<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001913</td>
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<tr>
<td>Centre county:</td>
<td>Meath</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Praxis Care</td>
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<tr>
<td>Provider Nominee:</td>
<td>Irene Sloan Ringland</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Orla Murphy</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Eva Boyle</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>3</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 15 April 2015 09:30
To: 15 April 2015 19:00

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

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<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection
This was a follow up inspection, carried out to assess progress against an action plan from a previous inspection. That inspection in December 2014 was carried out for the purpose of registration. This was the second inspection of the centre and as part of the process inspectors reviewed policies, records, interviewed members of the staff team and management team, and observed the young people and the delivery of the service. The centre was located in a large dormer bungalow in the countryside on the outskirts of a town in Co. Meath. The centre provided a comfortable home for the young people and their visitors. One child and a young person who was 18 years of age resided in the centre. The 18 year old had an onward placement identified at the time of the last inspection but this had fallen through at the time of this inspection.

The service was provided by Praxis Care who had applied to register the centre as a designated centre for five children up to 18 years of age. The provider was a registered charity with its own Board. Inspectors found at the time of the last
inspection that the Board did not have sufficient oversight of the service to be assured about the safety and quality of the care and support being provided to the residents of the centre. A risk escalation procedure had since been developed and recently introduced and outlined that specific incidents and events deemed high risk were escalated through a senior management team to the governance subcommittee of the Board which was an improvement in this area.

The statement of purpose had been revised to a transition service for older teenagers and young adults. However, this statement of purpose did not adequately outline the specific service to be provided, the purpose of the service and safeguarding arrangements for the proposed cohort of young people/young adults who would be in transition to adult services or independent living.

Significant risks were identified at the last inspection regarding children's safety, behaviour support, and risk management. Further admissions were suspended until such time as the Authority were adequately assured about the ability of the provider to safeguard the current residents and meet their needs. On this inspection inspectors found that the complex needs of the residents in the centre meant that while risks had reduced and systems and practices had improved, new admissions of younger children could continue to impact on the young people. However, given the revision in the statement of purpose and function, the new minimum age of admission would be 17 years of age. Inspectors found that overall risk management practices had improved in respect of procedures, numbers and skills of permanent staff, behaviour support, consistency of practices and safeguarding.

Staff members continued to provide warm, respectful care to the young people. The centre was a homely and domestic environment and the young people had opportunities to be involved in the day to day running of the centre and to be involved in the community. Young people were out on activities and visits during the inspection. However, they were observed engaging confidently with staff and accessing all areas of the centre with ease when present. Assessments and personal plans had improved, as had young people's opportunities for community participation and independence. However, some improvements were needed in the clarity of some assessments and the accuracy and oversight of some records. The staff team was more embedded and cohesive, and incidents of behaviour that challenged had reduced in frequency and severity. However, further support and training was needed for staff to meet the complex behavioural needs of the residents and this had commenced at the time of this inspection.

These and other deficits are outlined in this report and in the action plan submitted by the provider.
### 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 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

### Theme:
Individualised Supports and Care

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

### Findings:
Inspectors found that since the last inspection there had been improvements in the promotion of rights, access to advocacy and consultation with young people in the centre, which met the regulations. Improvements had also been made to meet the regulations in respect of complaints.

Young peoples rights were promoted and information and services had been developed to ensure access to advocacy and support was improved. Inspectors found that there was improved information available and on display in the centre about children's rights which had been developed significantly to be accessible to the young people. Displays in the centre described young peoples rights, advocacy services and instruction on how to make complaints in pictorial and easy to read text formats. These displays clearly outlined a range of options for young people and included contact details and pictures of relevant personnel. An independent advocacy service had been contacted since the last inspection and had visited the centre. Their literature was freely available in the centre and an examination of the young people's care records showed that they had been encouraged to meet advocates. However, neither young person chose to do this. Keyworker records seen by inspectors reflected that both young people had discussed their rights and the benefits of advocacy with staff and had indicated their understanding of this, but had reiterated they did not need to access the service at that time.

At the time of the last inspection some issues discussed at resident's meetings were personal to the young people and were not appropriate for general discussion. These
had been a source of conflict between young people which impacted on their wellbeing. Meeting records reflected that this practice had ceased, and inspectors were informed that as a result, the meetings had become more positive for young people. During this inspection, inspectors found there was improved regular consultation with young people on the operation of the centre through resident’s meetings and keyworking sessions which was effective. The meeting minutes were examined and included menus, chores, activities and house rules. Inspectors saw that suggestions made by young people about the menu and activities in the centre were implemented by staff. The young people also discussed the rules of the centre at this meeting including ideas to improve aspects of group living.

Aspects of procedures in place to manage complaints had improved and met the regulations. At the time of the previous inspection complaints in the centre were not well managed. Inspectors found on this occasion that improvements had been made in recording complaints, communicating the process to young people, and in the oversight of complaints by senior managers. Inspectors observed that the complaints policy was displayed on the notice board in the hall beside a user friendly version of the procedure for the young people. The complaints officer for the organisation was the director of care and their name, photograph and contact details were prominently displayed. The policy outlined that the centre manager at a local level was the person who received and resolved complaints (the complaints manager). Inspectors interviewed the complaints officer and s/he informed inspectors that s/he was notified of all complaints and of any local action taken in relation to them. From this, s/he oversaw the implementation of the procedure and ensured that complaints were addressed appropriately. A master log was maintained by the complaints officer and the notification records of complaints and a log was maintained in the centre. The complaints officer told inspectors that the complaints log and notification records were examined monthly by the assistant director of care and reported to the complaints officer via the monthly service audit to ensure all complaints had been captured. The complaint procedure outlined that if the centre manager was the subject of the complaint, the complaints officer would appoint an alternative person to investigate this. The procedure outlined that a sub group of the board also reviewed monthly reports from the complaints officer and these were discussed at the sub group meeting to identify deficits in service provision, any trends and learning from complaints. A process was also in place to disseminate these findings to staff teams. Inspectors found that the centre manager had a good understanding and approach to the management of complaints. However, s/he had not received training as part of their role as complaints manager. This is addressed further in Outcome 14 of this report.

