

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Una Coloe
Support inspector(s):	Ann Delany;
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was unannounced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
14 July 2015 16:30	14 July 2015 21:30
15 July 2015 09:00	15 July 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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was an unannounced monitoring inspection of a children's unit which was part of a large designated centre that catered for adults and children with disabilities. The centre was based in a large congregated setting approximately 5 km from a town in County Sligo. While the Authority carried out a series of monitoring inspections of the designated centre, this report sets out the findings of the inspection specific to the children's unit within the designated centre. Two previous inspections were carried out in the unit in February and April of 2015 which identified a series of significant non-compliances.

As part of this inspection, inspectors observed practice, reviewed documentation, met with members of staff and the management team including a clinical nurse manager, service area manager and the service manager. Following the inspection, inspectors spoke with the director of services who had been appointed as person in charge since the last inspection.

The unit had 5 bedrooms, a sitting room, small kitchenette, a sensory room and a work station. Care was provided on a fulltime basis to four children, three boys and one girl between the ages of eight and eighteen. The fifth bedroom provided accommodation to children availing of respite and shared care on an alternating

basis. The children availing of the service had severe to profound disabilities with complex medical needs. The majority of the children had a physical disability which required the use of a wheel chair.

Since the last inspection, inspectors found that little progress had been made that impacted on the care and support provided to children. Staffing levels remained an area of concern. While an additional two staff worked in the unit for two hours in the morning to get the children up and dressed for school, one child was 10 minutes late for summer camp on the morning of the inspection. In addition, there was one staff nurse on night duty alone from 22.45 - 07:50 hours to meet the needs of the four to five children in the unit. It was unclear how an evacuation of five fully dependent children could be managed safely with one staff member on duty at night.

Practices in the centre were not child centred and impacted on the children's rights to privacy and dignity. Children did not have the option of a bath or shower every day. In the morning children were washed with wet wipes and in the evening one or two children received a shower/bath. Inspectors found that this was based on routine rather than need or choice. Privacy and dignity were not promoted for the children. Inspectors observed that bathroom doors were not closed while children's needs were being attended to, but a screen was placed in the door frame. Children's bedroom doors were left open while children were in their room and while they were out at school.

There were measures in place to protect children but staffing levels impacted on the quality of care provided and the supervision of the children. Staff were kind and respectful towards the children but the pressures due to limited staffing levels impacted on the quality of interaction with the children.

Subsequent to the inspection the service manager informed the Authority that she had stopped admitting children for respite care. While this would have some impact on the staff's ability to meet the needs of the four children living in the centre, two other children were admitted for shared care on a weekly basis.

There were some improvements in assessment of needs and care planning for the children living in the centre. Some plans had multidisciplinary input and children had a personal plan which detailed their needs but it was not evident that the plan improved outcomes for the children. Intimate care plans were not effective to guide the provision of care and training in a behaviour management technique remained outstanding. Some restrictive practices had been reviewed and a restrictive practices log had been introduced.

Risk assessments had been reviewed but the management and oversight of risks required improvement. The risk management policy was not in compliance with the regulations. Fire drills were completed regularly but not all staff had engaged in a fire drill. Work had not commenced regarding significant fire risks identified in March 2015 but inspectors were informed that capital funding had been requested.

The quality of care and experience of the children was not monitored on an on-going basis. Management roles within the unit were unclear and management systems

were not effective. Support and leadership was not provided to the staff team. An annual review was completed but this was not sufficiently detailed to give an overview of the quality and safety of care in the service. There were gaps in the training needs of the staff team.

These and other findings are documented throughout 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:

Consultation with the children was limited and children's rights were not promoted sufficiently. There was a complaints procedure in place but the management of complaints was not in line with the requirements of the regulations. Children's money was kept safe but some practices in relation to children's money were not in accordance with the centre's policy.

Staff did not have sufficient awareness of children's rights or methods to promote a child centred service. Inspectors did not see any evidence that children's rights were promoted or prioritised. Personal care practices did not respect the children's privacy and dignity. Inspectors observed that the bathroom door remained open when children were receiving personal care with a screen placed in the door way. This was not conducive to ensuring the children's rights were promoted during personal care. Other practices in the centre such as children's bedroom doors being left open when the children were sleeping or when they were at school were not viewed by staff or managers as an infringement on children's rights. The practices prioritised the needs of the staff team in terms of supervision of the children. There was no system in place to allow for consultation with the children about how the centre was run. Children were not offered choice and did not participate in decisions affecting their care. There was no advocacy service available to the children or their families.

