropriate to leave a care assistant attending to the children. It was not clear if care assistants, who provided cover during this time, were adequately trained to manage the complex medical needs of the children.

Supervision of the staff team had not commenced as required from the action plan following the inspection carried out in February and mandatory training needs of staff were outstanding. All staff members had completed fire training and this was an improvement since the inspection in February. Inspectors were provided with a training overview which was not available previously. Training was outstanding for the team in a behavioural management programme and not all staff members had completed manual handling. Children First (2011) was not completed by all staff members including newly inducted team members and a student nurse. Hand hygiene training was also outstanding the majority of the team.

Judgment:
Non Compliant - Major

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003367
Date of Inspection:	20 February 2015
Date of response:	30 April 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Comprehensive assessments of the health, personal and social care needs of each resident was not carried out.

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

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

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:

A comprehensive assessment of health, personal and social needs of each child including children availing of respite will be carried out through the Multidisciplinary Team (MDT).

This will commence with children in residence and will include the following:

- Two children will have assessments completed in May 2015 and this will include transition plans. Transition plans will be focused on day and residential services. The children will be part of the school leavers programme and this will be facilitated through the residential, school and Placement officer within HSE learning disability services.
- The residential component will be referred to the Placement officer of the HSE Learning disability service.
- Two children will have their assessments completed in June and this will include transition plans through referral to the placement officer HSE learning Disability service.
- One child (shared care) will have their assessment completed in July 2015 and this will include transition plans and referral to the HSE Placement officer learning disability services.
- It is planned that all respite children will have alternative respite arrangements within a three month timeframe. This is currently under consideration coordinated through the HSE Placement officer HSE Learning disability services.
- The above assessment processes will be coordinated through the person in charge.

Proposed Timescale: 30/07/2015

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 reflect the child's assessed needs or the supports the child required.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Each personal plan will reflect the child's assessed needs or the support the child requires based on MDT input.

- Two personal plans will be completed in May 2015.
- Two plans will be completed in June.
- One plan will be completed in July.
- It is planned that all respite children will have alternative respite arrangements within a three month timeframe. This is currently under consideration coordinated through the HSE Placement officer HSE Learning disability services.
- This will be coordinated by the person in charge.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Personal plans were not available in an accessible format to the resident and where appropriate, his or her representative.

Action Required:

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

Children's personal plans will be available in an accessible format to the residents and families on completion of the review. This will be the Listen to me Document This will be coordinated by the person in charge.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

The children's care plans were not consistently reviewed.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Residents personal plans will be reviewed annually or immediately if there is any change in the residents circumstances. This will commence on the due date of each plan and will be coordinated by the person in charge.

Proposed Timescale: Assessments and plans for each child will commence from May 1st with the next due date agreed at each meeting.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

Multidisciplinary input was not consistent and where present was not reflected in the care plans.

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:

Personal planning reviews will continue to involve the relevant multidisciplinary team members and these contributions and assessments will be reflected in each child's care plans.

In children on respite care these contributions will be reflected in the primary care plan which will be held external to the designated centre. However the personal care plan held by the designated centre will reflect the input of MDT members in the primary care plan.

This will entail relevant professionals allowing their assessment etc. being available to a secondary support service rather than the primary service. Negotiations with relevant professional will commence with immediate effect.

This will be coordinated by the person in charge.

Note:

It is planned that all respite children will have alternative respite arrangements within a three month timeframe. This is currently under consideration coordinated through the HSE Placement officer HSE Learning disability services.

Proposed Timescale: This will commence from May 1st 2015 and be completed by July 30th.

Proposed Timescale: 30/07/2015

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 reflect the participation of the children and where appropriate, their representative.

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:

Personal planning reviews will include all stakeholders who will participate in accordance with the child's wishes, age and the nature of their disability. Family members are invited to the relevant meeting. This will be coordinated by the person in charge.

This will commence from May 1st 2015 and be completed by July 30th.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Reviews of the personal plans had not taken place and therefore the effectiveness of the plan and changes in circumstances and new developments were not detailed.

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:

- Person centred planning reviews will assess the effectiveness of the plan and will take into account changes in circumstances and new developments and this will be incorporated into all review planning.
- This will include evidence that the outcomes that were agreed are meeting the needs of the child.
- Evidence of changing needs and how those needs are been met.
- Evidence that the plan is under constant review on an ongoing basis.
- This will be coordinated by the person in charge.

To commence from May 1st 2015 and will be ongoing.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

Transition plans were not in place for the young people.

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:

- Transition template (Creating individualised living options) will be in place at the commencement of the review process.
- This template will be completed in conjunction with all stakeholders.
- The completion of the template for children will be part of their personal plan.
- This will be coordinated by the person in charge.

