<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003682</td>
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<tr>
<td>Centre county:</td>
<td>Kerry</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Resilience Healthcare Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Martin McCarthy</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>6</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 20 February 2015 10:20  
To: 20 February 2015 18:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<tbody>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This centre is a designated centre for children with disabilities which opened in October 2013. The statement of purpose identified that the centre was a residential/respite service that provided a home from home high support residential and respite service for children with an intellectual disability, autism spectrum disorders and behaviours that challenge. Children may also have a physical and or sensory disability.

This centre was located in a rural area outside of a town. It was a spacious detached house with gardens to the front and rear. The centre had five bedrooms located on the ground floor and was operating at full capacity on the day of the inspection.

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection, inspectors met six children and spoke with two support workers, a behavioural support specialist, the deputy team leader, a person involved in the daily management of the centre (provider nominee) and the managing director. The person in charge was on leave at the time of the inspection. The inspector observed practices and reviewed documentation such as care files and the medication management system. As part of this inspection the inspector viewed personnel files, documents relating to health and safety, reviews and the statement of purpose.

One child lived in the centre on a permanent basis since December 2014, three
children availed of regular respite service and an additional two children were in receipt of emergency respite services since February 2015. All of the children were diagnosed with autistic spectrum disorder. Six children were present in the centre on the day of the inspection, one was discharged on the morning of the inspection resulting in five children residing at the centre that night. All six children were engaged in an educational programme in specialist schools within their own area. The centre also operated a home support service and one of these children received this service in addition to their respite service. A small number of children received a home support service only, the files of these children were not reviewed by the inspector as they were not in receipt of residential or respite services.

Findings on this inspection identified non-compliances in areas such as children's care planning, risk management, fire safety, medication management, statement of purpose, review of service and some aspects of workforce. An immediate action plan was issued by the Authority to the provider in the area of medication management. A satisfactory response to this immediate action plan was received from the provider within the timescales provided.

The action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The arrangements to meet children's needs were not sufficiently set out in personal care plans that reflected their needs. The needs of children were not fully assessed upon admission and thereafter. There was evidence that some personal plans were drawn up with the participation of parents who acted on behalf of their children and that personal plans were reviewed. Children were supported in transitions between childhood and adulthood however the evidencing of same needed improvement.

There was evidence that some of the needs of children were assessed upon admission but the level of assessment conducted was not in line with the regulations. A person centred planning system was in place at the centre and this system involved an assessment of a child's needs in areas such as their social needs, health and communication but not all children receiving services on the day of the inspection had their needs fully assessed upon admission or thereafter. One child was living at the centre on a permanent basis since December 2014 and his/her healthcare needs had not been assessed upon admission by a healthcare professional. A copy of a previous health care assessment conducted by a previous residential centre was included in his file and this was confusing as it was not obvious at first that it was a former healthcare assessment conducted by a different provider. The lack of the healthcare assessment done upon admission or 28 days thereafter was concerning as it meant that staff did not have up-to-date information on the child's health upon admission.

There were two children receiving emergency weekend respite services from the centre at the time of the inspection and had only been receiving this service for a period of three weeks. A full assessment of their needs had not yet been completed as staff were
getting to know the children but this meant that staff were then providing a service to these children without having all their information to hand which was not good practice.

Four children were eligible to receive regular respite services at the centre and had been doing so since 2013 and/or 2014. These children had been admitted to the centre prior to the regulations commencing in 2013, therefore a formal healthcare assessment was not conducted upon their admission. These children lived at home therefore their parents had primary responsibility for their health. The admission policies developed by the centre did not adequately explain how the centre would ensure that it met the requirements of the regulations for children receiving respite services only.

Each child had their own file at the centre and the information contained in their files differed which was understandable given some of the children were receiving different types of services from the centre but this then meant that it was difficult to see what the baseline structure and expectation was for each file. Some children had individual risk assessments on file and others did not. Some had personal emergency egress plans on file and others did not. Some files contained significant information on a child's behaviour and others did not contain any reference to plans regarding the promotion of positive behaviour or the management of challenging behaviour. It was not clear to the inspector what the overall structure of a file should look like.

A personal care plan system was in place at the centre but there were slight variations of this plan in place. A behavioural therapist explained to the inspector that one of the plans was an up-dated version of the other but this was not identified on the document itself. All children had in place a personal plan which was at different levels of completion depending on how long they had been receiving a service for. The plan was child friendly in its format. There was evidence that copies of prior assessments or reports conducted by multi-disciplinary professionals were sought by the team leader and managers in the service and placed in the children's files.

The quality and effectiveness of the personal plans in place at the centre required improvement. The inspector saw evidence of a child's personal plan being reviewed regularly by staff at the centre with the involvement of the parent but there was minimal reference to the progression of children against their established needs. A staff member described how one child had developed in their use of picture exchange systems since their admission to the centre but this was not recorded as an outcome on that child's file or noted in their review. A number of the needs assigned to children were generic in their nature and did not contain reference to their behaviour. Behaviour plans were often separate to the child's personal plan and the documents sat side by side rather than reference to their behaviour being a core part of their personal plan.