Judgment:
Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
At the time of the last inspection, systems were not in place to ensure young people had opportunities to spend time with friends in the centre. This had improved, and inspectors found through records and interviews that young people were encouraged to invite friends to the centre.

At the time of the previous inspection staff were supportive of the young people developing and maintaining personal relationships. However, no specific efforts had been made to encourage friends to visit the centre or facilitate meetings outside the centre. This had improved and there were a number of initiatives put in place to facilitate friendships. Both young people had joined local clubs and services and had developed some peer relationships outside the centre. Inspectors found through a review of records and interviews that the staff team had made considerable efforts to encourage and facilitate friends to visit the centre since the last inspection. However, there were barriers to this. One young person was resistant to any peers being aware that they lived in a care setting and it was clearly recorded that they wanted to keep their home life and social life separate in this regard. Another young person had made attempts to invite peers to the centre but this had not yet been successful. Staff had also accompanied a young person to social gatherings to facilitate developing more friendships outside the centre. While no friends had visited the centre, inspectors found that there had been on-going efforts to ensure this was an option for the young people, should they choose to participate.

Staff members continued to support and promote family relationships and there was good quality, frequent contact between the young people and family members. Records of contact and visits examined by inspectors showed that the young people were facilitated to have visits with their family which helped maintain important attachments. One young person had increased contact with their extended family since the last inspection. Records of their one to one work with staff showed that this young person had sought the increased contact and staff had facilitated this with family members. Inspectors reviewed a range of care records of young people and found that staff had consistently advocated on behalf of the young people for more visits or visits in a range of ways with family members. Staff had also put in place resources such as travelling to agreed destinations and arranging activities for young people and family members to spend time together and inspectors found that staff acted in the young people’s best interests in this regard.

Records examined by inspectors showed that staff had regular contact with family members and kept them up to date with regard to the progress of the young people and regarding medical appointments and significant events. Inspectors reviewed young people’s files and found that family contact was both face to face and by telephone. Records reflected that family members had also attended planning review meetings and had been given copies of young people’s personal plans.
**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 04: Admissions and Contract for the Provision of Services</strong></th>
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<tr>
<td><strong>Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.</strong></td>
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| **Theme:** |
| Effective Services |

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

| **Findings:** |
| At the time of the last inspection, there were deficits identified in the admissions process and the contract of care. The Authority had issued an immediate action plan at that time regarding proposed new admissions to the centre as the centre at that time was not meeting the complex needs of the young people living there. The provider had responded with assurances that no further children would be admitted until the service was safe and was meeting the needs of the residents already living there. |

There had been no additional admissions since the last inspection. At that time a new admission was imminent, and the child due to be admitted had very complex needs. The young people already in the centre also had complex needs and insufficient systems were in place to support those at that time. Inspectors were concerned about the assessment of the needs of the young people, and how a further admission with complex needs would impact on the current young people and issued a directive for no further admissions. Inspectors found during this inspection that the procedures and systems had improved and significant incidents had decreased. However, the young people’s needs in the centre remained complex and the revised admissions procedure remained untested. The director of care informed inspectors that the organisation had put additional safeguards in place such as safety plans, a risk based admissions process and additional staffing to ensure admissions were managed safely. However, s/he outlined that the organisation had determined that younger children were not suited to the mix of current residents. Given the issues with the mix of residents, needs and age profile of the current residents, the director of care felt that a transition service to develop independent living skills would be a more appropriate use of the designated centre, and the statement of purpose had been changed to this effect. |

The admission procedure had improved since the previous inspection and was more robust, but this had not been tested by additional admissions. Previously the admission system was not comprehensive and the mix of residents at the centre was unsuitable and at times unsafe. The centre had a revised admissions policy and revised statement of purpose and function, which were examined by inspectors. The statement of purpose... |
outlined the admission process and its safeguards. Emergency admissions were not be considered. Inspectors found that the revised admission process considered the wishes, needs and safety of the young people already living in the centre. New referrals were discussed by an admissions panel which was made up of a multi disciplinary team which risk assessed the suitability of the placement.

Revised contracts for the provision of care were drawn up since the last inspection and draft contracts examined by inspectors showed that the wording, content and layout of these had been improved. The action plan submitted by the service outlined that these would be finalised and in place for both young people by the end of April 2015. Inspectors examined the contract template as part of this inspection and found its language and layout made it more accessible to young people and their families. However, a completed contract was not available for examination and this action still needed to be implemented. This meant that the young people, or their families did not have sufficient information about the service to be provided.

Judgment:
Non Compliant - Moderate

### Outcome 05: Social Care Needs

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

**Theme:**
Effective Services

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

**Findings:**
Comprehensive assessments of need for both young people were being progressed and inspectors found improvements in this area. At the time of the last inspection not all young people's needs were identified and comprehensively assessed. At this time inspectors found that young people's needs were being assessed around several outcomes including health, quality of life, making a positive contribution, exercise of choice and control, freedom from discrimination or harassment, economic wellbeing, personal dignity, social and personal relationships, emotional and mental wellbeing. Inspectors found there were improvements in these assessments but these were in progress and additional work was on-going. Some gaps identified at the last inspection had been addressed and needs had been identified in areas such as mental and physical
health assessments, transition into adulthood and family relationships. The assessments seen by inspectors were clearer overall and correlated with the young people's personal plans. However, a small number of assessed needs were not described as clearly as others which meant that staff may not interpret these accurately. A comprehensive psychology assessment for one young person remained outstanding and this is addressed in Outcome 11 of this report. Inspectors found that as a transition unit, considerably more focus on young people's needs transitioning into adulthood would be required.

The multi-disciplinary involvement in planning had improved for both young people. A range of disciplines such as the centre manager, staff of the centre, young people and their social workers, family members, educational representatives, disability service personnel and psychiatry were now directly involved in drawing up the plan for young people. Elements of the statutory care plan of one young person was incorporated into their personal plan in areas such as training and family contact, this was positive as it illustrated consistency in the provision of care in these areas.

