

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0001466
Centre county:	Dublin 24
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Una Coloe
Support inspector(s):	Bronagh Gibson;
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 31 March 2015 09:00 To: 01 April 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an 18 outcome inspection, carried out for the purpose of registration. It was the second inspection of the centre. The service provided respite care to 13 children. St John of Gods was the provider of the service and had applied to register the centre as a respite service for five children from 0 - 18 years of age with a diagnosis of an intellectual disability, life limiting conditions, palliative and complex nursing requirements. Inspectors met with the provider nominee as part of the registration process and found that s/he had recently been appointed to a senior management role in the organisation and was the direct line manager for the person in charge of the centre. As part of the process, inspectors reviewed policies, records, spoke with members of staff and the management team and observed the delivery of the service. Two questionnaires were returned from family members and inspectors

also spoke with parents on the telephone. Inspectors observed staff's interaction with the children throughout the two days of inspection and found the children were cared for in a respectful and caring manner. The centre was located in a two storey house in a town in Co. Dublin.

Since the previous inspection, the centre had made significant improvements in relation to the assessments and planning of the children's care. Children were cared for in a kind and respectful manner and their rights were promoted. There were effective systems in place to aid communication with the children and they were supported to maintain personal relationships. There was a transparent admissions criteria which was in line with the statement of purpose. The centre was adequate for the provision of services but the practical use of space in the centre was not effective. An effective risk management system was in place but some risks identified on the day of the inspection had not been assessed.

There were policies and procedures for the safeguarding of children but staff were not consistently trained in a behaviour management technique and behaviour management plans were not present for the children. Numerous restrictive practices were used in the centre and although they had been reviewed and assessed, they had not been reported to the Authority as required by the regulations. Health needs of the children were met satisfactorily however a process of transcribing medication required review. The statement of purpose was adequately detailed but it was broad and not consistent with the service the centre could provide. There was a clear management system and effective monitoring systems in place. The staff team were highly skilled but the amount of permanent staff members was inadequate to ensure all shifts were covered.

These and other findings are covered in the body of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children's rights were promoted and there was an effective complaints procedure in place. There was a rights committee in place to ensure children's rights were promoted. The centre had adequate space to provide play opportunities for the children and the children's belonging were maintained in a satisfactory manner.

Children were with treated with respect and their dignity was promoted. Staff members engaged in a kind and caring manner with the children. There was close supervision of the children and their needs were attended to in a timely manner. There was a policy on rights protection and promotion dated February 2012 and this detailed information regarding a quality steering committee, rights review committee and a human rights committee responsible for evaluation and audit of such issues. The role of the rights committee was to ensure the children's rights were discussed and adhered to in relation to restrictions and behavioural interventions. The person in charge advised that s/he recently made a number of referrals to the rights committee for the children with regard to restrictive practices. The person in charge advised that s/he had not received a response or feedback from the committee at the time of the inspection. Information on children's rights were not prominently displayed in the centre. It was not clear if the centre was non-denominational. There were many religious figures and icons specific to one religion which was not appropriate for children with different religious beliefs.

There was policies and procedures in place for the management of complaints. The designated complaints officers for the organisation was the chief executive officer and there were two local complaints officers including the person in charge and the deputy person in charge. There were photographs of the complaints officers in the centre and the inspectors observed information on complaints and forms on display. The forms to

record complaints were satisfactory and recorded if the complaint was resolved and if the complainant was happy with the outcome. The inspectors reviewed the complaints made regarding the centre which included 4 in total in 2014. There was evidence that complaints were reviewed and the outcome of the complaint was documented. On one occasion the complaint was not resolved and the family withdrew from the service. It was documented that the family were not happy with the length of the care planning process and decided not to avail of the service any longer. One parent interviewed as part of the inspection advised that the complaints procedure had been discussed recently and the centre had agreed to post information regarding the process to his/her home.

There were limited opportunities to elicit the children's views about how the centre was planned and delivered as the children were non verbal, however attempts were made to ensure there was some participation. The inspectors observed the person in charge and staff members describe the plan for the day to the children and they engaged positively with the children. A staff member demonstrated the use of assistive technology to elicit views from children but acknowledged that this was not effective for all the children due to the nature of their disability. Staff members described the use of communication passports to aid communication with the children which the inspectors viewed. The person in charge had made efforts to obtain an advocacy service for the children but this was not in place at the time of the inspection.

There was adequate space in the centre to ensure the children had private contact with family members. There were intimate care plans in place for the children and inspectors observed that children's bedroom and bathroom doors were closed in order to ensure children's dignity and privacy was promoted. Staff were knowledgeable about the care needs of each child.

There were opportunities for the children to play, to engage in activities and have experiences similar to their peers. The inspectors observed the children engaging in art, drama, massage, baking, storytelling and singing activities during the two days of inspection. There was evidence that children were taken out of the centre for activities and consent forms were signed regarding outings, photographs, restrictive practices and care of children. Inspectors viewed weekly plans in picture format and observed photographs of the children engaging in activities both inside and outside of the centre.

The children's belongings were managed appropriately and there was adequate storage space. There was a checklist in the files reviewed to document the clothes and personal possessions that accompanied a child on admission. The person in charge advised that money was allocated from a fundraising account for the children and therefore the children did not bring in pocket money. Closed circuit television (CCTV) was not in operation within the centre and therefore there was no infringement on the children's rights. There was CCTV in place outside the centre.

Judgment:
Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There were systems in place to promote communication with the children. The children accessing the service were non verbal however processes were in place to ensure the communication needs of the children were met. There was a policy on information and communication technology. Staff members were aware of the various communication needs of the children and there were systems to meet the diverse needs of all the children.

There were detailed communication passports in place for each child. The passports were accessible to the staff team and were situated on the children's trolleys which were used when medication was administered or care provided to each child. The passports were of good quality and offered information on pictures and signs to use with the children, how to offer choice and some specific information on the do's and dont's of communicating with the child. A staff member advised of how communication passports were used to guide their interactions with the children and stated that objects of reference were used with some of the children. S/he also advised of the importance of understanding the children's cues such as crying to help determine their needs. The inspectors observed positive engagement between staff members and the children.

Assistive technology was available in the centre. The centre had recently developed a programme to use on an electronic device to ensure there was child friendly, accessible information about the service. The inspectors were given a demonstration of this and observed children in the centre interacting on the electronic devices. A staff member advised that the centre had two devices for the children to use and showed the inspectors various games and methods of communicating on the device.

There was a communications board to depict the activities for the week and the inspector viewed another board displaying pictures of the staff on duty. There was awareness of the children's sensory needs and information was placed at eye level for the children. Inspectors observed a television and CD player in each child's room as well as multi-sensory equipment such as lamps and lights. There was multisensory equipment in all rooms in the centre.

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):

No actions were required from the previous inspection.

Findings:

Children were supported to maintain personal relationships and families were involved and consulted in the care of their children. There was adequate space in the centre for children to receive visitors in private. Parents and representatives were kept informed about the running of the centre.

Parents were consulted regularly about their child's care and were kept informed of their child's wellbeing. The person in charge advised that parents were consulted at the end of each visit and there were records on the children's files to confirm that consultation had occurred. Feedback documented in a questionnaire stated that a parent was involved in the care planning process. A parent interviewed as part of the inspection outlined that s/he had attended meetings and felt involved in her child's care. Another questionnaire outlined how the staff team were proactive in communicating any concerns and indicated how s/he had to sign forms regarding safety precautions in use. A staff member advised that a portable phone was available should parents wish to speak with their children during a respite stay.