To commence from May 1st and be completed by July 30th

Proposed Timescale: 30/07/2015

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 risk management policy did not include hazard identification and assessment of risks in the unit.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- Review the HSE children's Risk Management Policy and make specific to the designated centre for children.
- Ensure the policy includes hazard identification and assessment of risks.
- This plan will be part of the review of all policies by the PPPG group.
- The risk management policy will be submitted to the HIQA inspector for consideration
- This will be coordinated by the person in charge.

Proposed Timescale: 07/05/2015

Theme: Effective Services

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

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

The HSE Global risk management policy will be revised and made specific to the children's designated centre and will contain the measures and action in place to control the unexpected absence of a child from the unit.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

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

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:

- The revised HSE children's Risk Management Policy will include the measures and actions in place to control accidental injury to residents, visitors or staff.
- This plan will be part of the review of all policies by the PPPG group.
- The risk management policy will be submitted to the HIQA inspector for consideration
- This will be coordinated by the person in charge.

Proposed Timescale: 07/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

- The revised Risk Management Policy will include the measures and actions in place to control self harm.
- This plan will be part of the review of all policies by the PPPG group.
- The risk management policy will be submitted to the HIQA inspector for consideration.
- This will be coordinated by the person in charge.

Proposed Timescale: 07/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

- The revised Risk Management Policy will include arrangement for the identification, recording and investigation of and learning from serious incidents or adverse events involving residents.
- This plan will be part of the review of all policies by the PPPG group.
- The risk management policy will be submitted to the HIQA inspector for consideration.
- This will be coordinated by the person in charge.

Proposed Timescale: 07/05/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk register and risk assessments completed were not comprehensive. Health and safety issues including the storage of gloves and the size and layout of the unit had not been assessed. The plan for evacuating the children from the unit in an emergency situation did not specify the location the children would be moved too.

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:

- The risk management policy will identify the location of children to be transferred to in the event of an emergency.
- The storage of gloves / soaps etc will be in a locked cupboards or press (Completed).
- The protocol to follow in related to infection control will be clearly outlined (May 15th).
- Ongoing training will be provided in infection control (Will commence from May 4th 2015).
- The size and layout of the unit will be risk assessed in terms of manual handling (May 30th).
- It will be documented when each child is involved in a fire drill(To commence from May 1st).
- The time it takes for evacuation for each child will be documented (To commence from May 1st).
- Personal evacuation plans will be updated (Completed).
- All physical, chemical and environmental risks will be identified in the risk assessment (May 15th).
- Risk registrar will include staff shortages, manual handling and training gaps (May 30th).
- Person in charge will coordinate this.

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

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

Adequate procedures were not in place if there was an outbreak of an infection in the unit.

Action Required:

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

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

- Current infection control procedures will be updated and will incorporate the procedures outlined in the standards for the protection and control of healthcare associated infections.
- The protocol to follow in related to infection control will be clearly outlined

Proposed Timescale: 15/04/2015

Theme: Effective Services

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

The individual personal evacuation plans for the children did not specify the procedure to follow should an evacuation be required.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- All personal evacuation plans will be updated to ensure that adequate arrangements are in place to bring children to safe locations.
- Personal evacuation plans will be updated.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

It was not clear if all children had participated in a fire drill. There was no evidence that a fire drill was completed during night time hours.

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:

- Fire drills will continue to take place on both days and nights, this will be documented including the time it took for evacuation and all staff and as far as is reasonably practicable, children, will be aware of the procedure to be followed.
- All fire drills will be notified to the person in charge and the service area manager.

Proposed Timescale: 01/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The staff team had not received training to respond to behaviour that challenged.

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:

- The staff team of the designated centre will receive appropriate training in the management of behaviours that challenge including de-escalation and intervention techniques.
- This will be addressed through the training Studio 111.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

Behaviour management plans were not place for the children.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

- Behaviour management plans will be revised and updated, where relevant, and therapeutic interventions will be implemented as part of the person centred planning process.
- Coordinated by the person in charge.

Proposed Timescale: 30/07/2015

Theme: Safe Services

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

There was a lack of awareness regarding restrictive practices.

Restrictive practices were not consistently reviewed to ensure the least restrictive practice was implemented for the shortest timeframe.

One child was inappropriately placed and restricted in a wheelchair at night-time.