It was not clear to the inspector the expectations of what should be on file for children who were in receipt of emergency respite services only and there were clear gaps. The behavioural therapist was also not clear of her role as regards these children. Not all information was completed on the personal care plans for these children, for example, basic contact information for parents/guardians was not recorded on files. The inspector spoke to a team leader who gave assurances in this regard that all the contact information was known to the service and acknowledged that this had not been updated on the child's file. One of the children in receipt of emergency respite services was engaging in minor self-injurious behaviour on the day of the inspection and this
behaviour had not yet been assessed by the behavioural therapist and an individualised risk assessment was not in place in relation to these behaviours.

There was no consideration given to the variety of services that the centre operated and the effect this might have on the children, for example, where children lived at the service they would be sharing their home with children who arrived for respite and in addition children who arrived into the centre on an emergency respite basis. At the time of the inspection, one child had moved to the centre in December 2014 and was sharing his/her home with a number of children receiving both respite and emergency respite. The effect that this might have on him/her was not assessed.

A policy on admissions, transfers and discharges, dated 2014 was in place at the centre but this did not sufficiently guide staff on the procedure for preparing children for their final discharge from the centre. There were no children receiving respite or residential services from the centre who had turned 16 years of age at the time of the inspection, therefore there was not yet plans put in place for their transition to adulthood but the policy was not adequate in setting out clearly to staff how discharges would be conducted.

One child had left the service in the twelve months prior to the inspection and an inspector asked to see evidence of the transition plans put in place for this child in terms of his/her preparation for adulthood and discharge to an adult residential service. There was evidence that a transition plan was completed on a template supplied by the adult residential service (which was a separate provider) and staff within this service had contributed to this plan for the child which was very comprehensive. Copies of minutes of meetings outlining the transition plan in the months prior to the transition were found on file but there was insufficient evidence of the long term plan put in place by staff at the centre in the twelve or twenty-four months prior to the transition, for example preparing the child for adulthood through the development of life skills. There was insufficient evidence that preparatory work was completed by staff at the centre in discussing the transition with the child and their family, although the minutes of meetings did confirm this took place and a behavioural therapist based at the centre assured the inspector that the child was spoken to about the transition in the twelve months prior to the move and was aware of the intended move.

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):
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The health and safety of children, staff and visitors was protected by policies in place at the centre but practices against these policies required improvement. Fire precautions to ensure that children, visitors and staff were protected also required improvements.

Health and safety procedures were in place at the centre but needed improvement. The provider had a health and safety policy, dated 2014, which was specific to the centre. A separate policy on risk management was in place at the centre, dated 2014 and this contained reference to the measures and actions in place to control specified risks as outlined in the Regulations. Local health and safety training was being planned for 2015 for staff at the centre which was viewed by the inspector. A set of risk assessments was in place. These contained information on a variety of risks and hazards which were risk assessed and controlled. Where actions were required to control a hazard the completion date was noted. It was not clear if this set of documents was in fact the centre risk register. The name of the centre was not stated on these risk assessments, therefore it was not clear that the risk assessments directly related to this centre and not any other. The risk assessments did not cover wider risks to the centre, such as risks associated with the business of running the centre.

An audit of accidents and incidents had been prepared by the provider in December 2014 and this contained reference to all incidents and accidents that had taken place within the centre in 2014. A number of recommendations had been made following this audit. It was not clear if these recommendations had been put in place. A safety audit report had been completed by an external health and safety officer in September 2014 and follow up against the recommendations in this report were completed, although it was not clear who at the centre had signed off the recommendations as being completed and the outcome of some recommendations remained unclear.

Staff had not received training in risk assessment but some had received training in incident reporting in 2014. Training in risk assessment was due to be rolled out in 2015 to staff along with training in incident reporting. Individual risk assessments relating to certain risk-taking behaviours of the children were completed for some, but not all children.

The centre had a policy and procedure relating to incidents where a service user went missing, dated 2014. The front of the centre had a large garden and there was no gate to protect children from leaving the centre and walking on to a busy road. For this reason, the front door of the centre was kept locked and the sides of the house were kept contained by gates. This ensured that it was difficult for children to abscond from the centre and walk out on to the busy road.

A maintenance book was viewed by the inspector following the inspection and this contained information on maintenance requests reported by staff since January 2015. It was not always clear if the requests had been attended to, some were marked with a tick but did not have a date of completion or signature of staff member who confirmed that the maintenance request was attended to. It was not clear if the team leader or person in charge reviewed these requests to check for works outstanding. A bed-rail
attached to one of the children's beds was noted to be broken on one of the sides in January 2015. It was not clear if this had been attended to. An inspector viewed the en-suite facilities of one of the bedrooms, which was kept locked at the time of the inspection and not available for a child to use. This bathroom required refurbishment before it could be considered functional. The team leader told an inspector that renovations were planned for 2015 to address this en-suite. The child sleeping in this bedroom had access to an external shared bathroom located close to this bedroom. Some of the windows in the living room were without handles. This was described by the team leader as a control mechanism that had been put in place by staff to prevent children from climbing out of the window and had been requested by a parent. The effect of having windows without handles was not assessed from a health and safety perspective or a fire perspective. A window in one of the bedrooms was partially blocked by a mat which had been permanently attached to the wall. One bedroom had an inner window frame with protective glass in front of two windows, which the provider nominee gave assurances had been risk assessed by a fire officer, the effect of this appeared institutional.

A vehicle used by the centre was being serviced on the day of the inspection and a rental vehicle was in its place. This was not viewed by the inspector.