There were arrangements in place for each resident to receive visitors in private and there were no restrictions on family visits. There was a conservatory which the person in charge advised was used to facilitate visits. This was confirmed by a staff member interviewed. A parent interviewed as part of the inspection advised that s/he was welcome to the centre at any time and stated that a relative of the child visits regularly while the child is in the centre. The visitor's book viewed by the inspectors highlighted that parents, relatives, therapists and other personnel had visited the centre in 2015.

There was an allocated space for family members to access in the centre if required. There was a family room located on the first floor of the building which contained a double bed. The person in charge advised that this room was used to accommodate parents should they require to stay overnight if their child was ill during a respite break. There was no policy in place regarding the use of this room. The person in charge stated that the room had not been used for its intended use since his/her appointment in 2012. S/he advised that the space was used for private meetings with family members if required however this was not a suitable space for this as the layout was that of a typical bedroom. Inspectors noted that safeguarding could be an issue if this room was used for its intended use.

Information was readily available for parents regarding the running of the service. There was an information board for parents that contained information about the complaints

procedure, inspections and audits completed in the centre as well as leisure activities available for the children. There were details on display in relation to a family day planned for the summer time. The person in charge advised that a family day was held last year which was described as very successful. There was a residents guide on display in the reception area of the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The criteria for admission was transparent and was in accordance with the statement of purpose. Policies and procedures were in place for the admission of children and there were local operational procedures regarding a transfer to hospital, temporary transition to another service and admissions and discharges on a general and monthly basis.

The admissions discharge and transfer policy was in place, dated July 2014 and a local operational procedure on the admission and discharges for the service dated September 2014. They clearly outlined the referrals sources accepted and the criteria a child needed to meet to ensure a referral was considered. It also highlighted why a child was discharged from the service if they no longer met the criteria. The process for admission was clearly outlined and was stipulated on the statement of purpose. It included essential requirements such as multidisciplinary reports, a nursing assessment, a completed care plan and prescriptions from the G.P. The person in charge advised that the nursing assessment was completed in the family home by a nurse employed by the centre to determine the child's needs. Inspectors viewed pre assessment forms in the children's files which outlined that the criteria for admission were met. The person in charge stated when the required information was obtained, a decision on the suitability of the child was determined at a management meeting. The process to discharge a child from the service commenced at 16 years however the current children were less than 10 years of age.

Contracts of care were in place for the children. Children and their family members were provided with an opportunity to visit the centre before admission and this was confirmed on a questionnaire submitted by a parent as part of the inspection. There were support agreements on file as required by the Regulations regarding the contract between the

service and the child. Inspectors viewed a sample of contracts and they outlined the support agreement and services to be provided. There was evidence on the files reviewed that the person in charge and a parent had signed the contract.

Regular consultation occurred between family members and staff at the centre. There was a comprehensive admissions checklist for each respite stay which contained a record on any updates regarding the child, how they have been since the last stay and any changes regarding health, medication, nutrition, restrictive practices. It also included a checklist of the child's belongings.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Assessments of need and personal plans were in place for the children. There was multidisciplinary input and evidence of a consultative process with family members.

A comprehensive assessment was completed for each child prior to their admission to the centre. The person in charge advised that s/he completed assessments in the family home to determine if the child's needs were in line with the criteria as set out in the statement of purpose. There was evidence of these assessments in the files reviewed and the conditions of the children were coded according to specific categories which in turn determined whether the child needs were suitable to the service.

Personal plans were comprehensive and each child's care was reviewed on a regular basis. A sample of personal plans were reviewed and they documented a wide range of the children's needs and supports required. The plans included the child's personal information, intimate care plan, specific goals, medical records, multidisciplinary reports and information regarding the child's health and welfare. The care plan was updated regularly to reflect changes in medication or feeding for example. The updates were handwritten and difficult to read at times which may lead to inconsistencies in care

provision. There was a local operational procedure to guide practice on personal planning.

The children's social needs had been assessed and social goals were present for the children but further work was required to ensure they were effective. During the previous inspection it was noted that the children's social needs had not been assessed. There was evidence that the centre had made progress in ensuring a balance between meeting both medical and social needs. A staff member interviewed advised that the centre worked according to a nursing led model in the past however stated that efforts had been made recently to ensure the children engaged in social activities and accessed the community. There was a social activities assessment on file but additional details were required to ensure an adequate overview of the child's social needs. For example some of the child's favourite activities were detailed and there was a list of possible activities the child could engage in. However, additional details such as child's capacity to engage in various activities were not documented. Goals for the children had been compiled which were reviewed regularly but the quality of the goals was not consistent. Some goals were measurable such as "accessing community amenities" however other were not specific and it was difficult to determine if the goals were achievable or attainable. For example one goal documented for a child included group activities/therapeutic activities but the description of what these entailed was not included.

The care plans were reviewed to reflect changes and to improve the lives of the children. There was an annual review of the care plan in the files reviewed attended by a key worker, a staff nurse and family members. There was documentary evidence that the child's health, medical, safety and behavioural needs were reviewed. Social goals for the child were reviewed during this process but the documentation to evidence progression in this area was not consistent. On one file reviewed this section was left blank and on another occasion there was no evidence that additional goals were planned during the review. There was a schedule in place to review the plans of all children in 2015. A parent who completed a questionnaire for the inspection advised that his/her child's care plan was reviewed every three months.

There was multidisciplinary input in the files reviewed however this was not consistently incorporated into the child's care plan. There was evidence that reports and information had been obtained from professionals such as a physiotherapists, occupational therapist and other medical specialists. A staff member interviewed as part of the inspection advised that it was the role of the key worker to obtain updated reports and incorporate the guidance on the child's care plan. This input guided practice in terms of programmes and restrictive practices to promote the health and safety of the children. In one file reviewed it was not clear that guidance from a physiotherapist was incorporated into the care plan. A questionnaire returned from a parent stated that the staff team carried through on all recommendations from professionals involved with the child including occupational therapy, speech and language and physiotherapy.

Transition plans and life skills work was not required due the children's age range however there was effective planning for transition between services. There were no teenagers in the centre that required plans to transition from the service into adult services. The children were supported in transferring between services. The inspectors

reviewed a hospital transfer form which gave a detailed overview of the child's history, symptoms and social and emotional needs however there was limited information on the child's communication needs. It documented that the child may need reassurance but how the child communicated was not included.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was clean, well maintained and adequate to provide the intended service. There was sufficient space in the centre to provide the necessary services however the practical use of this space was not effective.

The centre was in a good state of repair both internally and externally, was clean on the day of the inspection and suitably decorated for the children it catered for. The centre was wheelchair accessible and there was a lift for access to the first floor of the building. The temperature of the water and radiators were within an acceptable range. The centre was sufficiently warm on the day of the inspection. Baths, showers and toilets were of a sufficient number and standard to meet the needs of the residents.

The size and layout of the building was adequate for the service provided but the use of this space was not optimum. There was sufficient communal space for social and recreational activities but private accommodation was not always provided. There were three bedrooms to provide separate accommodation for children however one room on the ground floor of the building contained two beds and was used to accommodate two children when necessary. The room was not an allocated private space as access to communal areas was through this room and therefore the privacy and dignity of the children residing in this room could not be promoted.