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:

- List of restrictive practices will be compiled.
- Evidence of the least restrictive practice will be updated.
- Risk assessment completed.
- Evidence on file of restrictive procedures and reviews.
- Communication with OT/Physio/and behavioural therapist where appropriate to seek evidence and rational for any restrictive procedure with evidence of ongoing review.
- The policy on restrictive practices will be reviewed in accordance with national guidelines.
- The application of any restrictive practice will be applied in accordance with national policy and evidence base practice.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

Staffing levels were not sufficient to provide adequate supervision of the children and there was a risk of peer abuse due to behaviour that challenged.

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:

- Residents will continue to be protected from all forms of abuse.
- Staffing levels will be reviewed immediately to ensure safety(Completed).
- The range of children support needs will be reviewed in terms of more appropriate placements.
- The range of the ability of the designated service to provide ongoing respite will be reviewed.
- Transitions plans will be developed for children leaving the service.
- Alternative service providers will be approached in terms of more appropriate placements.
- Alternative accommodation will be sought.

- See providers email to the inspector.

Proposed Timescale: This will commence from April 1st to ensure staffing levels are adequate. Transition plans/ alternative accommodation for residents and respite will be completed by June 30th 2015.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The child protection/welfare policy was not in line with Children First: National Guidelines for the Protection and Welfare of Children (2011).

Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

- The current child protection/welfare policy will be updated to comply with all statutory requirements.
- Designated person will update policy.

Proposed Timescale: 30/04/2015

Theme: Safe Services

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

The intimate care policy was not specific to children. There were no individual intimate care plans in place for some of the children and where present lacked guidance to inform care practices.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

- Intimate care policy will be made specific to the children's unit.
- All intimate care plans will be updated and will contain specific information to guide and direct staff.
- PPPG Group and the person in charge.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

One staff member was not trained in Children First: National Guidelines for the Protection and Welfare of Children (2011).

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- All staff will receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. The protected disclosure policy will be part of this training.
- Person in charge and the designated person will coordinate this program.
- This will be achieved by April 30th and will be ongoing with new staff commencing employment.

Proposed Timescale: 30/04/2015

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 storage of medication was not adequate.

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:

Current medication management will be reviewed and appropriate practices will be in place for all aspects of medication management this will include for all residential children:

- Ordering of medication(Pharmacy requisition form).
- Storage of medication is per child.
- Return log of medication (Monthly medication return form with rationale).
- Medication checking form.
- Control drug register and stock level form.
- Prescription sheets with required information and completed properly.
- PRN medication form, Audit form, PRN Protocol form Maximum and minimum dosage.
- Route of medication clearly outlined (Medication chart).

- Audit of medication (Audit form).
- Medication policy.
- Pharmacy requisition memo.
- Antibiotic register.
- Medication quantity checks.

Proposed Timescale: 30/04/2015

Theme: Health and Development

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

Some of the medication stored in the unit was not labelled adequately.

Action Required:

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

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

- All medication stored in the centre will be labelled appropriately.
- Medication checking form in place.

Proposed Timescale: 01/04/2015

Theme: Health and Development

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

Out of date and left over medication was not stored safely and there was no record of medication returned to the pharmacy.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- Appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administering of medications to ensure that storage and disposal of out of date or unused controlled drugs will be in accordance with the relevant provisions in the misuse of drug regulations of 1988 as amended.
- Return log of medication is maintained.

Proposed Timescale: 30/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information required by the regulations. The statement of purpose did not reflect the service provided by the centre.

Action Required:

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

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

The Statement of Purpose will be updated to contain the information on Schedule 1 of the Health Act 2007. This will include:

- Capacity of the centre.
- Criteria for admission.
- Size of rooms.
- Statement circulated to children and families.
- The provider will ensure this is completed.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose was not made available to the children and/or their families.

Action Required:

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

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

The updated copy of the Statement of Purpose will be circulated to all children and families.

Proposed Timescale: 30/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge had multiple roles within the organisation and was not effectively managing the unit.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The current management structures including the person in charge is currently under review.

This will be communicated through the provider.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

The management system in the unit was not clear.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The management structure will be put in place that identifies the lines of authority and accountability, specifies roles and details responsibilities for all areas of service provision.

The provider will inform the inspector.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

Systems were not in place to ensure the unit was safe and appropriate to the residents needs. Staff training and staffing levels were not adequate to cater for the needs of all the children. The unit provided respite, shared care and fulltime residential and this was not appropriate for provision of a safe and effective service.

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:

A management system will be put in place to clearly define the Management Structure:

- The range of children support needs will be reviewed in terms of more appropriate placements.
- The range of the ability of the designated service to provide ongoing respite will be reviewed.
- Transitions plans will be developed for children leaving the service.
- Alternative service providers will be approached in terms of more appropriate placements.
- Alternating accommodation will be sought.