Some infection control measures were in place but improvements were required. Staff training records showed that some staff had completed training in infection control in 2014 and the remaining staff who had not completed this training were identified by a gap analysis completed by the provider nominee prior to the inspection. Plans were in place to address training in this area in 2015. There were a number of appropriate procedures in place for the prevention and control of infection, such as ready access to handwashing and or sanitising gel for visitors and appropriate separate laundry facilities for soiled clothing through the use of alginate bags. The centre was generally clean but required further attention in some parts of the bathrooms and bedrooms. An internal refuse bin was observed by an inspector placed on top of a fridge freezer in the utility room which was not suitable. This was attended to immediately by a member of staff and removed to a suitable place. Cleaning schedules were in place and cleaning duties were attended to by both day and night staff. There was no evidence that these records were quality assured. It was not always clear on the night duty records the month that the record pertained to. There were some gaps in these records.

A fire safety policy was in place at the centre dated 2013. This was an organisational policy that contained a set of fire safety procedures for all residential centres to include fire drills, weekly checks and annual checks. A fire safety certificate was in place from the local county council dated 2013. Evacuation plans were displayed in prominent areas of the centre. A number of fire safety precautions were in place but improvements were required.

There was evidence that fire safety training was provided to staff with fire officer duties in 2014. Three staff were appointed with duties in fire safety and two of these staff members had been trained in 2014 in fire evacuation, use of fire extinguishers and fire safety training. Five drills had taken place in 2014 at the centre. During one of these drills, the time it took for the children and staff to evacuate the centre had been substantial and there had been considerable reaction from some of the children which
contributed to the delay. Despite the recording of this under the comments section on the drill record learning from this event had not been compiled. There was significant variation in the time it took for children and staff to evacuate the building, ranging from just over a minute to eight minutes.

The inspector reviewed a sample of records of daily and weekly checks conducted by staff on fire safety. It was not clear that the team leader or person in charge reviewed these records. The dates of the checks were often unclear as there was corrective fluid used on occasion where the date was recorded and some records did not have the date inserted. A comment on upholstery that needed attention was recorded each week for three weeks in the month of December 2014 and it was not clear if the matter had been attended to. An internal quarterly and annual checklist of fire precautions was not completed for 2014, but there was evidence that fire equipment had been serviced in 2014. A sample of extinguishers were viewed around the centre and these confirmed that servicing in the twelve months prior to the inspection had taken place. The fire alarm system and emergency lighting system had been inspected by an external company on two occasions in 2014. Training records showed that twelve staff had completed training in fire safety in 2014 but the total compliment of staff in the centre was 23 in January and February 2015. Not all of these staff had received training in fire safety in 2014. The provider nominee was aware of this gap. A training plan was forwarded to the Authority following the inspection but this did not specifically address this gap.

Personal emergency egress plans had been compiled following the inspection for newer service users and these were specific to each child and dated and signed accordingly. Personal emergency egress plans were in place for the existing service users, although these plans were not in the child's files on the day of the inspection. Some of these plans dated 2014 were not yet signed by the person in charge. There were five fire exits in the building, four of which were on the ground floor. Three of the fire exits were unobstructed and unlocked, while two (the front door and a fire exit door in the utility room) were locked. The front door was locked to prevent children from leaving the centre unattended and gaining access to a nearby busy road. Despite clear guidance to staff displayed on the door of the fire exit in the utility room, this door was locked when viewed by the inspector and the team leader. This fire exit door was also locked at the previous monitoring inspection. The door was unlocked immediately by the team leader and described as an oversight. Some fire doors were wedged open which was not safe and not in line with the organisation policy on fire safety. These doors were attended to immediately by the team leader and upon leaving the centre the inspector viewed these doors closed. At the front of the house, restraining steel bars were fitted to the exterior of some windows. The team leader told the inspector that these were needed to ensure that children could not climb out of the windows as they prevented the windows from being opened in full. The compliance of these steel bars against fire regulations was not assessed by a competent person. The impact of the above practices and issues outlined may adversely impact the health and safety of the children, particularly in the event of a fire.

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

Theme:
Safe Services

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

Findings:
Measures to protect children from being harmed or suffering abuse were in place at the centre at a policy level but improvements were needed. Not all children were sufficiently assisted and supported to develop self awareness, understanding and skills needed for self-care and protection in line with the organisation intimate care policy. Children were provided with emotional and behavioural support but the behavioural support did not appear to be part of the child's personal plan and sat outside this framework. Restrictive practices were used at the centre and the method of reviewing these practices required improvement.

There were some measures in place to safeguard children and protect them from abuse but improvements were required. Inspectors observed staff interacting with the children in a respectful manner treating them with kindness and warmth. The organisation policy on child protection was dated 2014 but the name of the designated liaison person was incorrect as the inspector was told that this staff member no longer worked in the organisation. Not all children had care files fully in place, therefore specific plans around the provision of personal care or the monitoring of such care to ensure all children were safeguarded were not in place. Not all staff had completed training in Children First: National Guidance for the Protection and Welfare of Children (2011). Training needs in this area were identified by a training gap analysis completed in 2015 by the provider nominee and a training plan was put in place to address this and other training needs. The training in this area delivered internally to some staff in 2014 was of one and a half hours duration, which was very short given the nature of the subject.