The unit was not managed in a way that maximised the children's capacity to exercise choice in their daily activities and access the community. Activities in the centre were led by routine and resources and not according to the child's support needs and wishes. There was a lack of social activities for the children and they did not have regular access

to the community. Staff told inspectors that the children had access to a sensory room and went for walks around the campus. Inspectors observed children engaged in both of these activities as well as listening to music, watching television, and sitting on the balcony enjoying the sunshine. However, there was a lack of meaningful interaction with the children outside of these activities. It was not evident that the children had choices in relation to their interests and hobbies and staffing levels prohibited flexibility in the plan for the day. It was recorded on one child's file that s/he enjoyed swimming but staff members told inspectors that it was difficult to access sessions in the pool. The children were engaging in the school's summer camp on the grounds of the campus but none of the staff or managers were aware of the programme that the children were engaged in. There were records in children's files of them going to the cinema or to a local park but these were not regular activities.

Routines in the centre meant that children were not receiving the level of personal care required. Inspectors were advised that children received showers every second day as staffing levels were not available to allow children have this care on a daily basis. On alternate days children were washed in bed with patient cleansing wipes. Inspectors reviewed care plans and noted in one child's plan that the child's daily routine detailed essential information to attend to the child's basic needs but it did not detail any activities for the child to engage in. Staff members were respectful towards the children but inspectors observed the children sitting for extended periods in the communal room, hallway and receiving personal care with little interaction from the staff team.

There was inadequate space to facilitate children to have private contact with family or friends. A communal sitting room was the only dedicated space for children to have visitors. This room provided access to a sensory room and there was no other communal space for the children to use. There was a visiting policy for the unit which highlighted that visitors were welcome. It outlined that residents had the right to receive visitors in a private area or communal space separate to their bedroom. The space used to facilitate visits to the centre was not appropriate and impacted on the other children when visitors were present.

The system to manage complaints was not effective and the complaints policy was not in line with the Regulations. There was a complaints procedure but not all complaints were recorded on the complaints log. The unit followed the Health Service Executives (HSE) complaints procedure. While the complaints policy was displayed in a child friendly format it referenced a previous provider of the service. There were three complaints logged in relation to the children's service but inspectors identified other complaints that had not been logged. The clinical nurse manager advised of a complaint made by families in relation to the respite service but this was not recorded on the complaints log. The complaints log did not meet the requirements of the regulations as the investigation and follow up actions were not recorded. In addition no one was clear as to who the complaints manager was and there was nobody nominated to ensure all complaints were appropriately responded to and records maintained in line with regulation 34 (3).

Children's personal property and finances was kept safe but practices in the centre were not in line with the relevant policy. There was a policy on the management of money and guidelines on residents' private property. There was a lack of clarity by the

managers and staff team as to what children paid for. For example, inspectors reviewed records of the children's money and noted that there were receipts for taxi journeys into the local town which were paid for with the children's money. Staff advised that this was the appropriate practice but the service manager advised that the service should be paying for such journeys. Inspectors were also given mixed views of staff going on outings with the children. The policy on management of money outlined that 'meals out should be limited to special occasions'. Some staff told inspectors that they were required to use personal money while others identified that they would be reimbursed. This may impact on decisions to engage in such activities with the children.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

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

Findings:

On the last inspection assessment and personal planning was poor. On this inspection there was some improvement for children living in the centre but not for those accessing the centre on a shared care or respite basis.

Assessments of the holistic needs of the children showed some improvement but they were not comprehensive. Inspectors reviewed a sample of children's files and noted that assessments were in place for children in fulltime residential and those availing of shared care but the quality of the assessment varied. There were no assessments in place for children availing of respite services. This had been highlighted in previous inspections. Nursing assessments provided an overview of the child's needs in relation to health, self care and some support needs. Not all needs, for example communication and medical, were clearly recorded to ensure staff were informed.