Provider will inform the inspector.

Proposed Timescale: 30/06/2015

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 completed.

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:

An annual review of quality and safety of care and support in the designated centre and that such care and support will be in accordance with the standards.

The person in charge will coordinate.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

An unannounced visit to assess the quality and safety of care was not carried out.

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:

Ongoing unannounced visits will be carried out to comply with the regulations.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

There were no systems in place to support, develop or performance manage the staff team.

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:

An effective arrangement will be put in place to support and performance manages all members of staff for the quality and safety of the services that are delivering.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

There was a protected disclosures policy in place but some staff members were not aware of it.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

All staff will continue to be updated and facilitated to raise concerns about the quality of care and safety of children.

Current policies and procedures will incorporate the protected disclosures policy.

Proposed Timescale: 17/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels in the unit were not adequate to meet the needs of the children.

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:

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 through the current recruitment process.

Provider/person in charge.

Proposed Timescale: 01/06/2015

Theme: Responsive Workforce

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

Consistency was not provided for the children as agency staff were required on a daily basis to cover core shifts.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

Residents will receive continuity of care and support from consistent staff and this will further be enhanced through the current recruitment programme.

Provider / Person in charge.

Proposed Timescale: 01/06/2015

Theme: Responsive Workforce

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

There was one rota in place and this did not reflect the planned and actual rota. The name of the agency staff providing cover was not documented on the rota.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

A planned and actual rota will be maintained at all times.

Person in Charge.

Proposed Timescale: 30/05/2015

Theme: Responsive Workforce

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

Staff files did not contain all of the information required by Schedule 2 of the Regulations.

Action Required:

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

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

Staff files and information and documents as specified in Schedule 2 will be updated Provider.

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

The staff team had not received all of the required mandatory training.

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:

Staff will have access to appropriate training including access to refresher training as part of a continuous professional development programme. A schedule of training is available for specific training including children first training and manual handling.

Person in Charge.

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

The staff team were not appropriately supervised.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Staff will be appropriately supervised through a revision of management structures.

Person in Charge.

Proposed Timescale: 30/05/2015

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report²

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003367
Date of Inspection:	21 April 2015
Date of response:	27 May 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no evidence that personal plan reviews had been scheduled.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

² The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

Personal plan reviews had been scheduled for all four children in fulltime residential care and 5 children availing of respite

Resident unique identifier numbers and annual review dates provided:

30 April 2015

28 May 2015

12 June 2015

14 May 2015

14 May 2015

16 June 2015

Sept 2015

Sept 2015

Sept 2015

Sept 2015

Proposed Timescale: 30 April to September 2015

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Consultation had not occurred with the children who were due to transition from the service.

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:

To ensure the children themselves are involved in their own transition plans, a Speech and Language Therapist will assist staff with the consultation process and advise on the most appropriate way to assure involvement from the children.

Proposed Timescale: 28/05/2015

Theme: Effective Services

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

An assessment of children's suitability to be placed together in another centre had not commenced.

Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the

designated centre in a planned and safe manner.

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

Assessment of children's suitability to be placed together in another centre will be reviewed by the multi disciplinary team on the 28th May 2015.

Proposed Timescale: 28/05/2015

Theme: Effective Services

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

Plans to guide the discharge of residents from the service had not been documented.

Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

Fortnightly meeting are taking place relating to the planning and discharging of children from Avalon involving the Learning Disability Service Assessment and Placement Officer, HSE Estates Manager, Acting Learning Disability Service Manager, Counsellor for Special Needs Manager CNM2, and Staff nurse. Minutes of meetings submitted to the Authority.

Proposed Timescale: 05 May 19 May and 2nd June 2015

Proposed Timescale: 02/06/2015

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:

A comprehensive assessment of risk in the centre was not completed. There were no window restrictors and the storage of disposable gloves and aprons was not safe. Possible ligature points, staffing issues and storage had not been assessed.

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:

A comprehensive assessment of risk inclusive of window restrictors and the storage of disposable gloves and aprons, possible ligature points, staffing issues and storage in the centre will be completed by 29th May 2015.

Immediate controls relating to window restrictors and the storage of disposable gloves and aprons is now in place.

Cords of window blinds are now in place.

Proposed Timescale: 29/05/2015

Theme: Effective Services

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

The risk management policy did not include hazard identification and assessment of risk throughout the unit.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The risk management policy was reviewed to include hazard identification and assessment of risk throughout the unit. Copy sent to inspector for their review and comment.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions to control the risk of the unexpected absence of a child.

Action Required:

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

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

The risk management policy was reviewed and measures and actions to control the risk of the unexpected absence of a child are now included.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions to control the risk of accidental injury.