The structures in place at the centre for the management of concerns about abuse or suspicion of same required improvement to ensure that all concerns followed the guidelines of Children First (2011) and decisions to forward or not forward on concerns to the Child and Family Agency were appropriately recorded by the designated liaison person. Staff with whom inspectors met had an understanding of whistle-blowing and protected disclosures and told inspectors that they would share concerns with the person in charge.
A comprehensive policy on intimate care, dated 2014 was in place but intimate care plans were not written up for all children in receipt of services from the centre. Children in receipt of emergency respite did not have intimate care plans in place which was concerning given that staff were expected to provide care to these children of an intimate nature. These children, by the nature of their need for respite were vulnerable given that they were not subject to established admission procedures.

Children were provided with behavioural support but improvements were required. The provider employed a behaviour support specialist with whom the inspector met during the inspection. This staff member outlined to the inspector some of the approaches that were being taken with some of the children in the assessment of their behaviour. The relationship between the needs of the child as outlined in their personal plans and reference to the promotion of positive behaviour and or management of behaviour that challenges was not highlighted adequately. It was difficult to ascertain the effectiveness of behaviour strategies as there was no documentation of the child’s progression against goals in this area. The use of ‘as needed’ (prn) medication was used in the centre as a means to control self injurious behaviour and behaviour that challenged but there was no reference to the use of this medication in the child’s personal plan or behaviour plan. It's use was referenced only in the prn protocol. The behavioural therapist was unclear of her responsibilities to children receiving emergency respite services from the centre. This was concerning as one of the children was engaging in minor self-injurious behaviour on the day of the inspection which was not being assessed by the behaviour therapist.

A restraint free environment was promoted at the centre in some ways and doors were generally unlocked and children could come and go as they pleased throughout the house and rear garden. Children were observed coming in and out of the kitchen and accessing all parts of the ground floor. Children were prevented from gaining access to the first floor of the building which consisted of offices and a training room. This arrangement did not present as a significant restriction to the liberty of the children. The front door of the centre was locked but this was appropriate given how there was a risk that children may walk out of the grounds and on to a busy road.

Where children's behaviour necessitated a restrictive procedure in the form of chemical restraint, there was insufficient written evidence available to the inspector on the day of the inspection that every effort was made to identify and alleviate the cause of the child's behaviour, that all alternative measures were considered before a restrictive procedure was used and the least restrictive procedure, for the shortest duration necessary was used. The protocols in place were individualised to each child but were not signed off by all parents, although the prescribed use of these prns was stated on the childrens' prescription record cards by an appropriate healthcare professional. The views of the child and their parent in relation to chemical restraint were not documented. In terms of the administration of these prns, the inspector did not see documented evidence that any potential episode of restraint was considered only if the potential benefit of restraint to the resident, and the risk involved if restraint is not used, outweighed the possible negative effects on the child subject to restraint. Records for children subject to chemical restraint did not include sufficient recording of the consideration of all alternative interventions. A full assessment of the child prior to each
episode of chemical restraint, monitoring of the child during any episode of chemical restraint, adverse events resulting from chemical restraint and a detailed record of each episode of chemical restraint were not documented.

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):**

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

**Findings:**

Medication management systems were in place to protect children but significant improvements were needed to ensure that these systems protected children. Some children were put at risk by practices at the centre for medication management. An immediate action plan was issued to the provider on foot of these concerns.

Inspectors reviewed an organisational operational policy relating to the prescribing, storing and administration of medicines to residents and viewed the practice of prescribing, storing, administration and disposal of medicines for three children against this policy. There was a policy and procedure for medication management, dated 2014 but the policy was not centre-specific. This meant that the policy did not reference the different services in operation at the centre and the policies and procedures for each of these services. A system was in place for the counting of medication that came in and left the centre. There were no out-of-date medication in storage. At the time of the inspection, there were no children who were prescribed controlled drugs, therefore a safe to store this kind of medication was not needed. However, given one of the services the centre provided was an emergency respite service, a child may arrive with controlled drugs and a storage facility for this would need to be in place. There was no procedure for the management of medication for children who arrived to the centre on an emergency respite basis and the inspector was concerned about how children receiving services of this nature at the time of the inspection may therefore be put at risk. The procedure for staff to follow following the refusal of medication was not being followed at the time of the inspection. Protocols developed by the centre for the use of 'as needed' (prn) medication were not all signed and dated by the parent of the child. Written procedures were still not in place regarding the transit of medicine for children in receipt of respite services and this had been highlighted at the previous inspection. Medication kept at the centre was secure but the medication cupboard was located next to the hob in the kitchen with little space to prepare medication other than the kitchen
As children walked freely in and out of the kitchen, the space was therefore not secure.

The administration of medication against what was prescribed required improvement. The inspector alongside a staff member trained in medication management viewed a sample of administration records against what was prescribed. The times of administration against what was prescribed did not always match as times on the administration sheet were pre-populated and did not on occasion concur with the time prescribed by the general practitioner. There was insufficient space for staff to record comments when children refused medication so much so that staff wrote notes to each other when a child refused their medication and these notes were placed on the administration records which were not secure. There was no signature sheet to compare staff initials on the administration records to. Not all prescription cards contained a photograph of the child. Maximum dosages were not stated for all prns. There was no obvious quality assurance by managers of medication management. While some staff were trained in medication management, a gap analysis conducted by the provider nominee prior to the inspection showed that there were gaps in this area. Children in receipt of emergency respite care had photocopied prescription records that originated from the other residential centre they received respite from and not from their general practitioner.