In the absence of comprehensive assessments staff struggled to develop good quality personal plans. Inspectors found a number of documents in children's files that made up the personal plan. These included an 'all about me' document, a 'listen to me' document

and a communication plan. Staff were unclear of the purpose of each of these plans and some of the documents contradicted each other. One child was visually impaired but there was reference to lámh, objects of reference and gestures in the communication plan. Inspectors did not observe any of these communication techniques being used with this child. As agency staff cared for these children, inspectors found that it would take a long time to read through the numerous documents in the file to inform the plan of care. One staff member said they would have to read the whole file while another said they would read the daily notes. Some plans showed evidence of multidisciplinary input, others did not.

Inspectors found that staffing levels and resources impacted on children achieving their goals. Plans did identify developmental goals but some of these goals were not realistic. Goals included visiting the hairdresser, going swimming, day trips and being safe and comfortable in the centre. Not all of these goals had been realised within the timeframe set and it was not always clearly recorded why the goals had not been achieved. However, staffing levels and the requirement to book transport in advance did not facilitate regular opportunities to partake in these activities.

The personal plans were not in an accessible format for children and were not implemented consistently to improve outcomes for the children. There was some guidance in the files to guide the communication process with the children but staff had not been trained in the communication methods and there was no assistive equipment in place to aid the communication process for children who were non verbal. The children's routine was detailed in some of the files reviewed but this was not adequate to ensure each of the children's needs were met in a timely way. In one file reviewed it was documented that the child leaves the centre between 9.30 and 9.40 in the morning to attend school but school starts at 9.30. This was not a good outcome for the child.

Reviews of care plans were not consistently completed for all of the children. Inspectors reviewed a sample of review meetings that were held in relation to the children availing of fulltime residential services and found that the reviews had multidisciplinary input and there was evidence that family members participated. However, for children availing of shared care and respite arrangements reviews had not taken place. Minutes of review meetings were on file but the effectiveness of the previous plan and any changes in circumstances or new developments were not considered. The clinical nurse manager advised that the child's care plan was updated following the review but as there was no date on care plans, it was unclear if it was the most up-to-date plan.

Transition planning was poor. Plans to transition the children from the service had not progressed since the last inspection. There were two 18 year olds due to transition to an adult service imminently but appropriate plans had not been devised to ensure this occurred in a timely and planned manner.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

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

Findings:

Risk assessments had been reviewed since the last inspection but the management and oversight of risk required improvement. The risk management policy was not in compliance with the regulations. Fire drills were completed regularly but not all staff had engaged in a fire drill. Infection control procedures required improvement.

Risk management was insufficient. The risk management policy had not been updated since the inspection in April 2015 and remained in breach of the regulations. There was a risk management framework in place with an incident reporting system and a risk register. A corporate and local risk register had been compiled since the last inspection but this was not an effective tool for managing risk. Inspectors viewed the local risk register which contained 22 open risks. Inspectors observed that the register contained a number of similar risks relating to individual children but the collective risks of these issues had not been considered. Risk such as staffing levels at night time and gaps in the training needs of staff were not identified on the register. Staff had received no risk assessment or management training.

Individual risk assessments were updated since the last inspection. There were risk assessments on the children's files related to, for example aspiration, injury, seizures, and choking. However, the control measures to manage the risks were not clearly documented. In one file reviewed, inspectors noted identified risks in relation to personal care but no risk assessments had been completed. There were no assessments completed in relation to physical or environmental risks in the unit. A professional had assessed a sleep system used in the unit on the day before the inspection and identified significant risks. The control identified was constant supervision while the system was used. However, inspectors found that the child had not been supervised throughout that night but was on the next night.

Measures to control the spread of infection were not sufficient. The infection control policy had not been updated since the February 2015 inspection. Inspectors observed a child lying on blankets while using the sensory room but there was no procedure in place to change and launder these blankets and another child was subsequently placed on the same blanket. Staff did not know what the procedure was for washing/cleaning soft toys. While a colour coded mop system was in place maintenance of mop heads was poor. Staff told inspectors they would be washed 'about twice a week'. There was no wash hand basin available to staff in the room that stored the equipment. Not all staff were trained in hand hygiene.

Progress had not been made in relation to identified fire risks. There had been no

progress made in relation to the fire report completed by an external service in March 2015. The service area manager advised that a submission had been made nationally for capital funding.

Fire drills were completed regularly since the last inspection but not all staff had participated in a fire drill. Records of fire drills in individual children's files highlighted difficulties using evacuation aids but there was no evidence that additional drills were completed when the children were in bed to ensure this issue was resolved. No night time drill had occurred when there was one staff on duty for the four to five children. Inspectors reviewed training records provided and found that the records did not include all staff who worked in the unit. Four members of staff had not received refresher fire training and the person in charge was unable to identify if the agency staff had received fire training.