The first floor of the building was not used for the provision of care services on a regular basis. The first floor contained an emergency bedroom, a parents' bedroom, storage room and an office. The person in charge advised that the parents' bedroom had not been used for overnight stays since her appointment to the role in 2012 and it was not clear that the best use of this space had been considered. There was no policy in place

regarding the use of this room and safeguarding measures were not in place should the room be accessed for its intended use. The emergency bedroom was not accessed on a regular basis and this was evident from records reviewed by inspectors which highlighted an occupancy rate of 3 and 4 children during the months of January and February 2015. The person in charge confirmed that the emergency bed was not frequently used and stated that this facility was generally requested when the centre was closed. Staffing levels were not sufficient to provide adequate supervision should 5 children be accommodated on the same night as the emergency room was on the first floor of the building.

There was adequate storage facilities for children's belongings but the storage of medical records and files was not safe. The inspectors noted that information which related to the children and the centre was stored in the communal sitting room and the kitchen. These areas were accessible to visitors to the centre and therefore sensitive and confidential information could be easily accessed.

There were suitable arrangements for the safe disposal of general and clinical waste. The inspector observed that clinical waste was adequately stored in the building and the person in charge stated that this waste was emptied daily and transferred to a suitable locked facility on the grounds of the building which the inspectors observed.

There was sufficient equipment for the children in the centre. The person in charge advised that some children brought in the required equipment from their home. However, there were some devices on site that the children required. There was an air mattress in the centre for the children to use when required and the inspectors viewed documentation indicating that this had been serviced.

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:

There were policies and procedures in place for risk management and health and safety. An up to date risk register was in place and a range of risk assessments had been completed. There were some risks identified by inspectors that had not been assessed however immediate actions were taken by the person in charge to rectify the issues.

There was a comprehensive centre specific risk management policy in place dated July 2014. The policy identified hazards in the centre and there were measures and actions in place to control the risk. Hazards identified included for example transfer of infection, dislodgment of specific tubes the children required, epilepsy, fire and medical emergencies. The policy included measures and actions in place to control the risk of the unexplained absence of a child, accidental injury and risk of self-harm. The measures and actions to control the risk of aggression and violence were contained within the action plan attached to the policy and it stated that there was no risk of violence or aggression in the centre. The policy referenced another policy for guidance on the arrangements for the identification, recording and investigation, and learning from, serious incidents or adverse events involving children. There was an emergency plan in place for responding to emergencies which was provided to inspectors.

There were adequate systems for the assessment, management and ongoing review of risk and there was a risk register in place. There was an up to date risk register that contained risks such as medication, infection control, accidental injury and management of medical emergencies. Actions and controls required in relation to the hazards were clearly recorded and adequately detailed. The person in charge advised that s/he updated the register on a weekly basis to ensure all the risks identified on the register were current. The provider nominee outlined that there was a local and corporate risk register. S/he advised that there was a quality and safety subcommittee chaired by the board of management and an executive quality and safety committee chaired by the provider nominee. S/he stated that risks that could not be managed at executive level were escalated to the board of management. The person in charge stated that the organisation's quality manager supported her/him with the risk register and that any trends were compiled in a monthly report for the quality and safety committee. The inspector reviewed minutes of the quality and safety committee meetings and there was evidence of learning from identified risks and a drive to improve the quality of the service. The minutes of the meetings documented discussions regarding issues such as policies/procedures, incidents, health and safety and the risk register.

Comprehensive risk assessments were completed but some risks identified on the day of the inspection had not been assessed. There were a number of risk assessments completed in relation to transcribing of medication, fire safety, self-harm and the high dependency levels of children. There was also individual risk assessments in the children's files reviewed which covered risks such as slips, falls, drowning and risk of choking. The person in charge had signed off on the risks identified and control measures were documented. The inspectors noted a number of risks on the day of the inspection that had not been assessed. Inspectors observed disposal gloves and aprons in various rooms in the centre which were in reach of children and posed the risk of choking should the children access them. The person in charge took immediate action to remove the gloves and contacted maintenance to alter the height of the storage unit of aprons. There were a number of ligature points identified by the inspector including the cords of blinds and a chain holding a key which were not affixed. There were no restrictors on the windows and although the current children were non ambulant, safety precautions to prevent entry or exit from the house via the windows had not been assessed.

Policies in place regarding health and safety were effective. There was a centre specific

safety statement. This was comprehensive and covered all of the requirements and it was documented that all staff had read the statement. There was a policy in place regarding the absence of a child. Inspectors reviewed a missing persons profile present in a child's file which detailed how to identify the child, their behaviours, road safety awareness, medical risks and mobility issues.

There were adequate precautions in relation to fire and regular fire drills were completed in the centre. There was sufficient fire equipment including fire extinguishers, fire detection equipment and a fire alarm which were serviced January 2015. There was an evacuation map of the centre and general fire precautions were on display throughout the centre. The fire assembly point was clearly labelled and all fire exits were unobstructed during the inspection. Inspectors reviewed the fire safety register and the person in charge and the deputy person in charge were named as the fire wardens. The register contained emergency numbers of the Gardai and fire brigade. There were weekly and monthly checks of fire extinguishers and escape routes which were up to date. Inspectors reviewed records of fire drills that were carried out in April, June and October 2014 and two drills were completed in March 2015, one of which was a deep sleep fire drill. A staff member interviewed as part of the inspection, confirmed that drills were completed on a quarterly basis and said checks of fire safety equipment and fire exits were completed regularly. All staff had received fire training.

There was a comprehensive policy in place for infection control and adequate precautions were in place to prevent the risk of infection. Hand gels in place throughout the centre and there were antibacterial soaps and hand washing signage on display. Bins in the centre were pedal operated. Mops were maintained effectively. They were colour coded, cleaned and disposed of on a monthly basis. Inspectors viewed a record of cleaning duties completed by staff but this was not consistently filled in. The inspectors spoke with a staff member who had specific domestic duties. S/he described the routine for cleaning and laundry and was observed wearing suitable protective equipment when carrying out such duties. S/he advised of an appropriate system to launder clothes. The majority of the team had completed training in infection control however this was outstanding for one staff member. There was a contract in place for clinical waste and the safe disposal of dangerous items such as sharps. The inspectors viewed the storage of such items and the system was safe and effective.

There was one vehicle used to transport the children. The vehicle was observed by the inspectors and there was documentary evidence that the vehicle was taxed, insured and the national car testing certificate was in date.

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):

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

Findings:

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

There was a detailed policy on, and procedures in place for, the prevention, detection and response to abuse. The inspectors reviewed the organisation's policy and procedure for safeguarding vulnerable people, dated October 2013. This policy described the types and indicators of abuse and guidelines to recognise abuse. The role of the designated liaison person was described but it did not document who the designated liaison person was. There were procedures outlined to guide staff should child abuse be suspected, and these procedures were in-line with Children First: National Guidance for the Protection and Welfare of Children (2011). Some aspects of the policy were not up to date as the Health Service Executive (HSE) was referred to as the statutory body and this required updating to reference the Child and Family Agency (CFA). There was a designated liaison officer and a deputy designated liaison officer for the centre. Staff members interviewed by the inspectors were aware of their obligations and the correct reporting procedures. All staff members had completed safeguarding training. The person in charge that Children First (2011) was incorporated into the safeguarding training.

An effective system for the monitoring of child protection or welfare concerns was in place. The person in charge advised that any bruising on a child was monitored and reported to the person in charge and discussed with the child's parents. S/he also advised that if necessary s/he would speak with the hospital to ascertain the possibility of bruising. The person in charge stated that if s/he was not satisfied about the bruising or if there is a pattern, a referral is made to the organisation's social worker, who was the designated liaison officer to assess. Inspectors observed body maps in a child's file which provided a record of any bruising or marks. Inspectors discussed this with the person in charge and s/he was satisfied that the incidents related to equipment and medical conditions. There were no notifications to the Child and Family Agency. A staff member interviewed identified the vulnerabilities of the children accessing the service, was aware of the signs of abuse and stated that s/he observed interactions and would speak with parents to get a sense of any difficulties. One child who availed of the respite service was in statutory care. The required information regarding a child in care was in place. There was evidence in the child's file of regular correspondence with the allocated social worker. The child's statutory care plan and minutes of care review meetings were

present in the file.