Such was the level of non-compliance in this area, that the Authority issued an immediate action plan to the provider as the inspector was not assured that children in receipt of emergency respite care from this centre were kept safe through the current medication management systems. The Authority received assurances from the provider that children in receipt of emergency respite services would not be admitted to the centre until all of their paperwork was in order in this area and that they were attending to this matter immediately.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose that described the service provided in the
centre but there were a number of improvements required. The services and facilities outlined in the statement of purpose and the manner in which care was provided did not reflect all of the services provided by staff at the centre.

The statement identified that the purpose of the centre was to provide a residential/respite service that provides a home from home high support residential and respite service for children with an intellectual disability. Practices that took place in the centre on the day of inspection reflected the statement in areas such as resident profile and capacity. A floor plan was attached to the statement of purpose. The arrangements for children to engage in social activities, hobbies and leisure interests were set out in the statement.

However, the statement did not, for example, outline sufficiently the criteria used for admission to the centre, given that the centre operated a residential, a respite and an emergency respite service. In addition, the statement of purpose did not outline sufficiently a fourth non-residential service provided by staff at the centre, that was, the home support service. Admission criteria was not specific to the different types of services.

The total staffing complement was not set out in the statement of purpose, nor the specific therapeutic techniques used in the centre or arrangements for their supervision. This was concerning given that a behavioural therapist was employed full-time at the centre. When the centre operated at capacity, which was five children, there was limited space for children to receive visitors in private other than their bedroom, because only the living room and kitchen had sufficient furnishings and space for visitors. A narrative of the rooms in the centre was not specific. The statement outlined that the centre comprised of six bedrooms and could accommodate five residents at a time. This might lead to confusion as the sixth bedroom was at the time of the inspection located upstairs in what was described to the inspector as office space only and this room was no longer operating as a bedroom.

The organisational structure of the centre was not set out sufficiently and did not outline if some of the posts were vacant at time of review of the statement. One such post, described as 'homemaker' was vacant when the statement was updated and at the time of the inspection. It was unclear what this role entailed. The arrangement for a child to meet with their Child and Family Agency social worker was not set out. Some information of fire precautions was not consistent with practice at the centre, for example the regularity of fire drills was described as monthly but this was not found by the inspector when reviewing records in this area.

The review date was clearly identified on the statement of purpose along with the name of the group employed by the provider with responsibilities in this area.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The quality of care and experience of the child required improvements to ensure that it was monitored and developed on an on-going basis. There was a clearly defined management structure in place that identified lines of authority and accountability. Some review systems were in place to support and promote the delivery of care services.

There was a clearly defined management structure at the centre that identified lines of authority and accountability. The centre was managed by a person in charge, who was appointed in December 2013 to the role and he had the authority, accountability and responsibility for the provision of the service at the centre. He was supported by a team leader with whom the inspector met at this inspection. The team leader had a good awareness of his role, his responsibilities and knowledge of the regulations and standards. Staff were clear about the relevant reporting mechanisms and told the inspector that the person in charge and team leader were available to them.

There were some reviewing systems in place at the centre. The provider had made arrangements for an external review to take place in March 2014 on the compliance of the centre against the regulations and this was done by a consultant external to the centre. This review had previously been viewed by an inspector at a monitoring inspection in March 2014 and a set of actions had been created following the inspection in regards to this review. At the time of this inspection, the review of services for the remainder of 2014 and 2015 had not yet taken place.

A number of other reviews of the centre had taken place since the monitoring inspection including a health and safety audit conducted by an external health and safety consultant in 2014. Internal audits of incidents and accidents had taken place regularly in 2014 commencing in May through to December 2014. A gap analysis of staff personnel files had been conducted in 2015 by the provider nominee and a member of the human resources team and this included an analysis of training completed. Arrangements were in place to ensure that staff exercised their personal responsibilities for the quality and safety of care that they had provided but the provider nominee told the inspector that he had identified gaps in the regularity of supervision in an audit he had completed prior to the inspection.
Despite these reviews completed, the inspector was concerned that a number of areas within the service were non compliant with the Regulations, for example medication management systems at the time of the inspection were non compliant in a major way and this had not been identified by the person in charge or provider nominee. There was insufficient policies and procedures in place to guide staff and managers on the service to be provided to children in receipt of emergency respite care and the expectations regarding their personal planning and the admission process. The use of chemical restraint at the centre was in need of assessment and evaluation to ensure that its use as a restrictive procedure was in line with the appropriate guidance. Issues that arose in fire drills conducted by staff did not appear to have been reviewed or learnings put in place. There was poor evidence overall of the team leader, person in charge and provider nominee quality assuring records completed by staff.

Notifications had not been made within the appropriate time-frames by the person in charge in 2014 to the Authority. The provider nominee had not completed a report every six months on the quality and safety of care and support at this centre following his visits in 2014. This had been discussed prior to the inspection with the managing director and newly appointed provider nominee and these issues were immediately rectified and addressed. The provider nominee was newly appointed since late 2014. He had a good knowledge of the regulations and standards and told the inspector that he was committed to bringing positive changes to the centre to ensure it was in accordance with the regulations and standards.

**Judgment:**
Non Compliant - Moderate

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**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

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

**Findings:**
On the day of the inspection there was a sufficient number of staff to meet the needs of the children at the centre. However, overall, not all staff had received training in core areas. Not all staff records contained all the information and documents as per Schedule 2 of the regulations. A formal supervision process was in place at the centre but the
inspector was told that the regularity of same was not in line with their policy.