Personal emergency evacuation plans were updated for the children following the last inspection. The evacuation plans gave an overview of the requirements to evacuate a child safety should the need arise. The plans detailed separate procedures to follow during day time and night time hours and if a child was using the sensory room. However, it was unclear how an evacuation of five fully dependent children could be managed safely with one staff member on duty at night.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

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

Findings:

At the time of the last inspection there were concerns around safeguarding and restrictive practices and deficits were identified with intimate care plans, behaviour support plans and training in Children First and behaviour management. While inspectors found some improvement in behaviour support and restrictive practices, safeguarding measures and intimate care plans had not progressed.

There were some measures in place to keep residents safe and protect them from abuse. There was a policy and procedure on child protection which was in accordance with Children First: National Guidance for the Protection and Welfare of Children 2011. Staff members were aware of what constituted abuse and were aware of the role of the designated liaison person (DLP). The service area manager was deputising as DLP at the time of the inspection but he had not completed the required training for this role. There had been no child protection or welfare referrals since the last inspection.

The core staff team had been trained in child protection. However, as the roster did not always reflect all staff who worked in the unit, managers could not confirm that all these staff had appropriate child protection training. The absence of an actual rota meant that if a child made a retrospective disclosure they would not be able to determine who had been on duty.

Staffing levels were minimal and impacted on the level of supervision provided to children. Inspectors observed children being left unsupervised for periods of time as the staff team attended to personal care and provision of nutrition for other children. In addition there was an external door leading out to the car park that was open and unmonitored over the course of the inspection. This meant there was no restrictions on who could access the unit.

Intimate care plans were in place for the children but they were not of a good quality. The plans did not provide sufficient information to ensure staff provided the required care in line with the wishes of the children. In one plan reviewed, there was no guidance provided in relation to the toileting and continence needs of the child who was fully dependent on the staff team and the plan did not provide a comprehensive overview of how to attend to his/her personal care needs. The policy on intimate care was not updated within the timeframe identified in the previous inspection action plan.

Behaviour support plans had been developed since the last inspection. However, the clinical nurse manager did not know if behaviour support plans were in place for all children who required them. Staff were not trained in a behaviour management technique. This had been identified previously but had not been completed within the timeframe identified in the previous inspection action plan. There was some good guidance to manage behaviour. However, inspectors reviewed a behaviour support plan and found that it was open to interpretation. It identified strategies such as, 'deep pressure massage' and 'deep pressure'. These techniques had the potential to hurt the child if performed inaccurately. A staff member clearly demonstrated the technique and advised that they had received a briefing by the behaviour support therapist who had developed the plan. However, there was no record that all staff had received this briefing.

Since the last inspection restrictive practices had been reviewed and a restrictive practices log had been introduced. However, the policy on restrictive practices had not been updated in line with the timeframe identified in the last action plan. Inspectors found that all potential restrictive practices had been reviewed and staff had more clarity around what practices were therapeutic rather than restrictive for each of the children. The number of restrictive practices being used had reduced with beds being lowered rather than using bed rails. Inspectors reviewed the restrictive practice log which

identified restrictive practices but did not consistently identify the duration of the practice.

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:

Children's healthcare needs were met. A registered nurse was rostered on each shift and the campus had an on-site general practice (GP) service two days per week which the children could access if required. There were some multidisciplinary professional reports on children's files. Children had access to a full range of professionals including dentist, dietician, and paediatrician. There was evidence of children accessing the local emergency department as appropriate. A number of children had epilepsy and there were management plans in place in relation to seizures and medication to be administered.

The majority of the children were PEG fed and appropriate oral hygiene was provided for these children. The nurse on duty administered all PEG feeds. For the other two children who attended choice was not offered at mealtimes. Staff told inspectors that they chose between the two options for the child. Inspectors did not find a record of the food provided. There was no dining area in the unit and staff told inspectors that the children had their meals either in the canteen or in the sitting room where the other children watched TV or listened to music. She advised that food was sourced from the canteen and children were not involved in buying or preparing meals.