The personal plan for each young person was detailed and had improved considerably since the last inspection. There were two versions of plans; one for staff use and a more user friendly version for young people. Inspectors examined both versions of these personal plans and supporting documentation. The quality of information within the plans had significantly improved to maximise the young person's personal development and provide information to staff on how to support the young person move into adulthood and deliver the required care. The specific risks, supports required and identified actions were also appropriately described within the plan.

The user friendly version of the personal plans was called "my support plan". This plan used a combination of photographs and text, and the quality of these plans had also improved significantly. Goals were identified for each of the young people and clear steps to achieve these goals were laid out. Needs and goals were identified in areas such as finance and personal care, and progress was clearly recorded by staff to demonstrate achievements by the young people in these areas. The goals were evaluated monthly and a progress report was maintained. Each young person had signed their plan and retained a copy. The manager told inspectors that copies of personal plans had been provided to parents/guardians of the young people and inspectors viewed records that confirmed these had been provided. Some family representatives had also signed personal plans.

Personal plans were monitored locally by the manager, young person and keyworker on a monthly basis to determine the young person's progress. They were reviewed formally by the multi disciplinary team on an annual basis and inspectors found these reviews were up to date. Evidence on files showed that families were invited to reviews for young people, and had attended. Inspectors found there were changes made to the plan when there was a change in the circumstances of a young person.

The planning for young people to transition to other services was poor at the time of the last inspection and there had been little progress. A young adult was living in the centre, and the identification of an alternative placement had occurred after they turned 18 years. This placement was delayed, there was little progress and it was not timely. Then
the placement fell through and the young adult remained in the centre. Just prior to this inspection a multi disciplinary meeting was held to formulate a transition plan. However, there was no suitable placement identified to meet his/her needs. As a result, this service had changed the purpose and function of the centre to provide support for young people transitioning into adulthood. However, this purpose and function was not adequate and this is described in Outcome 13 of this report.

The implementation of life skills work with young people had improved. At the time of the previous inspection young people required further support and guidance in life skills to enable them to live as independently as possible. This had been addressed by the staff team and inspectors found there was an improved focus on the development of skills such as budgeting, self care, social inclusion, and community participation, in addition to skills development in cooking, laundry and cleaning. Young people had undertaken additional responsibilities within the centre and had set up bank accounts with staff support. Inspectors found that staff had developed task sheets to support young people in developing these additional skills and the centre manager described the introduction of an incentive programme to reward young people's achievements. Records showed that young people participated in household tasks, gardening, grocery shopping and shopping for personal items. Additional goals were in place to enable the young people to develop social skills and networks. Young people were observed being involved in carrying out household tasks and accessing the community during the inspection. One young person had fulfilled a lifetime wish to attend a particular concert and had stayed in another city overnight to achieve this. However, inspectors found that as a transition unit, more specific programmes and focus would be required in areas such as budgetary management, developing links in the community and work and occupation for young people in the centre.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
The health and safety of the young people, visitors and staff had improved since the last inspection, but the management of risk was still not fully robust. Although there was improved cohesion in policies and procedures in place in regard to risk and health and safety, the inspectors identified an inadequate individual risk assessment during the inspection that had not been appropriately resolved. This indicated that the risk
management systems in place were not yet fully robust.

The centre had an organisational health and safety statement with supporting policies and procedures on local hazards and risks as found at the time of the last inspection.

Clear procedures remained in place in relation to safe practices in areas such as food safety, manual handling, infection control, cleaning schedules and first aid. Since the previous inspection, some staff had also attended training in risk assessment and management, and additional staff were identified as needing this training in the training needs analysis seen by inspectors.

The assessment of individual risk had improved since the last inspection, but was still not fully robust. Inspectors found that staff and the centre manager demonstrated a greater understanding of risk and the controls needed to mitigate risk in interviews. The quality of information in incident records had also improved and oversight of these by the centre manager was more effective. However, controls were not fully robust in individual risk assessments. At the time of the last inspection, the Authority had taken the unusual step to issue immediate action plans in respect of hot water temperatures, young people's safety, admissions and the management of behaviour in the centre. These had been responded to and measures were put in place by the provider at that time.

The inspectors observed that a number of the measures which had been put in place to address these risks since the last inspection had been effective, such as increased staffing, temperature control valves and restrictions of dangerous items. Inspectors also examined young people's individual risk assessments during this inspection. Team leaders had completed risk assessments for the young people which identified the individual risks in areas such as violence and aggression, personal safety and mental health difficulties. Inspectors found there were appropriate controls in place to mitigate most of these risks. However, inspectors found that not all identified risks were adequately assessed and controls in these cases were not effective. For example, one young person had previously been at risk of aggression when travelling in a vehicle. This had been monitored and controls that had been put in place had been gradually eased as they had been effective. However, a further incident relating to the vehicle had not prompted additional controls to be reintroduced in the young person's risk assessment. Given the change of the purpose of the centre to a transition service, inspectors found that additional risk assessments regarding safeguarding and independence would be required in the centre.

There was a number of risk management policies and procedures and these had been revised and cross referenced since the last inspection to be compliant with regulation 26. Separate procedures provided guidance on hazard identification and assessment of risk throughout the designated centre, and how to put measures in place to control identified risks. The policy referenced relevant policies that related to risk such as safeguarding, admissions and untoward events. It also referenced new procedures in relation to the arrangements in place to control self harm, aggression and violence and accidental injury to residents, visitors and staff. An additional procedure detailed the centre's procedure for the arrangements in the event of an unexplained absence of a child. A new risk escalation procedure had also been introduced to ensure staff
escalated high risks and significant events relating to young people or the service to the senior management team and the board of Praxis for their attention and action. These revised and new procedures were introduced and implemented in March 2015.