The centre had the capacity to cater for five children at any one time in the centre. Inspectors observed children receiving care and assistance from the staff in a timely, safe and caring manner. The team leader told the inspector that the staff ratio was one-to-one during the day and at night-time one member of staff slept over while there were between two and three waking night staff. On the day of the inspection, there were six support staff scheduled to work at the centre, some working from 9.00am to 9.00pm and others 9.00am to 5.00pm. A seventh member of staff was scheduled to work a smaller number of hours during the day.

At the time of the inspection there was a staff complement of 23 support workers, all of whom were on relief contracts. This high number of staff had not been in place at the monitoring inspection that took place in March 2014. The reason for this high number was explained by the provider nominee to the inspector and had arisen as a result of new staff members being included on the existing staff rota who had previously been working at a nearby designated centre (owned by the provider) that had closed in late 2014. The provider nominee told the inspector that the high number of relief staff used at this centre was not a long term staffing strategy and there had been an open competition for 10 permanent posts within the centre prior to the inspection. The recruitment process had been completed and a staff induction for this group of staff was set to commence shortly after the inspection. The inspector was forwarded written information following the inspection in this regard. The inspector was told that overall, this staffing structure would ensure that going forward the core staff team was reduced considerably with the remaining staff acting in a relief capacity only. The provider nominee told the inspector that staff morale following this period of open competition had been affected as there were some staff that were naturally disappointed to have not been successful in acquiring permanent roles. This was confirmed by some staff with whom the inspectors met but they told the inspector that it did not affect how they cared for the children.

Supervision sessions were supported by a written policy which had only been developed in 2015. The provider nominee told the inspector that he had audited the regularity of formal supervision himself prior to the inspection and had identified gaps in the regularity of same. The lack of regular formal supervision in the centre in 2014 meant that staff did not have a regular formal confidential mechanism of support from the manager, or an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff.

A sample of staff files reviewed following the inspection did not fully comply with the requirements of Schedule 2 of the regulations. The provider forwarded a recruitment and selection policy to the inspector following the inspection but this document was not dated and some aspects of the document appeared to be in draft format. Vetting was incomplete for one staff member. Not all curricula vitae had full employment histories. There were numerous contracts on some of the files, therefore it was difficult to know what the current role and current contract for each staff member was. One personnel file did not have the required copy of qualifications on file. Personnel files in general were poorly organised. There was evidence that some staff had participated in a review process but this was not in place for all staff whose personnel files the inspector
Improvements were needed in the education and training of staff. A policy was forwarded to the Authority but this was not dated and appeared to be a draft document. The provider nominee told the inspector that he had completed a staff training audit prior to the inspection and this had highlighted a number of gaps in this area. Staff training records indicated that not all staff were trained in areas identified as core training by the provider such as child protection and fire safety. Given the nature of the service, the inspector was concerned that staff training in the promotion of positive behaviour and management of behaviour that challenges was not provided to staff in 2014. The inspector was concerned that some subjects, such as child protection training given to staff in 2014 was limited in terms of the time that was allocated for training in this area. The provider nominee told inspectors that a staff induction for the new group of permanent staff had been planned at organisational level and would address any gaps going forward. The training plan identified core training to be given at induction. Training in crisis intervention training was stated as a training need but no dates were confirmed against this training.

At the time of this inspection, there were no volunteers involved at the centre.

**Judgment:**
Non Compliant - Moderate

**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Carol Maricle
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 report**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003682</td>
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<tr>
<td>Date of Inspection:</td>
<td>20 February 2015</td>
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<tr>
<td>Date of response:</td>
<td>20 May 2015</td>
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**Requirements**

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

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

**Outcome 05: Social Care Needs**

**Theme: Effective Services**

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

A comprehensive assessment by an appropriate healthcare professional of the health, personal and social care needs of children was not carried out prior to admission to the centre.

**Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
The organisation will not be taking under any circumstances emergency admissions with immediate effect. This fact will be reflected in the organisation's admissions policy.

Since the HIQA visit on 20/02/2015 the following corrective actions are now taking place.

All relevant healthcare professionals have been contacted and requested to provide information to enable the completion of up-dated comprehensive assessments.

It is expected these up-dated comprehensive assessments will be completed by the end of May 2015.

In addition to the above no child will be admitted to the service in the absence of complete and full comprehensive health and social care assessments.

Proposed Timescale: 29/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A comprehensive assessment by an appropriate healthcare professional, of the health, personal and social care needs of the children was not carried out on an annual basis.

Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
A comprehensive assessment of the health, personal and social care needs of each child at the centre is being up-dated at present for completion by May 29th 2015.

In addition an annual assessment or more frequently will be carried out in respect of each child at the centre in the future.

Proposed Timescale: 29/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
**in the following respect:**
The person in charge operated a number of services at the centre at the time of the inspection and as the children did not all have their needs assessed, the suitability of the service that the centre provided could not be assured.

**Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
An updated assessment of each child at the centre is being carried out with immediate effect, upon assessment the suitability of the centre will also be made. All alternatives will be explored to meet the individual needs of the child.

**Proposed Timescale:** 05/06/2015

**Theme:** Effective Services

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all children had a personal plan prepared no later than 28 days after admission that reflected all of their needs.

**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:**
Upon completion of updated assessments of each individual child at the centre, each child’s Person Centred Plan will be reviewed and any required changes will be made.