Judgment:

Non Compliant - Moderate

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):

Findings:

At the time of the last inspection there were deficits in prescriptions and storage of medication. Inspectors found that practices had improved. There was a policy and procedure for medication management. However, the policy did not provide sufficient guidance for staff and created confusion in relation to how to administer medication. The policy outlined that medication should be administered to the child from its original container but this was not always possible as some medication was in liquid form that required measurement.

The prescription sheets contained most of the required information such as name of GP, and name, dose and route of medication. However, the maximum dosage of as required (PRN) medication was not stated on all prescriptions and the address of the child was not consistently recorded.

The register for Schedule 2 controlled drugs was not adequate. The register consisted of loose leaf pages and was not signed at the change of each shift. The register identified that there was one controlled drug on site but the nurse advised that this medication had been returned to the child's home and inspectors did not find this medication in the medication press.

Not all medication was appropriately labelled and dated. Inspectors observed the medication in the medication cabinets and found that some medication was not labelled and some liquid medications had no identified date of when it was opened. An external medication audit in July had identified some of these issues but previous internal audits had not. The July audit had also identified deficits in identified routes of administration and administration sheets not being signed and co-signed.

Staff were required to complete an online medication management training course on an annual basis. However, the clinical nurse manager could not confirm that all nursing staff had completed the training. She told inspectors that the certificates of completion had been requested from the nursing staff but that not all of them had been returned.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

On previous inspections of the centre inspectors identified that governance was weak and ineffective in ensuring a safe service appropriate to residents' needs. Management structures had changed since the last inspection. However, inspectors identified on-going deficiencies with the governance and management arrangements in place in this centre. A new person in charge was appointed but she had responsibility for the 18 units on the campus and for 17 units in the community. Management roles and responsibilities were not clear for all levels. Staff reported to the clinical nurse manager, who reported to the service area manager who reported to the director of services. Staff identified the clinical nurse manager as their line manager but was unclear about the role of the director of services.

Effective management systems were not in place to support and promote the delivery of safe, quality care services. The management of risk was not adequate and the risk register was not an effective tool for managing risks. The risk register for the unit had been completed by the nursing staff but they had received no training on risk management or completing a risk register. It was unclear who provided oversight of the register. A number of serious risks were not identified including insufficient staffing levels, and dignity and privacy of the children. Some systems had been introduced to monitor the quality and safety of the care and support to children. Managers completed daily quality and safety walk rounds. However, inspectors found that these were not effective as deficits identified on this inspection had not been recognised and addressed as part of these quality and safety walk rounds. Some audits had been completed, including medication and health and safety but again these did not always identify areas in need of improvement.

Communication systems were not sufficient. Inspectors observed that handovers did occur from one nurse the other nurse taking over the shift but care staff did not sit in on this. Inspectors reviewed a team meeting book that was on the unit and found a record of one team meeting since the last inspection. The minutes contained minimal information that was difficult to read as the record was hand written. There was no standing agenda, no record of who attended and no discussion about the children. The clinical nurse manager provided a copy of a wider staff meeting held in June 2015 which did not hold a record of who attended. Items discussed at this meeting included pharmacy, team meetings, documentation, risk, personal plans, restrictive practices and mandatory training. Neither of these minutes reflected agreed actions and person responsible.

There was no system in place to support staff and hold them to account. It was unclear how much support and leadership was provided to the staff team. Inspectors found the clinical nurse manager had responsibility for a number of different units and so her time in the unit was limited. In addition the shift leader responsible for the care and support of the children was regularly an agency nurse with agency care staff. This meant that

there was no consistent oversight of the service being provided to the children.

Management meetings did occur and a senior management meeting in relation to the implementation of the required actions following significant findings in a number of HIQA inspections had occurred on the morning of the second day of inspection. The service manager identified that these meetings were held weekly but inspectors found that little progress had been made in implementing the required actions in the twelve weeks since the last inspection of this unit. The service manager identified that some actions had not been taken in a timely manner and she had directed managers at a meeting on the morning of the inspection for more prompt implementation of the required actions. Inspectors also reviewed an outcomes checklist completed in May 2015. While the review identified a number of deficits there were no actions plans completed to ensure all the deficits were addressed. Immediate action notices were issued by inspectors following a previous inspection which required the provider to address staffing levels to meet children's needs. Additional care staff had been appointed but there continued to be inadequate staffing to meet the needs of children.