The inspectors observed the staff interacting with the children in a respectful and kind manner. They were knowledgeable about the children's needs and inspectors observed staff members engaging in play activities, singing and storytelling during the inspection. The children were also observed engaging in art, massage and drama activities facilitated by external practitioners but supervised by staff in the centre. The children had many opportunities to engage in a variety of play activities during the inspection.

Each child had an individual intimate care plan which was sufficiently detailed. There was an intimate and personal care policy in place but it had not been reviewed since 2009. This meant that the guidance in place for staff, may not reflect current good practice in this area. Individual intimate care plans were in place for the children whose files were received. They detailed the extent of the care required for the child however the number of staff required to facilitate the care were not consistently detailed. There was evidence that the care plans were reviewed in February 2015. The inspectors observed that staff promoted the dignity and respect of the children during the provision of this care by ensuring the bathroom door was closed.

The centre's systems regarding behaviour that challenged was not effective. There was a policy on behaviour that challenged but this had not been implemented fully in practice. There was no dedicated behaviour support committee and behaviour management plans were not in place for the children as outlined in the policy. The staff team had not been consistently trained in the same model of behaviour management. The deputy person in charge advised that the model of behaviour management training s/he attended was not applicable to the children that attended the service. S/he advised that one referral to an appropriate professional was made for a child in relation to behaviour however this was not consistent for all the children. The provider nominee advised that the area of behavioural support required review.

Provisions were in place to allow staff to escalate any concerns about the quality and safety of care and support offered at the centre. There was an open disclosures policy in place and staff members interviewed were aware of this.

Restrictive practices were prescribed for the children for health and safety reason and were regularly reviewed however an adequate policy to guide practice was not in place. Inspectors were provided with a policy on rights promotion and protection. Restrictive practices were referenced briefly in this document however it did not contain adequate information to guide practice in this area. There were numerous restrictive practice used in the centre. The length of time a restrictive practice was used was logged. The logs observed by inspector's recorded the use of a restraint and when this was engaged and disengaged. This was monitored by the person in charge and a signature was noted on the forms. There was evidence that multidisciplinary input was sought in relation to the use of restrictive practices. The inspectors viewed documentary evidence in the children's files reviewed that the practices were required and recommendations and time limits were evident from an occupational therapist for example. The organisation had a rights committee to review the use of restrictive practices. The inspectors viewed a number of referrals for the children to this committee however they had been completed during the week prior to the inspection and there was no response from the committee

at the time of the inspection. Some restrictive practices were required for medical reasons and others were required for safety reasons due to self injurious behaviour. The person in charge advised that all restrictive practices were prescribed by professionals and stated that the centre had to implement what had been prescribed. The provider nominee stated that the use of restrictive practices needed to be discussed at a management meeting as s/he was not aware of the extent of such use in the centre.

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):

No actions were required from the previous inspection.

Findings:

Notifications were not made to the authority in line with the requirements of the Regulations. There was extensive use of restrictive practices in the centre and they had not been notified to the Authority in accordance with Regulation 31 (3) (A).

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The children had opportunities for new experiences and social participation. The educational needs of the children were promoted by the family members and the centre was not involved in this aspect of care.

There were opportunities for the children to engage in activities but access to the community was limited due to the size of the centre's vehicle. The children were engaged in social activities inside and outside of the centre. The inspectors were advised that an art, drama and massage therapist attended the centre on a weekly basis to complete activities with the children. This was confirmed by a parent interviewed as part of the inspection. The inspectors observed numerous activities that the children engaged in including, story time, singing, art and baking as well as the activities facilitated by external practitioners. There were photographs displayed of activities the children engaged in and there was art work on display in the centre. There was evidence in the children's care plans that children had opportunities to access the community. In one care plan reviewed, it was noted that a child's social goals were to visit the local supermarket, go for walks outside and go on social outings. The centre's vehicle had the capacity for one wheelchair and this could limit the opportunities for children to engage in group activities outside of the centre. A staff member interviewed as part of the inspection stated that the size of the vehicle limited where the children could go on outings.

There was no policy on access to education. The person in charge advised that the family members decided if the child accessed education while attending the respite service. A centre policy was not in place to support this. There were no individual education plans for the children. The children accessed the service for a limited number of days per month but their educational needs were not promoted and therefore consistency was not ensured regarding possible systems or approaches that the school employed with the child.

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):

No actions were required from the previous inspection.

Findings:

The health care needs of the children were met in line with their personal plan. Each child's health needs were assessed prior to admission to the service and there was evidence of on-going consultation with medical professionals. End of life plans were in place for some of the children but additional information was required to ensure the family's wishes were respected.

The children attending the service had complex medical needs and they were supported appropriately while availing of the respite service. There were two nurses on duty at all times in the centre to cater for the high medical needs of the children. The person in charge advised that a nursing assessment was completed with each child prior to admission to determine if they met the criteria for admission as outlined in the statement of purpose. There was evidence of these assessments in the plans reviewed and the children were offered a respite service if they were assessed as having a progressive condition without curative treatment or irreversible but non-progressive conditions.

There was sufficient medical equipment available in the centre to provide medical interventions as required by the children. The person in charge advised that there were a number of machines in the centre for the children's medical care. S/he stated that the families were encouraged to bring in any necessary equipment that the children required to ensure continuity of care practices between the respite service and the child's home.

There was evidence of sufficient multi-disciplinary input from medical professionals and allied health care professionals. There were numerous reports contained within the children's files to reflect professional involvement and the sharing of information regarding medical conditions and supports required by the child. A staff member interviewed as part of the inspection confirmed that the team liaised closely with medical teams including the child's outreach nurse.

The children were limited in their capacity to take responsibility for their own health and medical needs due to the nature of their medical conditions, disability and their age. However, there was evidence of regular consultation with family members. Inspector's viewed the admissions checklist which was completed for each child on every respite break admission. This detailed updates in relation to the child's needs including their medical needs. A questionnaire returned from a parent outlined that the staff members were up to date on his/her child's needs and carried through on recommendations from medical professionals.

End of life plans were in place where required but they did not adequately reflect the family's wishes. End of life plans were required as some of the children availing of a respite service in the centre had life limiting conditions. Inspectors reviewed end of life care plans which outlined some information regarding the child's needs and conditions. It was stated on the child's plan that the family's wishes were respected in relation to end of life care but there was limited documentation recorded to reflect the family's wishes. The person in charge advised that parent's wishes were passed on verbally but acknowledged that they were not always recorded and therefore staff may not be aware of the wishes.

All children were enterally fed and therefore meals were not required in the centre.

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:

The management of medication in the centre was effective however there was a process of transcribing medication which was not in line with good practice. There were adequate policies and procedures to guide the practice and all medication was administered by registered nurses.

There was a comprehensive organisational policy on medication management. It outlined guidance in relation to the prescribing, ordering, storage, crushing and disposal of medication. There was a procedure attached to the policy with guidance on the administration of oral medication and enteral tube medication. There was also a local operational procedure which outlined guidance for the receipt, prescribing, storage, disposal and administration of medication. Another local operational procedure was available in relation to the transcribing of medication.