The centre had a risk register which had been updated since the last inspection and reviewed by inspectors. Outlined the potential risks and controls in place for issues such as the prevention of fire, restricted practices, and violence and aggression. Violence and aggression were considered a medium to high risk given previous incidents in the centre, and controls such as safety plans, crisis management plans and additional staffing were in place. The centre manager stated that s/he reviewed the risk register at least monthly or sooner if risks increased or decreased. S/he then updated the register online on the organisation’s intranet system. This informed the organisation’s risk register which the health and safety director maintained and was accessible online by the senior management team. Inspectors saw evidence in the centre register where risks had reduced due to controls put in place.

**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:**
The measures in place to safeguard young people had improved since the last inspection. All staff had been trained in safeguarding and in Children First (2011). Incidents and allegations of peer abuse had decreased in number and severity. While restrictive practices remained in use, the recording and oversight of restrictions by the centre manager had improved since the last inspection. There were inadequate safeguarding procedures in place to meet the needs of young people and young adults living in a transition service.

The safeguarding measures within the centre had improved overall since the previous inspection, and incidents of alleged peer abuse had also reduced since the last inspection. Safeguarding measures such as risk assessments on individual children, the
introduction of a safety plan, individual crisis management plans (ICMP's), a more permanent staff team, therapeutic interventions for both young people and absence management plans had been introduced or strengthened. There had been two instances of verbal threats between young people since the last inspection and inspectors found that these were not as escalated or lengthy as previous incidents. Staff had managed and diffused these incidents in a timely way and addressed behaviour with the young people. Incidents were reviewed in team meetings and in staff supervision. Staff that spoke to inspectors described the team as more cohesive and confident in their approach to managing behaviour which had improved the responses to the behaviour. One of these incidents of threatening behaviour was appropriately referred to the Child and Family Agency, and social workers were provided with reports on concerning behavioural incidences and the impact of these on both young people. A professionals meeting was held in response to this and therapeutic interventions were sought and provided. Both young people's social workers had signed off on updated ICMP's, a safety plan and risk assessments for both young people.

At the time of the last inspection, the intimate care needs of young people were not adequately described or planned for. One young person required some assistance with personal care. Inspectors found during this inspection that appropriate measures were in place in relation to assistance with their personal care, which was supported by a centre policy. The process for this was clearly described in the young person's intimate care plan to guide staff in relation to guiding the resident's personal care in a safe way. Task analysis programmes were in place to support the young person, which were seen by inspectors, and incentive programmes were in the early stages of being introduced to build on progress in this area. Inspectors found that these improvements outlined the support and development needed this young person in a much clearer way, allowing staff to apply a consistent approach to supporting them in this area.

All staff, including new staff that had joined the centre since the last inspection had been trained in safeguarding and child protection. Inspectors found from speaking to staff that they were aware of the different types of abuse and were clear about the process that they had to follow if they observed or were informed of abuse by a young person. The centre had a policy in place which reflected the Children First: National Guidance for the Protection and Welfare of Children (2011). The manager was the designated liaison person (DLP). However, inspectors found that not all staff were fully clear regarding the DLP role. The centre manager informed inspectors that refresher training in child protection had been identified as a need for the team given the complex needs of the young people, and this had been sourced.

The centre submitted a new statement of purpose and function outlining that the service had changed from a children's centre to a transition service for young people and young adults. Inspectors reviewed the statement and found there were inadequate arrangements described to meet the safeguarding and protection needs of adults and children living together. This is discussed further in Outcome 13 of this report.

The centre had a policy in relation to positive behaviour support which adequately described the model of behaviour management and the roles and responsibilities of staff and managers. All staff in the centre had received up to date training in the management of violence and aggression which was in line with the policy. Previously
there had been a number of serious behavioural incidences in the centre and staff were challenged to manage some of the incidences. Both young people had exhibited challenging behaviour such as property damage, assaults on staff, verbal and physical threats and threats of self harm. The nature, frequency and severity of these incidents had reduced since that inspection. Staff utilised a positive behaviour support model which was effective at times to manage the challenging behaviour of the young people. However, both young people had very complex needs and more complex interventions were needed. On the day of this inspection a behaviour management consultant had commenced work in the centre to review the behaviour support plans and interventions for both young people. The centre manager informed inspectors that this consultant also planned to deliver additional training to the staff team in the specific behaviour management needs of the young people.

There was improved multidisciplinary oversight and involvement for both young people following incidents of concern. Inspectors found that the centre manager had convened meetings with all professionals involved with the young people following incidents and ICMP’s and strategies were updated and put in place. At the time of the last inspection, inspectors were concerned about the significant risk to the young people regarding incidents of alleged peer threats and violence and aggression. An immediate action plan was issued regarding this following the inspection. The provider responded with the steps that they were taking to safeguard both young people and this included increasing staffing levels at high risk times. Inspectors found that since then, the multiple factors, described above had led to improved responses and management of incidents.

Restrictive practices were employed in the centre and the least restrictive practice was used for the least amount of time. Inspectors found that the managerial oversight of restrictive practices had improved since the last inspection. The detail of restrictions and the rationale for their use was recorded in a log which was examined by inspectors. There was a policy on restrictive practices and there were risk assessments in place in relation to the use of restrictive practices for both young people. The restrictive practices in use were environmental, such as the locking away of kitchen knives and the locking of the kitchen area during incidents. An examination of the log and associated risk assessments showed that one environmental restrictive practice was reviewed and withdrawn following a reduction in risk. The centre manager had signed off on all instances of restrictive practices recorded in the log and inspectors noted that the majority of these were notified to the Authority. However, some were not notified. Deficits in the reporting of restrictions are outlined in outcome 9 of this report.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

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

Findings:
The majority of notifications were made to the Authority as required by the regulations, which included notifications of alleged abuse and quarterly returns. However, from a review of the restrictive practices log in the centre, inspectors found that one restrictive practice was not reported to the Authority in the quarterly returns. This is discussed in further detail in Outcome 8 of this report.

Judgment:
Non Compliant - Moderate

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
At the time of the last inspection there were gaps in young people's medical information and needs assessments. Inspectors found that this deficit had been addressed and improved systems were in place to ensure that young people were supported to achieve and enjoy good physical health, and their medical needs were fully assessed and planned for. Inspectors examined both young people's care records and found that they had received a full medical examination and had a health needs assessment which identified any health needs. Childhood immunisation records had been actively sought and had been received for one young person. The other young person's records could not be located but correspondence reflected considerable efforts to access these.