In future plans in respect of all children at the centre will be completed within 28 days of admission and will reflect their comprehensive assessed needs.

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

**Theme:** Effective Services

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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all children had a personal plan that outlined all of the supports required to maximise their personal development.

**Action Required:**
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the
supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
Each Child’s personal plan is being updated at present. Upon completion each plan will have an outline of all of the supports required to maximise their personal development. This will involve consultation with – OT, Physiotherapy, GP, school and parents.

Proposed Timescale: 29/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The support to be provided to children who were to transition to adult residential services, such as provisions with the appropriate life skills required for any new living arrangement, was not outlined.

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

Please state the actions you have taken or are planning to take:
The organisation will initiate the provision of appropriate life skills training for the young adults that are transitioning to adulthood when they reach 16 years of age.

A Transition plan will be developed to support children into adult services at the appropriate time in line with the Regulations.

Proposed Timescale: 18/05/2015

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 majority of children, whose files the inspector viewed, did not have individualised risk assessments in place.

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:
Enhanced Individualised Risk Assessments have now commenced for each child attending at the centre.

The risk assessment processes and safety statement for the centre will be reviewed and include a corporate assessment of risks.

Further training on the Risk Assessment processes will be provided to staff at the centre.

The name of the centre will be evident on the Risk Register/Assessments.

As part of a review of the safety statement and risk assessment processes the procedure for responding to emergencies will be enhanced through a concise process of assessment, management and review.

**Proposed Timescale:** 30/06/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Not all staff were trained in infection control. Some areas of the centre required further attention to cleaning.

**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:**  
A training plan for staff at the centre is in place and includes provision for the training of all staff in Infection Control. A copy of this plan was forwarded to the Authority. All staff are now trained in infection control as per the policy at centre.

Cleaning has been carried out in the areas identified during the HIQA inspection and an enhanced cleaning regime is now in place at the centre.

**Proposed Timescale:** 27/02/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A means of escape through a fire exit in the utility room was not maintained adequately and was locked on the day of the inspection.
### Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

**Please state the actions you have taken or are planning to take:**
All staff have been re-instructed to ensure that the Utility Room door remains unlocked so as to facilitate exit in the event of a fire.

Existing arrangements for the maintenance of fire equipment, means of escape, building fabric and building services are under review.

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire precautions required review to ensure that precautions were in line with the organisation policy.

**Action Required:**
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

**Please state the actions you have taken or are planning to take:**
An audit of fire precautions at the centre is underway to ensure that these precautions are in line with the organisation's policy.

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in fire safety.

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

**Please state the actions you have taken or are planning to take:**
A comprehensive fire training day for staff will take place on 18th May 2015. All of the areas highlighted in the HIQA report will be covered on this and on planned follow up.
Proposed Timescale: 18/05/2015

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:
Staff had not completed formal training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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:
Since the date of the inspection visit all but one staff member at the centre have completed a 2 day training course on positive behaviour support. This includes training in understanding behaviours (getting needs met) de-escalation and intervention techniques.
Arrangements are being made to provide similar training for the remaining staff member.

The Team Leader and Behavioural Support Specialist at the centre are qualified instructors in an applied model of positive behavioural support and will provide ongoing training and support in this area to staff at the centre.

Proposed Timescale: 18/03/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was little evidence that therapeutic interventions addressing behaviour formed part of the personal care plan reviewing process.

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:
Informed consent had been obtained or requested from all residents
The informed consent of residents and their representatives will be obtained for all new residents and in respect of all residents this will form an integral part of the personal planning process in addition to being addressed within the prn protocol.

**Proposed Timescale:** 30/06/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was insufficient evidence that restrictive procedures were applied in accordance with national policy and evidence based practice.

**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:**  
Through a system of intense monitoring and recording the Person In Charge will ensure appropriate evidence is maintained in accordance with national policy and evidence based practice. Further training in Children First has also been conducted.

Progress will be measured by the Person In Charge reviewing daily, weekly and monthly each episode of restraint in a comprehensive problem solving away.

All available alternatives will be actively used where appropriate and evidence of decision making around these actions will be acutely evident in documentation.

Senior Management will continue to monitor and Quality Assure the practice monthly and upon each requirement of intervention.

**Proposed Timescale:** 29/05/2015  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
There was insufficient evidence that where a child's behaviour necessitated chemical restraint that there was sufficient recording of the attempts made to identify and alleviate the child’s behaviour, that all alternative measures were considered before a restrictive procedure was used and that the least restrictive procedure for the shortest duration was used.

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

**Please state the actions you have taken or are planning to take:**
The organisation will continue to ensure the recording of comprehensive evidence of actions taken to identify and alleviate the cause of child's behaviour that require chemical restraint.

We will introduce a document/data sheet on behavioural incidences to improve our recording of proactive active strategies tried prior to prescribed chemical restraint or other reactive strategies that are used, in order to assist in the monitoring and review of same.

Internal audits have been in place and will remain to continue to review compliance in this regard.

A monthly review of the usage of such restraints has been in place for some time and the training of our staff in Positive Behavioural Support demonstrates our commitment to our service users in this area.

The organisation will research and develop an effective system for the external review of restrictive practices and work to establish a quality framework in this regard in the next few months.