There was a procedure for the transcribing of medication in the centre but this had been suspended pending a review of the policy following an error noted during an audit. The person in charge advised that the process of transcribing prescriptions was suspended the week prior to the inspection due to an error identified with a transcription. The error outlined that the wrong dose of medication was transcribed from the G.P's prescription to the centre's prescription. The person in charge said the child received the correct dose of medication during this time as the nurses on duty were aware of the correct dose without having to check the prescription. Following the identification of this error, the person in charge had suspended the transcription of medication and stated that the local operational procedure regarding this practice will be updated. The requirement to transcribe medication was unclear. The person in charge advised that the current practice involved the organisations medical practitioner who had responsibility to transcribe the original prescription sheet and signed off on all medication. The person in charge and the provider nominee acknowledged that the transcribing of medication was not best practice and stated that this would be reviewed.

The majority of the required information was evident on the prescriptions but some practices required review to ensure good practice standards were met. There were copies of the original prescriptions and the transcribed prescription sheets within the children's individual medication files. Most of the required information was contained on the prescription sheet including a photograph of the child, the name of the medication, and the dose of the medication. On some prescription sheets reviewed the signature of the G.P. was not present for every medication and some as required (PRN) medications did not have a maximum dosage stated. Some original prescriptions were handwritten

and there were a number of prescriptions in the children's files which could lead to confusion when medication was administered or transcribed. The person in charge advised that the centre kept a record of all past prescriptions to track increases or decreases in medication. Some changes to the original prescription and the centre's prescription were handwritten over the original typed information rather than the prescription being updated. This had the potential to lead to errors. A staff member advised that there was no requirement to crush medication however stated that some medication needed to be dissolved but this was not noted on the prescription sheets and the staff member confirmed this. The person in charge advised that there were difficulties at times with the prescriptions provided by the parent and stated that to rectify this, the centre contacted the parents 6 weeks in advance of the date the prescription is due to expire. Inspectors viewed the review schedule for prescriptions.

The administration of medication was effective. The administration sheets contained all of the required information and there was a signature sheet present. The person in charge advised that the nurses on duty referred to both the original prescription and the centre's prescription prior to the administration of medication. Inspectors observed the administration of medication and observed two staff nurses checking both prescription sheets before administration of the medication. However, the process of double checking both prescription was not always implemented as outlined earlier.

The storage of medication was adequate. There was a locked press in the kitchen area of the centre that contained the children's medication. There was a medication fridge and the temperature of this was checked on a daily basis. The person in charge advised that there was no out of date medication stored in the centre. S/he advised medication was sent home with the children after a respite visit. There was a stock of some as required (PRN) medication. The person in charge said that such medication was only administered if it was prescribed and if the medication had not been provided by the child's parent. Inspectors viewed the stock of medication and there was none out of date. The person in charge stated that night staff checked the stock and advised of any medication that was nearly out of date and they were returned to the pharmacy. Inspectors reviewed the stocks inventory and noted that the centre's supply of medication was checked on two occasions in March 2015 and on one occasion in February 2015.

The labelling of medication was not satisfactory. Inspectors viewed some medication that was not labelled. Boxes that contained medication was labelled but the bottle inside was not consistently labelled and therefore if the box was mislaid, there was a possibility that the medication could be administered to the wrong child. There was a bottle of medication in one child's medication box which was not labelled and was not prescribed on the prescription sheet. The inspectors checked the administration sheet and this as required medication had not been administered to the child.

There was an effective system in place for the storage of controlled medication and there was a controlled drugs register in place. Controlled drugs were received in the same manner as other medication however they were recorded on a controlled drugs record book and checked during every shift change. There were no controlled drugs in the centre during the inspection. There were adequate locked storage facilities for this medication.

An audit of medication was completed and errors identified were addressed appropriately. There were some medication errors recorded in the centre and there was evidence that they were reviewed by the person in charge and advice was sought from the G.P. if necessary. It was also noted if family members were advised. It was clear that actions were taken by the person in charge to ensure learning from the errors. The person in charge had completed a medication audit in March 2015 and there was evidence that actions were taken as a result including the need for a review of the local operational procedure for the transcribing of medication.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose contained all of the requirements as set out in Schedule 1 of the Regulations however the scope was broader than what the service could actually cater for.

The statement of purpose was too broad. It outlined that the centre could cater for children from 0 to 18 years. The residents currently availing of the service varied in age from 3 to 9 years. The person in charge stated that admissions would be planned to ensure children or young people availing of respite were of a similar age and s/he was aware of the different developmental needs of the various age groups and stated that the staff team were sufficiently skilled to cater for age groups.

The use of space in the centre was determined by resources. Some children had to share a room which was not appropriate for safeguarding and ensuring privacy and dignity of the children. The capacity of the centre to provide respite for 5 children could only be provided if two children shared a room. The person in charge acknowledged that if there were 5 children accommodated at the same time, the fifth child would have to be accommodated on the ground floor to ensure all of the children were supervised appropriately. This was not reflected in the statement of purpose.

Some children had to sleep in inappropriate rooms while other rooms in the centre were

vacant. A room used as a bedroom space was not adequate as access to a communal area of the centre was through this room and therefore the privacy and dignity of the children could not be maintained. There were two bedrooms on the first floor of the centre which was not used on a regular basis. One bedroom was allocated for emergencies only and the person in charge stated that this facility was only requested at the weekend when the service was closed. This room was also available for an emergency admission from another respite service within the organisation however this had never been availed of. The emergency bed was not availed of and it was unclear why this service continued. There was a bedroom allocated for parents on the first floor. The person in charge said this had not been used since her appointment in 2012 and it was not evident that there was effective use of this room. The person in charge acknowledged that the statement of purpose needed to be reviewed as it did not reflect what the centre could provide.

There were volunteers with set roles in the centre and although volunteers were evident on the organisational chart their role was not reflected in the statement of purpose.

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):

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

Findings:

There was a clearly defined management structure in the centre with identified lines of authority and accountability. There were effective management systems in place to ensure delivery of a safe and quality care to the children. There was clear monitoring of the service and safe systems in place to ensure accountability. There were good systems of support to the staff team.

There was an adequate management structure in place and staff were clear about the reporting procedure. All staff reported to the person in charge who had responsibility for the day to day running of the service. The person in charge was supported in the management of the centre by a deputy, who was employed as a clinical nurse manager 1 (CNM1). The person in charge reported to a line manager who was also the chief

executive officer (CEO) of the organisation and provider nominee. The provider nominee/CEO reported to a board of management on a monthly basis. Inspectors met with the provider nominee as part of the inspection. S/he commenced in the position in March 2015 and had limited time to gain a comprehensive understanding of the service. Inspectors found that s/he had a some understanding of the service but the provider nominee acknowledged that there were areas s/he was not adequately informed about such as restrictive practices and roles within the centre. The provider nominee had awareness of statutory responsibilities relating to the regulations.

The centre was managed by a suitably skilled, qualified and experienced manager. The person in charge was suitably qualified and was employed in the centre on a full time basis since 2012. S/he had good knowledge of the regulations and his/her statutory responsibilities. The inspectors found that the centre had responded effectively to the action plan submitted following the previous inspection and there were effective management systems in place. There was a suitable on call system in place. The person in charge provided support to the team outside of normal working hours when required. S/he felt this was appropriate and sustainable as the centre was only opened 3 nights per week. The person in charge had good knowledge of the children availing of respite in the centre and covered some shifts on the rota. S/he stated she provided cover on the rota for skills maintenance and to ensure his/her hours were fulltime.