Staff supported young people to look after their physical and mental health. However, there were delays in accessing some services. Systems were in place to ensure young people could access health services such as their general practitioner (GP) and hospital services in a timely way. A protocol was in place for one young person in accessing health services since the last inspection and inspectors found from a review of records and interviews that this was discussed and reviewed by a multidisciplinary team. At the time of the last inspection, a referral to a psychologist was required for a young person. A suitable professional had been identified and secured. However, the progress of this was held up by systemic issues with professionals involved with the young person. This
led to considerable delays in the service being provided. Inspectors were advised a service had been secured at the time of this inspection. However, given the delays in accessing the appropriate input from psychology inspectors found not all services had been put in place to meet the needs of one young person in the centre in a timely way.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
All of the deficits identified during the previous inspection had been addressed. The management of controlled medication, medication errors and the returns of unused medications had improved and were in line with the centre policy at the time of this inspection.

Young people were protected by the policies and procedures in place which supported staff to manage medication effectively. The centre had a clear organisational policy for the management, prescription and administration of medication which was in line with the requirements of the Regulations. There was a procedure in place for the safekeeping and disposal of medication. Inspectors found that all medication including controlled medication was stored securely in line with good practice. Prescription sheets were completed in line with the centre's policy. All prescription sheets contained the young person's photo, their date of birth, general practitioner (GP's) name, name of medication, dose, route of and time of administration. A GP's signature was in place for each medication including discontinued drugs and as required medications (PRN) outlined the maximum dosage.

Staff followed the policy in relation to the administration of medication and this reflected an improvement since the last inspection. Administration sheets outlined the medications which were on the prescription sheet. At the time of the last inspection the administration time of one person's medication did not correspond with the prescription sheet on occasion, which the centre manager told inspectors that this had been agreed with the young person's GP. However, the GP had not put this in writing at that time. Inspectors found that this agreement had since been formalised and signed off by the GP.

The systems that were in place for the management of controlled drugs had improved.
At the time of the last inspection there were deficits in the recording and reconciliation of controlled drugs. A controlled drugs register was correctly maintained in line with good practice and was examined by inspectors during this inspection. Inspectors found that drugs were counted at the time of administration and at the end of each work shift period in line with good practice. Two members of staff had signed the register for each administration and had also signed a separate administration record when controlled drugs were administered. Inspectors found that the numbers of controlled drugs reconciled with the register records during this inspection.

All staff including new staff were trained in medication administration. All staff had received training in 2013-2015 in the safe administration of medication. The policy required that staff were trained every three years and had competency assessments on a yearly basis. Inspectors reviewed a sample of competency assessments, which were completed by the manager and concluded that staff members were competent in the safe administration of medication.

At the time of the last inspection there were deficits in the return of unused medicines. The management of out of date or unused medication was in line with the policy and the return of unused or out of date medication since the last inspection was recorded and signed for.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
Deficits identified at the time of the last inspection had been addressed. However the statement of purpose and function had changed since that time and there were a number of deficits in relation to the new statement of purpose which did not adequately specify the arrangements to deliver the service.

The centre had a statement of purpose which met some of the requirements of the Regulations. The statement of purpose was examined by inspectors and described that the service was a transition service for young people and adults aged 17-23 years who were transitioning from children's services to adulthood. It described the personal planning process, activities and hobbies that residents could participate in along with
local amenities. It also described the arrangements for attendance at religious services, visits with relatives and friends, the ways in which residents could contribute to the day to day running of the service. It also detailed generic information on transitioning from the service or termination of the placements. The statement described the total staffing compliment, the organisational structure, the criteria for emergency admissions, details of specific therapeutic techniques and the arrangements made for respecting the privacy and dignity of residents. In addition, the arrangements for residents to meet their social worker, the arrangements for dealing with complaints and emergency procedures in the designated centre were also outlined.

However, it did not adequately specify the objectives, services, facilities, referral criteria, and safeguarding arrangements specific to a service that was in place to support teenagers and adults to transition to semi independent or independent living. For example, it did not specify the skills young people would learn in the centre or the supports in place to achieve these in areas such as budgeting, self care, accessing the community, arrangements to enter work or further education and a number of other areas that a transition service would provide. In addition, there was inadequate consideration of safeguarding arrangements for a centre that would have both children and adults living together. The arrangements to address issues such as bullying, absences, misuse of alcohol/drugs, house rules around peer interactions were also not clearly described. Discharge plans such as options for onward placements and the supports in place for this were also not described adequately. Overall, inspectors found that there was little change to the previous statement, despite a significant change in the type of service being provided.

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:
A number of deficits had been identified at the time of the previous inspection in management systems, accountability, monitoring and compliance with regulations. Some
management systems had been developed and were evolving. At the time of this inspection, inspectors found that while there had been some good improvements, many of these were not timely, and further improvements were needed. There was a management structure in place with clear lines of authority. However, at the time of the previous inspection the accountability arrangements to the Board were less clear. The manager reported to the assistant director of care. The manager had been appointed in September 2014 and was establishing her/himself in the position. The assistant director of care reported to the director of care who reported to the CEO. The director of care was responsible for providing oversight and monitoring of all residential services within the Praxis organisation for the Republic of Ireland. Inspectors found that while each of these positions had clear lines of authority, the accountability for the service was with the director of care and senior management team. Inspectors met with the Chair of the Board following the submission of an action plan from the last inspection and found that there was no formal reporting to the Board in relation to the performance of this centre or the quality of care and support provided to the residents. During this inspection the centre manager provided a newly developed risk escalation policy which inspectors examined. This policy outlined that high risk incidents or concerns in the centre would be reported into the governance sub-committee of the board and be addressed at that forum by that committee and the director of care in a timely way, and any actions would be taken by the provider to mitigate risks.