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<th>Proposed Timescale:</th>
<th>31/08/2015</th>
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<tr>
<td>Theme:</td>
<td>Safe Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all children had plans in place that documented the support and assistance given to them to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Action Required:**
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**
A comprehensive Intimate care policy is in place at the centre.

Training of all staff on the Centre's intimate care policy and application and recording of same will be undertaken.

An Individualised Intimate care plan is now in place for each child at the centre including the two most recent admittances.
There is an easy read version of the intimate care policy now provided to all service users at the centre.

Skills will be developed in areas of self development through the implementation of self care programmes, personal health and hygiene programmes, oral care programmes and toilet training programmes where appropriate.

**Proposed Timescale:** 31/08/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was insufficient recording by staff of the decision making that took place to determine whether an issue needed to be referred on to the Child and Family Agency or not.

**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:**  
All staff at the centre have been trained in Childrens First and educated in their responsibilities thereunder.

All staff at the centre have been trained in the management of complaints in line with the organisations policy on complaints.

There is an easy read complaints policy made available at the centre for all Service Users.

The designated liaison person has been trained in the requirements for the protection and welfare of children.

**Proposed Timescale:** 27/02/2015  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Not all children in receipt of emergency respite services had intimate care plans in place.

**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:**
A comprehensive intimate care policy is in place at the centre.

There is an easy read version of the intimate care policy now provided to all service users at the centre.

An Intimate care plan is now in place for each child at the centre.

Training for all staff in the company’s intimate care policy will take place in May 2015.

**Proposed Timescale:** 28/05/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff working in the centre at the time of the inspection had completed training in Children First (2011): National Guidance for the Protection and Welfare of Children.

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

**Please state the actions you have taken or are planning to take:**
All staff at the centre have now received training in Children’s First (2011) National Guidance Protection and Welfare of Children.

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

**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 arrangements for the storage or preparation of medication was inadequate.

**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:
After careful consideration and comprehensive risk assessment the storage of medications will be kept in a locked safe in the wardrobe in the child's individual bedroom. All other areas of the residents due to the nature of the service and available space and dynamics were not suitable.

Strict protocols reflected in policy and procedure will be adopted and enacted and monitored to ensure enhanced safe and effective medication management in this regard.

Preparation of medication will take place inside each child's bedroom. There are Individualised procedure now in place for each child in relation to ordering, receipt, prescribing, disposal and administration of medication reflected in policy, procedure and practice.

Proposed Timescale: 28/04/2015
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge failed to ensure that there were appropriate and suitable practices relating to the ordering, receipt, prescription, storage, disposal and administration of medicine to ensure that medicine which was prescribed was administered as prescribed to the child for whom it was prescribed and to no other child.

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 children at the centre now have an original (as opposed to a copy) Medication Recording Documentation in use, in line with the centres Medication Management Policy. Photos of service users will be appended to same.

Proposed Timescale: 25/04/2015

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:
Not all information as set out in Schedule 1 of the regulations was contained in the
statement of purpose.

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

**Please state the actions you have taken or are planning to take:**
The statement of purpose for centre will be revised to ensure that it contains all of 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.

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

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### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The management systems in place at this centre did not ensure that the service provided was safe, appropriate to the children's needs, consistent and effectively monitored.

**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:**
Steps have been taking to ensure that the person in charge will evidence and quality assure an appropriate volume of records and paperwork completed by staff.

Regular monthly Audits will take place in relation to all practices and procedures in operation in particular Medication Management and Restrictive Practices.

Senior Management will be involved in the Quality Assurance of these audits on a regular basis and best practice will be pursued.

**Proposed Timescale:** 22/04/2015

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**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A written report on the safety and quality of the care and support provided at the centre and a plan to address any concerns in this area had not been compiled by the provider nominee at least once every six months.

**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:**
An independent review of the safety and quality of care at the centre was carried out on 16th & 17th March 2015.

This visit had been arranged prior to the HIQA monitoring inspection.

Unannounced reviews of the Safety and quality of the service at the centre will be carried out in line with the requirements of the Regulations at least every six months.

**Proposed Timescale:** 28/05/2015

<table>
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<th>Outcome 17: Workforce</th>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All of the support workers at the time of the inspection were employed on relief contracts and there was a high number of relief staff used at the centre since January 2015. Children did not therefore receive continuity of care and support from a core team of staff.

**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:**
Enhanced continuity of care was made possible by making nine suitably qualified and experienced staff full time and permanent and supported by a panel of relief staff.

**Proposed Timescale:** 23/02/2015

| Theme: Responsive Workforce |

**The Person in Charge (PIC) is failing to comply with a regulatory requirement**
**in the following respect:**
The information and documents set out in Schedule 2 of the regulations were not all in place at the centre.

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

**Please state the actions you have taken or are planning to take:**
All information and documents set out in Schedule 2 of the Regulations are being put in place in respect of all staff at the centre.

**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:**
Not all staff completed training in areas considered core training by the provider in 2014.

**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:**
To ensure regulations are met and that staff receive appropriate core and refresher training a training plan was developed by the organisation at the start of the year – the delivery of which will be completed over the next 2 months for existing staff.

**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:**
There were gaps in the regularity of formal supervision provided to staff in 2014.

**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 at the centre receive a mix of formal and informal supervision and coaching – primarily from the person in charge who is a full time staff member in the centre and freely available to staff.
The formal aspects of this supervision will be conducted on a regular monthly basis as per the professional supervision policy.

**Proposed Timescale:** 30/06/2015