There were appropriate deputising arrangements in place for the absence of the manager. The CNM1 worked on a full time basis and had responsibility when the manager was not on duty and was the nominated person identified within the organisation to cover the role of the person in charge during extended absences. Inspectors met with the nominated person and found s/he was aware of the responsibilities of the person in charge.

There were effective management systems in place that supported and promoted the delivery of a safe, quality care service. A baseline audit of the quality and safety of care in the centre was completed in June 2014. It identified priorities and actions for the centre including for example, governance and management structures, supervision and leadership, key worker system, staff training, rights, communication passports and development of a residents guide. It was noted that these actions were completed. This document did not outline that it was the annual review of the quality and safety of care and support in the centre as required by the regulations, however the person in charge advised that the baseline audit was the annual review of the service.

Unannounced visits to assess the safety and quality of the service were completed as required by the regulations. An unannounced visit was completed in October 2014 which assessed quality and safety of care and support under two outcomes of the national standards including health, safety and risk management and the statement of purpose. There were recommendations included in the report. This visit did not incorporate discussions with the children or their family members. A further unannounced visit took place in March 2015 and this report highlighted that children were observed and one parent was interviewed. The most recent audit covered outcomes including rights, governance and the absence of the person in charge and it also reviewed complaints. Inspectors viewed signage in the centre to alert parents and representatives that such reports were available when if requested.

Audits of the service were completed on a regular basis. A number of audits were completed in the first quarter of 2015 including an audit of dangerous goods, social activities, medication and a safety audit. It was evident that actions had been taken to ensure learning from such audits. For example a review of the centre's policy in relation to the transcribing of medication was required following a recent audit of medication. There was also a plan which detailed a scheduled of audits planned for the second quarter of 2015. The inspectors reviewed a quality enhancement plan which had been developed following the last inspection and updated following the unannounced monitoring visits to the centre. Some risks identified during the inspection had not been identified during audits and monitoring visits to the centre. Immediate action was taken by the person in charge to put safety measures in place.

Staff members interviewed as part of the inspection described the centre as well managed. Staff members interviewed advised that they have supervision on a six weekly basis with the person in charge. There was a communication system in place to facilitate communication across the team regarding updates in relation to the centre or the children. A parent documented in a questionnaire that s/he had an open and trusting relationship with management in the centre and found the staff team approachable. Team meetings occurred on a monthly basis. Inspectors reviewed the minutes of team meetings and there was evidence that risk management, medication management, incidents, restrictive practices and infection control were discussed for example. The process for consultation and discussion with the team was not clear from the minutes of the meetings.

The systems of support, supervision and ensuring accountability of the person in charge was not adequate. The person in charge did not have formal supervision with his/her line manager and although s/he attended management meetings, it was difficult to ascertain how he/she was held to account. The provider nominee advised that regular support was provided to the person in charge through daily contact. S/he also advised that management team meetings occurred every 4 to 6 weeks with the person in charge, provider nominee and a personal assistant to the provider nominee in attendance. Inspectors reviewed minutes of these meetings which occurred on a monthly basis from December 2014 to March 2015. The minutes detailed that discussions took place regarding quality and safety, restraints, audits and social goals. The provider nominee did not provide individual supervision to the person in charge. The person in charge availed of clinical supervision and the provider nominee advised that s/he did not get a copy of these minutes and therefore was not aware of the effectiveness of such supervision. This had implications for issues such as monitoring performance, accountability, confidentiality and data protection. The provider nominee acknowledged that this needed to be addressed. S/he advised that performance reviews were to be carried out with the person in charge but had not yet started due to the short time frame that s/he was in the position.

An appropriate reporting system was in place. The provider nominee reported monthly to a board of management. S/he stated that she had attended one such meeting and that s/he intended to provide a summary of all reports to the board of management on a monthly basis. S/he identified that the change in management structure was welcomed in the centre however s/he advised that the centre, as a standalone service needed to

continually reflect on its role. The provider nominee advised that a review of all respite services for the organisation was required.

There was a service level agreement in place with the Health Service Executive. The provider nominee advised that it was his/her responsibility to manage this process with the HSE. S/he advised that the service level agreement was signed in February 2015, for the previous year. The provider nominee said that due to difficulties regarding discussions of budgets, this had not been completed for 2015 at the time of the inspection.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge.

The person in charge had not been absent for a period of 28 days or more since November 2013 and therefore, no notifications had been made to the Authority in this regard. Inspectors found that the person in charge was aware of the requirement that the Authority had to be notified in the event of this occurring. A nominated person was identified from within the centre to take over the role of person in charge in the event of this occurring. Inspectors met the nominated person and found they had provided cover for annual leave for the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

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

No actions were required from the previous inspection.

Findings:

There were some resources in the centre to support the children to achieve their personal plan and the facilities and services in the centre however staffing resources were not adequate to provide the service as outlined in the statement of purpose.

The centre was adequately resourced with equipment but access to the community was limited as the centre's vehicle accommodated only one wheelchair at a time. The inspectors observed equipment in place for the children to attend to their medical needs. The person in charge advised that the centre owned some equipment and the children brought in additional equipment to ensure continuity of their medical care. There was assistive technology, sensory equipment and lots of toys/activities for the children. Inspectors viewed the centre's vehicle. The vehicle could only carry one wheelchair at a time and this limited the opportunity for children to go on outings as a group.

Staffing levels did not take into account the size and layout of the building and the centre was not adequately resourced to provide services as outlined in the statement of purpose. As the centre was currently operating, it was not possible for the staff team to provide adequate supervision and care of children should a child be accommodated on the first floor of the building. Two children at times were accommodated in one room which was not an allocated bedroom and the person in charge confirmed that this was to ensure the supervision of the children. The staff to child ratio was adequate on the day of inspection but there was not adequate staffing resources in the centre if the maximum number of children were availing of respite. The statement of purpose outlined that five children could avail of respite at one time however the children would have to be accommodated on two separate floors in the building and therefore adequate supervision of the children could not be maintained in such instances.

The centre was allocated a budget from the Health Service Executive for the year and the projected expenditure was calculated. The person in charge had responsibility for a budget in the centre which was allocated on a yearly basis. S/he advised that she has autonomy for expenditures under one thousand euro however expenditures over this amount had to go through the director of services. The person in charge said that there was a fundraising budget that was used to facilitate activities for the children and as a result the children did not need to bring in pocket money. S/he advised that the person in charge and the deputy person in charge had access to the centre's finances and for safeguarding reasons the person in charge allocated money to staff members when required. The inspectors reviewed the centre's budget and it was reviewed and approved monthly by the person in charge. Each expenditure was doubly signed. The person in charge advised that the finance department audited the financial records for the centre.

Judgment:

Substantially 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 staff team were highly skilled and supervised appropriately for their role. There was an over reliance on relief workers to cover core shifts in the centre.

There was a highly qualified and consistent staff team in the centre however there was an over reliance on the use of relief workers. There was consistency provided for the children as the same staff covered the additional shifts and there was no use of agency staff. Staff interviewed as part of the inspection confirmed that there was daily use of relief workers and advised that there were consistent staff who provided this cover. The person in charge was required to cover shifts on a regular basis. S/he advised that this was for maintaining his/her skills and the shifts were incorporated into his/her fulltime hours. The impact of this dependency during times of leave for example had not been considered. Inspectors reviewed a returns form which outlined the number of relief hours allocated on a monthly basis. During the first four weeks of March 2015, a total of twelve, fifty, seventy five and thirty seven hours were filled by relief workers. The amount of hours was not as significant during February 2015 and the person in charge stated that additional relief hours were required to facilitate staff to complete training. It was not clear that the centre had made the best use of resources in terms of staffing the building. The provider nominee acknowledged the extensive use of relief workers.