At the time of the last inspection the manager, who was the nominated person in charge (PIC), was suitability qualified but was new to their current role and required further support in developing into the role of centre manager. The centre manager had made improvements in the centre since the last inspection. During this inspection s/he had a good knowledge of the regulations and statutory responsibilities and had addressed several deficits identified at the last inspection. However, formalised training in management skills and complaint management had not been provided to the manager. The centre manager was supervised by an assistant director of services. The centre manager told inspectors that s/he met with the assistant director of services on a regular basis, at least monthly to review the running of the centre. Inspectors found that there had been four supervision sessions since the last inspection. Inspectors reviewed the notes of these supervision meetings, and found that there was good discussion the running of the centre and also in relation to specific incidents with young people. There were actions set for both manager and assistant director to follow up on.

Inspectors found that overall, inadequate support had been provided to the centre manager to support them to progress in their role since the last inspection. Inspectors found that while supports such as mentoring and onsite support had been implemented, the significant support had only commenced in the weeks prior to this inspection, which was not timely. S/he required further support and guidance in order to implement all of the requirements of the Regulations. The assistant director of care described a structured programme of support and development for the centre manager to inspectors that had commenced. Supervision was due to increase and onsite support was provided from an assistant director for an initial four week period.

Inspectors found that the centre manager’s oversight of the operation and practices in the centre had improved since the last inspection. However, these were in need of further development. There was good communication between the manager and staff.
The manager effectively communicated with the staff team through monthly team meetings, staff supervision, day to day interactions and guidance and follow-up by email. Staff informed inspectors that communication was good in the centre and that the manager gave clear direction in staff meetings and on shift regarding care practices, policies and record keeping. However, follow up reports to notifications regarding alleged abuse were not submitted to the Authority in a timely manner. At the time of the last inspection inspectors found that the person in charge had not provided sufficient information in relation to some of these notifications and the impact of the events on the young people in the centre. The quality of the information provided in notifications following the last inspection had improved but there was room for further improvement in outlining the context of incidents in more detail.

The governance and management systems in the centre showed improvement but were in the early stages of development and had not been sufficiently tested. Inspectors identified areas that still required improvement in the centre such as follow ups to notifications, recording and monitoring. Inspectors found that the assistant director of care had begun to support the centre manager to have improved oversight of the practices, records and quality of the service. However, this was at an early stage of development. While there was some monitoring of the quality and safety of the service, this monitoring did not identify all of the deficits in the service and remained inadequate. The assistant director of care undertook a monthly visit to the centre to review care files and other documentation including minutes of resident's and team meetings and these reports were examined by inspectors. The manager received a report subsequent to the visit and was required to implement improvements where deficits were found. While this monitoring had identified issues in relation to policies and systems, it had not identified previous deficits raised by inspectors and the monitoring process had not changed in frequency or focus following the last inspection. In addition, the annual review of quality and safety of care and support in the centre had not been brought forward considering the risks identified previously. The six monthly unannounced visit had also not been completed. Inspectors found that the depth and focus of the monthly audits would not be sufficient to inform the six monthly visits.

There were arrangements in place for staff to exercise their professional accountability if they had concerns about the service. There was a protected disclosure policy in place for staff to raise concerns in relation to the running of the service and staff were aware of this policy. Staff described the procedure to inspectors and stated they were clear about their responsibilities to report any concerns they had about the operation, quality or safety of care in the centre.

Judgment:
Non Compliant - Moderate

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.
### Use of Resources

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

**Findings:**
The centre had developed a designated annual budget for the running of the centre in 2015-2016 since the last inspection. The service was funded from agreed funding with two placing authorities. The centre's dedicated budget was resourced from that funding and records were maintained of the budgetary income and expenditure for the year to date, which was examined by inspectors. Household and staff expenditure were included in the budget. Financial records reflected that the centre was adequately resourced and the centre manager was accountable and had control and oversight of the expenditure in the centre. The centre manager reconciled the accounts monthly and provided a monthly report on expenditure to the finance department of the organisation. In addition, monthly audits by the external line manager of the centre examined the adherence to the budget. Inspectors found that the resources available met the needs of the young people and they had well furnished bedrooms, opportunities for socialising and short breaks away.

**Judgment:**
Compliant

### 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:**
The sufficiency of the numbers and skill sets of core staff had improved in the months prior to this inspection. At the time of the last inspection there were times when there were insufficient numbers of staff with the skills and competencies to meet the needs of the young people. Staffing numbers were increased following risks identified at the last inspection and this meant that there were three staff on duty during the day with two staff sleeping over at night. A review of care records and incident reports demonstrated that there was sufficient staffing in place to deliver care and manage untoward
Inspectors also examined the planned and actual roster for a four week period and found this was up to date and reflected staff absences and shift changes. The core staff team had become more established and cohesive since the last inspection. A number of staff had commenced working in the centre in the latter end of 2014 and the numbers of temporary staff had reduced. At the time of this inspection two social care worker vacancies remained and these had been advertised, with interviews scheduled for May 2015. These posts were being covered by temporary staff who had worked in the centre for a number of months.

Inspectors reviewed staff files and found that new staff employed in the centre had experience and skills in working with individuals with complex needs. Inspectors observed staff interacting skilfully with the young people during the inspection. Inspectors also found that staff had attended additional training and had received improved direction from the centre manager regarding care practices. This direction was detailed in staff meeting minutes and supervision records seen by inspectors, and addressed areas such as person centred planning, de-escalating challenging situations, monitoring outcomes for young people and keyworking. Both young people had established keyworkers and this meant that the continuity of care and support for them had improved. An established member of staff who spoke to inspectors described the team as more established and effective since the last inspection.

The content of staff files and their compliance with regulations had improved, but not all files had all documents in place. Inspectors reviewed a sample of staff files and found that most staff files were in line with Schedule 2 of the regulations. All staff had been vetted by An Garda Síochána and appropriate references were in place. However, inspectors found that one newer employee's proof of qualification was not on file.