The annual review did not consider the quality and safety of care and support provided to the children. The review did not identify a number of serious breaches of the regulations that were found on this inspection. These included the impact of staffing levels on the consistency of care and support provided to the children and to their access to the community. In addition the review identified the children were aware of the complaints procedure but as the majority of children were non verbal it was unclear how this conclusion had been reached. It also outlined the children were consulted in the review of their personal plans but files reviewed by inspectors did not find any evidence of this. There was no evidence that the annual review provided for consultation with children or their representatives.

The arrangements to ensure staff exercised their personal and professional responsibility for the quality and safety of the service was not sufficient. There were no systems to develop and performance manage the team. Practices within the unit had become routine. This included specific days for children to have showers and using screens rather than closing the bathroom door when providing personal care to the children. However, neither the staff nor managers questioned these practices. There was a protected disclosure policy in place but not all staff members were aware of the policy. However, all staff spoken with did identify that they would raise the issue with a line manager.

Judgment:
Non Compliant - Major

Outcome 17: Workforce

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

Theme:

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

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

Findings:

Staffing levels in the unit remained inadequate. Some staff members were not up to date with mandatory training requirements. The team were not supervised or supported in their role.

There was not a sufficient number of staff to meet the needs of the children. Staffing levels in the unit remained a concern and impacted on the children's care and support and opportunities to access and engage in the community. Staffing levels had increased in the morning time to provide for the personal care needs of the children but as outlined previously it did not facilitate the children having a daily shower if they wished or getting to school/summer camp on time. On the morning of the inspection one child was ten minutes late getting to his summer camp. Inspectors observed that children were left unattended in communal rooms and in the hallway as there was not enough staff to provide care and support and appropriate interaction for the five children.

Staffing levels at night time remained inadequate. Night time arrangements had not been reviewed despite assurances by the provider in that they would be addressed. The action plan response from the provider dated 21 May 2015 identified that a review of the deployment of nursing staff on night duty would take place. Two clinical nurse managers (CNM3) provided nursing cover at night for all units on the campus. There was one registered nurse assigned to the unit for the night shift with support coming from other units during the night if required. All children required full personal care and while there was a care assistant on duty until 22:45hrs children's needs continued to require attention throughout the night. The nurse was required to leave the unit to attend to other residents during his/her shift and a care assistant from another unit provided cover while they were absent. This was not satisfactory.

The staff was not an experienced team. The staff on duty on the first evening of the inspection included two agency staff and one permanent staff member who had worked in the unit since May. An agency staff nurse was the identified shift leader. On the following morning the nurse on duty had recommenced working in the unit in June and the care assistants were from an agency. Inspectors spoke with the team and found that they had a good knowledge of the children and their care and support needs.

There was no planned and actual rota in place. Inspectors reviewed the rotas and found that there were discrepancies in the planned and actual rota. Inspectors noted that a care assistant who worked a shift during the inspection was not named on the rota. In addition, staff that came to provide relief, particularly at night time, was not included on the rota.

Inspectors found that staff files did not contain the required information as set out in Schedule 2 of the regulations. This had been identified on the two previous inspections.

The unit had an induction and orientation programme in place. Inspectors were shown a template of a checklist of topics that should be covered as part of the induction. Staff members told inspectors that they participated in a one day induction which included shadowing staff members and reading all the care files.

Staff were not supervised. As in the two previous inspections, supervision of staff had not commenced though action plans had identified it would be in place by July. In the absence of supervision it was not clear how practice was monitored to improve outcomes for the children.

Core refresher training had not been provided to staff in line with the centre's policy and staff did not have access to continuous professional development. Some staff were not up to date with manual handling, behaviour management, fire safety, child protection and hand hygiene refresher training. The clinical nurse manager advised that this was due to staffing deficits. Nurses reported that they had completed an online training course on medication management. However, certificates of completion were not on file for all nursing staff. The service area manager had completed a training needs analysis. This listed dates for training in fire and evacuation, manual handling and epilepsy but was not a comprehensive overview of the training needs that took account of the needs of the children and the staff team.

Some staff interviewed by inspectors were not aware of the regulations and there was no evidence that information had been provided for the staff team in the relevant legislation.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003368
Date of Inspection:	14 July 2015
Date of response:	29 September 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:

Children did not have opportunities to exercise choice and control over their daily life.

1. Action Required:

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

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

freedom to exercise choice and control in his or her daily life.