The roles of some staff members were not clear. The majority of the staff team were nurses, there was one care assistant and some volunteers working at the centre. The role of the care assistant was not clear. Staff members described this role as mainly domestic and some assistance with the children when required. The care assistant confirmed that s/he was employed primarily for domestic chores and stated that this was reflected in his/her job description. However, the provider nominee outlined the role of the care assistant as a support to the nurses and to address the social care needs of the children. This was also detailed in the job description reviewed in the staff members file which outlined that the care assistant should assist in the implementation of care plans and to maintain records including children's files but this was not always reflected in the day to day running of the service. Staff members interviewed stated that the care

assistant did not contribute to the care plan or complete reports.

Volunteers were used regularly within the service. The team were supplemented by volunteers who had responsibility for some domestic and maintenance issues. The inspectors were advised that historically the volunteers provided additional cover at night time. The person in charge advised that this was no longer the case however an allocated space remained on the rota to record this if necessary. The provider nominee was not fully aware of the role of the volunteers but the person in charge and staff interviewed described domestic and maintenance duties. It was not clear if the service could be sustained to the same level if there were no volunteers.

Staff files were well maintained and contained most of the information as required by Schedule 2 of the Regulations. Garda Vetting disclosures were in place in the files reviewed and were also present for the volunteers and therapists who provided services to the children in the service. Inspectors reviewed a sample of staff files and on one occasion there was only one reference for a staff member. There were files maintained for the volunteers working in the centre. In one of the volunteers file's sampled, there were no references evident.

There was a system in place to match staffing levels with the dependency needs of the children. The person in charge advised that the dependency levels were assessed according to the child's personal plan and advised that updates were sought from the child's parents at each admission to determine any changes. Inspectors viewed the dependency measurement form which determined dependency levels according to the child's medical and health needs such as nursing requirements and physical health.

There was a planned and actual staff rota in place. This detailed the children in attendance in the service and the times of shifts for the staff team and person in charge. Additional information was required to ensure permanent and relief workers could be identified.

The education and training available to staff enabled them to provide care that reflected up to date and evidence based practice but training in behaviour management was not sufficient. The training records provided an adequate record of all training provided and required for the staff team. Mandatory training was completed by all staff in manual handling, fire safety, first aid, medication management and safeguarding. The person in charge advised that all staff members had been trained in the organisations safeguarding policy which incorporated Children's First: National Guidance for the Protection and Welfare of Children. Other training attended by the team included infection control, pain management and palliative care and there was documentary evidence to demonstrate that staff were awaiting a confirmation date to complete additional training to increase skills. Five staff members were awaiting training in a behavioural support model.

There was a policy on supervision and performance development. The policies in place outlined that performance development reviews were to be carried out annually and the frequency of supervision was every 6 weeks. There was documentary evidence that supervision and performance development reviews were carried out. The supervision records detailed that the children, care planning, key working, training and the

regulations were discussed and there was a supervision contract in place. It was not clear from the records reviewed that supervision had occurred as frequently as detailed in the policy however there was evidence from the sample reviewed that staff members including relief workers were provided with supervision.

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):

No actions were required from the previous inspection.

Findings:

The centre maintained records and had a recording system in place. Records, policies and procedures were well maintained, accessible and of good quality. However, storage of some documentation was not satisfactory.

The centre had some of the required records as required by Schedule 3 and Schedule 4 of the Regulations. The centre had a suite of policies and procedures in place that were well maintained and easily accessible. There were organisational policies and a number of local operational procedures to guide practice in the centre. Some policies were not evident on the day of the inspection that were required by Schedule 5 of the regulation including a policy on CCTV, visitors, education and provision of information to residents and residents personal property, personal finances and possessions. Some policies had not been updated as required by the regulations including the intimate care policy and the promotion and protection of rights policy. Staff members had good insight in relation to the practices and procedures in the centre but one staff member was not aware of the policy in relation to the retention of records on a computer. The children's files and administrative files were well maintained.

Records were not stored securely to preserve the children's information in a confidential manner and to prevent data protection breaches. Storage of records was not optimum in the centre. The inspectors observed that children's confidential information and files were easily accessible in the building. The inspectors observed records stored in

communal areas in the building which contained personal information. These could be easily accessed by visitors to the centre and therefore could be potentially in breach of data protection legislation.

There was adequate space for the storage of records. There was an archiving room in the centre which contained all files in relation to the children who had been discharged or no longer attended the service. A staff member advised that all old files and extra documentation regarding the current children were stored in the archiving room and were not transferred to any other building. The records were contained in boxes that were clearly labelled.

A comprehensive directory of residents was in place. Inspector's viewed the centre's online system which included all the required information as outlined in Schedule 3 of the Regulations.

The centre was adequately insured against accidents or injury to residents and this also covered residents belongings.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Una Coloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0001466
Date of Inspection:	31 March 2015
Date of response:	27 May 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Attempts had been made to source an advocacy service for the children but this was not sourced at the time of the inspection. Children's rights were not displayed in the centre.

Action Required:

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

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

The person in charge will ensure that:

1. Ensure that an advocacy service is sourced for children 5/6/2015
2. Children's rights will be displayed in the centre 5/6/2015

Proposed Timescale: 05/06/2015

Theme: Individualised Supports and Care

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

It was not clear if the centre was non-denominational.

Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

1. Suzanne House is a service of Saint John of God Community Services and operates under a Catholic philosophy however services are provided to all denominations. The statement of purpose and function will be revised to reflect that the Service is non-denominational and will be displayed prominently at the entrance to the Service. 15/6/2015

2. All brochures describing the Service and relevant documentation will clearly state that the Service is non-denominational. 15/6/2015

Proposed Timescale: 15/06/2015

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:

Multidisciplinary input was not consistently incorporated into the child's care plan.

Action Required:

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

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

The person in charge will ensure that:

1. Multi-disciplinary input will be incorporated consistently into each child's care plans, by the child's keyworker following all yearly planning meetings and on receipt of updated MDT reports received for each child. The Person in charge will track changes to care plans on overarching tracking system, in consultation with each child's keyworker.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Information regarding the child's communication needs was not provided for times when a child was temporarily absent from the service.

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The person in charge will ensure that:

1. A hospital passport will be developed for each child. The Person in charge will track changes to care plans on overarching tracking system, in consultation with each child's keyworker.

Proposed Timescale: 30/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Private accommodation was not provided for some of the children.
The storage of records and files was not adequate.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

1. Alternative private accommodation will be designated downstairs in the centre, to ensure that each child who accesses the service has suitable private accommodation,

this will provide optimum supervision of children at night, as all children's bedroom's will be located downstairs. 30/07/2015

2. Additional locked units will be created within the centre to provide adequate storage for all records and files. 15/6/2015

3. A visitor's room and therapy room will be designated upstairs in the centre, to ensure optimum use of space within the centre. 30/07/2015

Proposed Timescale: 30/07/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All risks in the centre had not been assessed including ligature points, no restrictors on the windows, and disposal gloves and aprons within reach of the children.