At the time of the last inspection staff required time to develop their skills in implementing the training they had received and inspectors found that staff skills and practice had developed and improved in the intervening time. A training needs analysis had been completed since the last inspection and this was examined by inspectors. Some areas of training identified for staff to meet the needs of young people were attitudes and values, bereavement and loss, debriefing, complaints, managing difficult people and advocacy. All staff were identified as needing bespoke training in behaviour support (pertinent to the specific needs of young people) and in autistic spectrum disorders. At the time of the inspection a behaviour support consultant was present in the centre to assess the needs of the young people and team in this area and develop specific training for the team around this. However, given the change in purpose and function of the centre, inspectors found that additional training to meet the specific needs of a transition service had not yet been considered by the provider and was not reflected in the training needs analysis seen by inspectors.

Judgment:
Non Compliant - Moderate
### Outcome 18: Records and documentation

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

### Theme:

Use of Information

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

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

### Findings:

There had been improvement in the quality of record keeping and in the policies and records maintained by the centre. However, further improvements in the quality and oversight of recording were needed.

All of the outstanding policies and records in Schedules 3-5 of the Regulations had been introduced since the last inspection. Staff that spoke to inspectors were aware of the centre’s key policies and how to access these in the centre. These policies were implemented and inspectors found that revised and new policies were communicated to staff through email, an intranet and via staff meetings and supervision.

Inspectors reviewed a range of records and found that the quality of recording had improved overall. Staff had signed records and reports, and records such as those for medication administration and personal plans were up to date and fully completed. Staff produced good quality narratives regarding the young people and their progress in the centre, and inspectors found that the tone of reports and daily records were respectful and positive. The clarity of personal plans and assessments reviewed by inspectors had improved since the last inspection. However, inspectors noted that there were some inaccuracies in records. For example, keyworking reports for one young person detailed the wrong birth date across six reports which had not been corrected. Inspectors also found that there was some repetition of text in records such as keyworking sessions which may not have accurately reflected the content of the session.

### 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:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Praxis Care</th>
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<td>Centre ID:</td>
<td>OSV-0001913</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>09 July 2015</td>
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Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Completed contracts of care were not in place for residents.

Action Required:
Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the
Please state the actions you have taken or are planning to take:
The Registered Provider has ensured that completed contracts of care are in place for all young people and for any future admissions.

Proposed Timescale: 30/04/2015

Outcome 05: Social Care Needs
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of assessed needs were not clearly described.

Needs were not specifically assessed in relation to transitional living.

Action Required:
Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
A) The Person in Charge has reviewed all current assessments to ensure all needs are clearly described. A comprehensive assessment will be completed to assess the health, personal and social care needs of all residents. 31/5/15

B) Needs of all Young People will be reassessed in relation to residing in a Transition Unit by the relevant Multi Disciplinary Teams. 19/6/15

Proposed Timescale: 19/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient focus in personal plans on the skills and interventions required for young adults living in a transitional service.

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:
The Person in Charge will ensure that all personal plans will be revised to ensure that all skills and interventions required to reside in a transitional service are fully documented and assessed.

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
No onward placement was available for the 18 year old resident.

There were insufficient procedures in place to support effective discharges and onward placements specifically for young adults leaving a transition unit.

**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:**
A) The Person in Charge will ensure that multidisciplinary team meetings will take place one year prior to the resident leaving the designated centre and three monthly thereafter to ensure that the discharge of residents from the designated centre will be in a planned and safe manner. 15/4/15

B) The Person in charge will ensure links are established and maintained with potential future services for residents, both residential and day services, which incorporates appropriate M.D.T and family input. 15/4/15

C) The Registered provider will review procedures to ensure they support effective discharges and onward placements of Young Adults. 30/6/15

D) The Registered Provider has now revised the Statement of Purpose and the centre will now provide a transition service for 17-23 year olds. 5/6/15

E) As a transition unit young people aged between 17 – 23 years old will be eligible to live in the centre. 30/4/15

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

**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:**
The risk assessment regarding a young person travelling in a vehicle was not adequate.
**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) The Registered provider has ensured that the risk assessments have been reviewed and a number of additional risk management strategies have been implemented. This includes:
   a) Specific vehicle will be used when transporting young person. 29/5/15
   b) Specific seat identified to transport young person in order to optimise safety identified. 29/5/15
   c) Young Person will be transported in vehicle accompanied by two staff. 29/5/15
   d) Safety locks installed to scheme vehicle to optimise safety. 29/5/15

B) Positive Behaviour Support Plan in place to minimise behaviours and support staff in management of same. 14/5/15

C) Person in charge and staff in line with positive behaviour support plan assess behaviour and presentation of young person prior to any transportation in vehicle. 29/5/15

D) Restrictive Practice Register updated to include measures identified to minimise high risk behaviours while in vehicles. 29/5/15

E) Person in charge reviews risk assessment a minimum of once per month or more frequently as required. 29/5/15

F) Ongoing Restrictive Practices will be reviewed three monthly or more frequently as required by the Person in Charge. 29/5/15

G) Person in Charge will review all untoward events and appropriate action will be taken. 29/5/15

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

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**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Additional training specific to the complex needs of the young people was required for staff to enable them to support the young people effectively in the management of their behaviour.

**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:**
The Person in Charge has ensured that additional bespoke training has been arranged for all staff to attend and will be ongoing. A Specialist Behaviour Management Consultant is completing a review of all positive behaviour support plans and interventions and providing appropriate training emanating from this.

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

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
All staff were not aware of the role of the designated liaison person.

**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:**  
The Person in Charge has ensured that all staff have attended Children's First Training and are aware of the role of the Designated Liaison Person. This will also be addressed regularly in staff meetings.

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

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There were inadequate safeguarding and protection arrangements in place to specifically meet the needs of adults and children living together in a transition service.