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:

The risk management policy was reviewed and measures and actions to control the risk of accidental injury are now included.

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

The risk management policy included some measures and actions to control the risk of aggression and violence but they had not been implemented in practice.

Action Required:

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

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

The risk management policy will be fully implemented in practice in Avalon.

Proposed Timescale: 01/07/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions 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 revised risk management policy does include the measures and actions to control the risk of self-harm see page 11 to 13.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

An analysis to determine if all children had completed a fire drill was not undertaken. A night time drill when single staff cover was in place had not been completed.

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:

All fire drills have been completed. An analysis to determine that all children in full time residential care have completed a fire drill has been undertaken on the 20 May. An analysis of respite children will be undertaken on their next scheduled stay in respite.

Proposed Timescale: 19/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The staff team were not trained in a behavioural management programme. Behaviour support plans were not in place for all of the 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:

All staff will be trained in Studio three. Scheduled training dates are as follows 26, 27, and 28 May, and 23, 24 and 25 June. Behaviour support plans will be in place for all of the children. Referrals have been submitted to the behaviour therapist.

Proposed Timescale: 22/06/2015

Theme: Safe Services

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

Some restrictive practices were not reviewed to ensure the least restrictive practice was used, for the least amount of time.

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:

Referrals have been submitted to the Behaviour therapist on 15 May 2015, Occupational Therapist and Physiotherapist.

The O/T Dept are involved in the reviewing Restrictive Practice Procedures – Email date 28 April 2015. O/T Manager.
Referral to Children’s Psychology was made on 25 May to Head of Psychology Markiewicz House to assist with reviews.

Proposed Timescale: 20/07/2015

Theme: Safe Services

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

Not all staff had completed Children First (2011) training.

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:

All current staff will have completed Children First (2011) by 09 June 2015.

Proposed Timescale: 09/06/2015

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:

Out of date medication was not stored securely. Medication belonging to the children availing of respite was stored in the controlled drugs cabinet.

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:

Out of date medication is returned to the pharmacy and in future all out of date medication will be stored securely. Medication belonging to children availing of respite is no longer stored in the controlled drugs cabinet but stored in a locked press.

Proposed Timescale: 19/05/2015

Theme: Health and Development

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

Prescription sheets did not contain all of the required information. Medication for children availing of a respite service was not labelled. Handwritten amendments were observed on some medication labels.

Action Required:

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

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

Prescription sheets in Avalon contain all of the required information for children in full time residential care. A medication risk assessment relating to children availing of respite will be completed and controls identified to address any risks will be documented.

Proposed Timescale: 28/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge did not have sufficient awareness of some practices in the unit.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The person in charge has sufficient awareness of all practices in the unit.

Proposed Timescale: 01/06/2015

Theme: Leadership, Governance and Management

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

The management structure was in a period of transition and not all staff members were aware of the current reporting procedures. Some roles were not clear.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service

provision.

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

Interview for CNM1 is due to take place on 4.6.2015. A new Person in Charge has been assigned to the role within Cregg Services. All staff members will be made aware of the current reporting procedures.

Proposed Timescale: 15/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Consistency for children was not provided at the weekends.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

Ongoing consultation is taking place with external agencies regarding regularising of staff to work in Avalon at weekends. Recruitment campaign for the service resulted in securing one staff for Avalon. The process continues with the Internship programme in place regarding recruitment of staff other than Agency staff. At present 1 c/a is working 3pm-10.40pm Mon-Fri.

Proposed Timescale: 10/07/2015

Theme: Responsive Workforce

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

A planned and actual rota was not in place and some staff members were not named on the rota.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

A planned and actual rota is in place and all staff members are named on the rota.

Proposed Timescale: 19/05/2015

Theme: Responsive Workforce

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

The staff nurse was required to leave the unit attended by a care assistant while medication was administered in other units.

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:

A risk assessment has been completed for Avalon relating to the staff nurse leaving the unit attended by a care assistant while medication is administered in other units. A review of the deployment of nursing staff on night duty will take place to try and alleviate the nurse leaving the unit.

Medication Management course for care assistant –DX2 Company Dublin. Costings submitted to Administration.

Proposed Timescale: 12/06/2015

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:

Mandatory training will be completed by all staff members by 07 September 2015.

Proposed Timescale: 07/09/2015

Theme: Responsive Workforce

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

Supervision had not commenced.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Person in charge to undertake formal supervision with CNM2 by 29 May 2015. CNM2 to conduct formal supervision with 10 staff attached to Avalon by 13 July

Proposed Timescale: 13/07/2015