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:

1. The risk management policy, risk register and risk assessments will be reviewed and updated to ensure that all risks in the centre has been assessed, and are managed and reviewed effectively 15/6/2015

2. All possible ligature points have been risk assessed and all ligature points removed, the centre has installed new window blinds that comply with European Standards to protect children from window blind cord strangulation. Chain holder for key on emergency door also removed to prevent children from the risk of ligature strangulation 16/4/2015

3. All windows within the designated centre will be assessed and window restrictors placed on existing windows. 12/6/2015

4. All gloves and aprons have been placed in holders and placed out of reach of children. 2/4/2015

Proposed Timescale: 15/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

One staff member was not trained in infection control.

Action Required:

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

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

1. Infection control training will be scheduled for staff member who is not trained in infection control.

Proposed Timescale: 18/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The policy on behaviour that challenged was not fully implemented and there were no behaviour management plans in place for the children.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

The person in charge will ensure that:

1. The person in charge will ensure that all staff are re-inducted into the policy on behaviour at a staff meeting and will supervise its implementation into practise.
30/6/2015

2. Referral's sent to two children's primary intellectual disability service requesting assessment of behaviour. 13/10/14 and 4/02/15

3. Referral's sent to a secondary service requesting assessment of behaviour for both children. 19/3/2015

4. Behaviour management plan's will be prepared and implemented for all children who require a behaviour management plan. 30/8/2015

Proposed Timescale: 30/08/2015

Theme: Safe Services

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

Training in a behaviour management technique had not been provided to all staff.

Action Required:

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

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

The person in charge will ensure that:

1. Positive behaviour management support training will be provided to all staff.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

A policy to guide practice regarding restrictive practices was not in place.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

1. A local operational procedure to guide practise regarding restrictive practices will be developed.
2. The person in charge will ensure that all staff are inducted into the procedure and supervise its implementation into practise.

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The intimate care policy was out of date and the individual intimate care plans required additional information to guide practice.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to

ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The person in charge will ensure that:

1. The intimate care policy will be reviewed and updated
2. Individual intimate care plans will be reviewed and updated to ensure all required information to guide practise is contained within each child's individual care plan.

Proposed Timescale: 08/06/2015

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:

The Authority was not notified of the use of restrictive practices in the centre.

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:

1. A written report will be provided 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.

Proposed Timescale: 30/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was no policy on access to education and there were no individual education plans in place for the children.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

The person in charge will:

1. Prepare and develop a local operational procedure on access to education for all children in the designated centre 15/6/2015
2. Ensure that all staff are inducted in the policy and that it is implemented into practice 15/7/2015
3. Individual education plans will be developed and put in place in association with each child's school to ensure they are supported to access opportunities for education 30/9/2015

Proposed Timescale: 30/09/2015

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:

End of life plans were not sufficiently detailed to reflect the wishes of the family.

Action Required:

Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

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

The person in charge will ensure that:

1. End of life care plans will be reviewed and updated as appropriate to each child, to accurately reflect the wishes of the family in line with current practice of quality standards for babies and children at end of life care. 30/6/2015
2. The family will review and sign off updated end of life care-plan. 30/7/2015

Proposed Timescale: 30/07/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Some medication was not labelled adequately. Some prescription sheets did not contain all of the required information. The requirement to dissolve some medication was not

outlined on the prescription sheets.

Action Required:

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

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

The person in charge will ensure that:

1. Will prepare and send a letter and liaise with each child's individual pharmacy requesting them to ensure that each child's medication is labelled correctly. 30/06/15
2. Will prepare and send a letter to each child's G.P and or consultant as part of scheduled 6 monthly review of medication requesting them to ensure that each prescription and drug kardex contains all required information to ensure good practice standards are met, including the following:
 - The need to explicitly document if medication needs to be dissolved.
 - The signature of the G.P/ consultant is present on all prescription sheets.
 - The maximum dosage of PRN medication is stated on the drug Kardex. 30/11/15

Proposed Timescale: 30/11/2015

Theme: Health and Development

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

There was no allocated space to store out of date medication.

Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The person in charge will ensure that:

1. A space to store out of date medication will be allocated.

Proposed Timescale: 15/06/2015

Theme: Health and Development

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

There was a practice of transcribing medication in the centre and this was not in line with best practice.

Action Required:

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

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

The person in charge has:

1. Ceased the practice of transcribing medication in the centre.
2. Removed the local operational procedure supporting the transcribing of medication, to guarantee compliance with best practice on medication management, and to ensure full compliance with the service's policy on person centered medication management.

Proposed Timescale: 25/05/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose described a service that the centre could not provide, due to resources. The emergency bed was not availed of because the centre was not open when this service was requested. The use of volunteers in the centre was not described in the statement of purpose.

Action Required:

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

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

1. The statement of purpose and function will be reviewed and amended to ensure it accurately describes the service provided, including the use of volunteers in the centre. 15/06/15
2. The statement of purpose will be amended to reflect a reduction in the maximum number of children supported each night from 5 to 4 children. 15/06/15

3. The emergency bed facility will be ceased. 15/06/15

Proposed Timescale: 15/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Some safety risk had not been identified in the centre.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The risk management policy, risk register and risk assessments will be reviewed to ensure all safety risks have been identified in the centre. 15/06/15
2. Risk management register will be reviewed at quality and safety and management meetings and updated as required to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. 15/06/15

Proposed Timescale: 15/06/2015

Theme: Leadership, Governance and Management

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

The systems in place to support, supervise and monitor performance of the person in charge were not adequate.

Action Required:

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

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

1. A supervision contract will be prepared by the registered provider and the person in charge, and will set out a revised system, to support, supervise and monitor performance of the person in charge. The contract will contain the following:
 - 6 weekly management meeting with person in charge and provider nominee
 - 4 weekly quality and safety committee meetings

- 6 monthly performance development and review meetings, with provider nominee and person in charge, identifying key performance areas and goals for the person in charge, to include development and management of the service and professional development of the person in charge.

Proposed Timescale: 30/07/2015

Theme: Leadership, Governance and Management

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

It was not clear if an annual review of the service was completed.

Action Required:

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

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

1. An annual review of the quality and safety of care and support in the designated centre will be carried out and will examine compliance with the health information and quality authority's 18 outcomes.

Proposed Timescale: 30/08/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

Access to the community was limited for the children as the centre's vehicle could only carry one child at a time. The centre was not adequately resourced to provide appropriate care and supervision to five children at one time and this was not in line with the statement of purpose.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

1. Wheelchair accessible taxis will be used in conjunction with the current vehicle to enhance community opportunities for residents.
2. The statement of purpose will be amended to reflect a reduction in the maximum

number of children supported each night from 5 to 4 children.

Proposed Timescale: 15/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff on the rota was not sufficient to accommodate the maximum number of children as outlined in the statement of purpose due to the size and layout of the building.

Action Required:

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

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

1. The statement of purpose will be amended to reflect a reduction in the maximum number of children supported each night from 5 to 4 children. This will ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Proposed Timescale: 15/06/2015

Theme: Responsive Workforce

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

There was an over reliance on relief workers to cover core shifts in the unit.

Action Required:

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

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

1. Two regular relief staff nurses will be assigned on the off duty to cover shifts on the unit as required. Each relief nurse will work with a permanent full time staff nurse in the unit at all times, this will ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

Proposed Timescale: 15/07/2015

Theme: Responsive Workforce

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

Two references were not present in some staff files reviewed.

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:

1. A review of H.R files will take place to ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

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

Training in a behaviour management programme was not completed by some staff members.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. Positive behaviour management support training will be provided to all staff

Proposed Timescale: 30/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were not in place or and other policies had not been updated regularly.

Action Required:

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

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

1. A review of all the policies within the designated centre will take place to ensure that all the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are available within the designated centre and that they are updated regularly.

Proposed Timescale: 30/07/2015