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

**Please state the actions you have taken or are planning to take:**  
The safeguarding and protection arrangements will be implemented and reviewed to ensure they are specific to meet the needs of those living in a transition service.  
a) The Person in Charge will ensure each resident will have house rules in place that are specific to their individual needs, risks and age. 30/7/15  
b) The Person in Charge will ensure each resident will have contracts of care in place specific to that of an adult or young person as appropriate to their needs. 30/4/15
c) The Person in Charge will ensure documentation will be in a format that is appropriate to their needs and age. 30/4/15

d) The Person in charge will ensure an environmental assessment will be completed to allow residents have their bedrooms appropriately located within the centre to meet their needs. 30/7/15

e) Individual risk assessments will document all individual risks that may present in relation to residents under and over 18 residing in the same centre. 30/4/15

f) The Registered Provider has ensured all staff are trained in both Children’s first and Adult Protection. 18/5/15

g) Care plans are completed to assess needs of all young people and document individual needs in relation to residing with adults/children as appropriate. 30/4/15

**Proposed Timescale:** 30/07/2015

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**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all restrictive practices were reported in quarterly returns.

**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
a) The Registered Provider and the Person in Charge has ensured all outstanding notifications have been submitted to the chief inspector.
b) The Registered Provider and the Person in charge will ensure all future notifications are submitted to the Chief Inspector in line with the regulations.
c) The Person in charge will review the incident log and restrictive practice log monthly and 3 monthly to ensure notifiable events are notified to the Chief Inspector as required in quarterly returns.
d) The Person in charge will review all untoward events daily to ensure all notifications are submitted to the Chief Inspector as required.

**Proposed Timescale:** 31/05/2015

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**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The psychology support required by one young person had not yet been provided due
to delays.

**Action Required:**
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
The Person in Charge has ensured the necessary psychological support has been provided.

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

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not adequately consider or describe the services, facilities, interventions and arrangements in place to support young people and young adults to develop sufficient skills, confidence and knowledge to transition to adulthood.

The statement of purpose did not adequately consider or describe the specific safeguarding and protection arrangements in place to meet the needs of young people and young adults living in a transition service.

**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 Registered Provider will ensure that the Statement of Purpose is revised and updated to reflect the provision of a transition service.

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

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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 support for the person in charge as outlined in a previous action plan had not been provided in a timely way.
The person in charge had not received any substantive management training.

The person in charge had not received any training in the management of complaints.

**Action Required:**
Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

**Please state the actions you have taken or are planning to take:**
a) The Registered Provider has ensured the Person in Charge completes an in-house management/leadership training programme:-
   • Leadership 20/10/14
   • Investing in People 30/6/14
   • Continuous Quality 31/7/14
   • Safe and Effective Service Delivery (Health and Safety & Service User Finance) 30/5/14
   • Leadership Managing Change 2/12/15
   • Safe and Effective Service Delivery – MDT working 6/11/15

b) The Person in Charge has completed external training in the regulations and standards. 16/6/15

c) The Registered Provider has allocated a mentor from the training department to support and mentor the Person in charge. This programme will run for 6 months and then reviewed. 4/6/15

d) Training in management of complaints has been put in place and organised. 30/6/15

e) Bespoke training specific to residents needs has been provided. 10/6/15

f) The Registered Provider has convened an organisational HIQA Regulations Implementation Group. The Person in Charge will sit on this group which will be convened on a monthly basis. 14/9/15

g) Assistant Director and Director oversight of the centre is ongoing.

**Proposed Timescale:** 02/12/2015

**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 not provided the information required by the Chief Inspector in a timely way regarding the follow up to notifications regarding alleged peer abuse.
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 will ensure that all notifications including relevant details will be sent to the Chief Inspector within the given timeframes and all relevant follow up to notifications are provided in a timely manner.

Proposed Timescale: 30/04/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The managerial oversight and monitoring of the centre was improved, but not at an optimum.

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) The Registered Provider has increased supervisory staffing levels within the centre. 15/4/15
b) The Registered Provider has increased supervisory staffing levels within the centre. 15/4/15
c) The Registered Provider has ensured that increased supervisory staffing levels allow for increased managerial oversight within the centre at all times. 15/4/15
d) The Registered provider has completed the 6 monthly unannounced visit. 19/6/15
e) Annual review of the service has been completed. 21/4/15
f) The Registered Provider has ensured members of the Board have visited the centre. 15/5/15

Proposed Timescale: 19/06/2015
Theme: Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An unannounced 6 monthly visit examining the quality and safety of the care provided to residents had not been carried out by the provider.

**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:**
The Registered Provider has completed an unannounced six monthly visit to the centre on the 19/6/15 and the report was issued on the 25/6/15.

**Proposed Timescale:** 25/06/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no copy of the report for an unannounced visit to the centre available.

**Action Required:**
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
The Registered Provider will ensure a copy of the report from the unannounced visits is available in the designated centre. These will occur six monthly as required.

**Proposed Timescale:** 10/07/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The documentation required by Schedule 2 was in not place for all staff.

**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:
The Person in Charge has ensured that all documentation, as required by schedule two, is available for all staff.

Proposed Timescale: 16/04/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all identified training to meet the needs of young people in the centre had been fully implemented.

The completed training needs analysis did not reflect the training needs relating to a transition service.

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:
a) The Person in Charge has identified outstanding training needs required relating specifically to the residents needs and that of a transition service. Training has been provided by the internal training department and also by external training consultants. Additional training has been provided in Children First, Vulnerable Adults, Attachment Disorder, Autism and Positive Behaviour Support. 30/6/15

b) The Person in charge will ensure that the ‘Training Needs Analysis’ used by the organisation will be revised to reflect the training needs of staff working in a transition service and any training required will be put in place to address these needs promptly. 8/7/15

Proposed Timescale: 08/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Inaccuracies were present in some records relating to young people which had not been identified or rectified by the staff team.

Action Required:
Under Regulation 21 (6) you are required to: Retain records related to children in care in perpetuity and transfer these to the Executive not later than 7 years from the date
on which the child ceased to reside in the designated centre.

Please state the actions you have taken or are planning to take:
(a) The Registered Provider has ensured all inaccuracies that were present at time of inspection have been rectified. 16/04/2015.
(b) The Registered Provider will ensure that all records contain details that are accurate and monitored by the Person in Charge. 16/04/2015

**Proposed Timescale:** 16/04/2015