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

A system will be put in place to allow for consultation with children and their families on an ongoing basis. This system will also ensure that children and families are offered choice about how the centre is run and to participate in decisions affecting their lives. There will also be an advocacy service available to the children and families. This will be achieved through the following:

- Each child has available a communication passport and "Listen to Me" and "Individualised Living Options document". These tools will allow for each child and family to exercise choice and participate in the centre and how it is run.
- This will be verified in practice no later than Friday 4th September.

- Person responsible: All team leaders /shift leaders and PIC

- Invitation will be extended to families to meet and advocate on behalf of their own child on choice in relation to food, interests & hobbies, personal and intimate care, community participation, and personal preferences within their environment. This invitation will be issued no later than Friday 11th September

- Person responsible: Person in Charge [hereafter referred to as PIC] and designated centre staff

- The Family Advocacy Service have been contacted [24/08/15] to assist in the establishment of an advocacy service for the children in the designated centre

- Person responsible: Provider Nominee

- The Speech and Language Therapist [here after referred to as SALT] will conduct 2 training sessions with staff no later than the 18th and 1st Oct 2015 to discuss the content of the existing communication profiles in relation to expression of choice.

- Person responsible: SALT

Overall Persons Responsible: Provider Nominee &PIC

Proposed Timescale: 15/10/2015

Theme: Individualised Supports and Care

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

Children did not have access to an advocacy service and did not have information about their rights.

2. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Children and their families will have access and information about their rights. This will be achieved

- Through a family advocacy group; Inclusion Ireland will support family members to advocate on behalf of their own child.
- The Family Advocacy Service have been contacted by the Provider on[24/08/15 to assist in the establishment of an advocacy service for all residents [adults and children] and to support families to be effective advocates
- Meeting arranged with families and Inclusion Ireland for 01/10/2015 in the Avalon Unit

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

Children were not consulted and did not participate in the running of the centre.

3. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

- Each child has available a communication passport and "Listen to Me" and "Individualised Living Options document" These tools assist in how children and families are consulted and in the running of the centre. This is achieved as the above tools are used in terms of planning individualised supports and services. At these planning meetings the views of the child and family are central to the outcomes agreed.
- The communication passport, Listen to Me and Individualised Living Options document will be sent to all families for their input.
- The SALT will provide training to staff in Avalon on 18/09/2015 and 01/10/ 2015 on Intentional and Non unintentional Communication.

Person Responsible: PIC

Proposed Timescale: 01/10/2015

Theme: Individualised Supports and Care

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

Practices in the centre did not promote childrens rights to privacy and dignity.

4. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- The use of bathing screens has been discontinued with immediate effect [17/07/15] during the provision of intimate care to ensure that dignity and privacy of each resident is upheld;
- To secure optimum privacy and dignity the bathroom and bedroom door remains closed with privacy notice on door where and when applicable;
- Resources have been allocated to ensure this outcome is achieved;

- Person responsible: All team leaders /shift leaders and PIC

- Children receive showers as they require. The children's preferences for bathing will be reflected clearly in the intimate care plan as each individual indicates using their informal communication preference.

- Person responsible: All team leaders /shift leaders and PIC

- The Intimate Care Policy will be reviewed to reflect the Childs intimate care needs.

- All residents have personal intimate care plans in place and are reviewed with immediate effect. All reviews as stated are to be completed and verified through audit no later than Oct 30th 2015

- Person responsible: All team leaders /shift leaders and PIC

- A workforce review (commissioned 26th June 2015 consultation commenced 14th August 2015 with a view to completing the process by end of October 30th 2015.)

- Person Responsible: PIC

- Additional support hours will be provided to increase the supervision across the 24 hour period within the designated centre roster. (Recruitment of support hours will be finalised no later than Friday 28/08/15)

- Person Responsible: PIC

- The practice of leaving bedroom doors open while not occupied by residents has discontinued;

- The practice of bedroom doors remaining ajar at night will be risk assessed. These risk assessments will inform the actions required to ensure privacy and dignity of each child;
- Risk Assessment involving all relevant family and staff to be completed by the 30/09/2015
- Person Responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

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

Children's money was used to fund their taxi fares which was not in accordance with the centre's policy.

5. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- The service pays for all transport for all activities. This practice is now in place and notified to staff as of 30/07/15. All practices in relation to resident's money for transport use will be in line with HSE Personal Private Property Guidelines and this practice will be audited and verified by the designated centre internal audit service.
- The practice of managing resident's money specifically regarding meals out within this designated centre is currently being reviewed to ensure that all staff are following the HSE PPP Guidelines. This practice will be audited and verified by the designated centre internal audit service.
- Training for staff in relation to management of resident's money will be provided week commencing 24th August 2015 by internal audit service personnel.

Person responsible: Person in Charge

Proposed Timescale: 01/09/2015

Theme: Individualised Supports and Care

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

Children were not provided with sufficient opportunities for recreation.

6. Action Required:

Under Regulation 13 (2) (a) you are required to: Provide access for residents to facilities for occupation and recreation.

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

- Designated centre staffing levels will be increased no later than 28/08/15.
- Also the provider has allocated 4 social support hours per day (when children are off school) and on weekends and bank holidays to ensure that all children will be afforded community participation opportunities. This support will be outcome focused and will be related to the recreational activities identified in the child's individualised plan.
- As a result of the additional support provided an outcome audit will be completed monthly to ensure the children's outcomes are met and relate to meaningful activities based upon their wishes and preferences.
- Person responsible: Provider Nominee and PIC

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

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

Children did not have adequate opportunities to participate in activities in accordance with their interest, capabilities and developmental needs.

7. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

- The reconfigured staff roster will enable flexibility in responding to the individual interests of each child
- Each child will be supported to participate in a more meaningful way in their community and all children will be given sufficient opportunities for their interests and hobbies as detailed in their individualised plan.
- All activities will be reviewed to ensure all children are engaged in meaningful activities.
- An audit will be conducted to ensure goals are being achieved
- Person responsible: PIC

Proposed Timescale: 31/08/2015

Theme: Individualised Supports and Care

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

Not all complaints regarding the unit were recorded on the complaints log and there was no evidence that a complaint had been acted upon.

8. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

- All complaints received in the centre are documented in the complaint log. The investigation and follow up actions will be included on the log. Additionally a copy is placed in the individual residents file.
- All previous complaints will be fully investigated and acted upon and documented on the complaint log.
- Person Responsible: PIC

Proposed Timescale: 11/09/2015

Theme: Individualised Supports and Care

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

Details of the investigation and actions required following a complaint were not recorded on the complaints log.

9. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The template for the complaints log will be reviewed to include details of investigation, outcome and actions taken.
- All complaints received in the unit are documented on the unit complaint log.
- Additionally a copy is placed in the individual residents file.
- The designated Complaints Officer will conduct an announced audit to verify this action no later than 11/09/15

- Person Responsible: PIC

Proposed Timescale: 11/09/2015

Theme: Individualised Supports and Care

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

There was no nominated person to deal with complaints.

10. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

- The nominated person for complaints is the PIC
- All residents, families and staff will be informed of the contact details of the nominated person as of 30th September 2015.
- Contact details will be displayed in all areas as of 30th September 2015

- Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

It was not evident that complainants were assisted to understand the complaints procedure.

11. Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

- The complaints procedure within the designated centre will be circulated to all residents and their family member.

- Person responsible: All team leaders /shift leaders and PIC

- The easy read version will be updated and will also be circulated.

- The nominated person will be available to assist complainants in making a complaint and in the procedure to be followed

- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

There was nobody nominated to ensure all complaints were appropriately responded to and records maintained.

12. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- The external Complaints Officer in the Learning Disability Service will verify this action and conduct a monitoring exercise of all complaints responded to by the PIC and Service;
- The external Complaints Officer will develop a monitoring tool to identify any trends that need to be addressed in how the service responds to complaints. This action will be initiated no later than 30/10/2015 to assure the service management team that complaints are externally reviewed to ensure procedural transparency.

- Person responsible: PIC

Proposed Timescale: 30/10/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Suitable arrangements were not in place to meet the assessed needs of the children.

13. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- The registered provider has put the following arrangements in place to meet this outcome for the children who reside in the service:

- - All respite for children other than those in residence has ceased as of 17/07/15;
 - All children who are in receipt of a residential service will have completed a full assessment as of 19/08/2015 and 01/09/2015 respectively;
 - To enhance full awareness of the communication needs of the children the SALT will conduct 2 training sessions with staff to discuss the content of the existing communication profiles in relation to expression of choice on the following dates 18/09/2015 & 1/10/2015. This training will include intentional and unintentional communication of children;
 - Additional support hours per week have been allocated to the designated centre to ensure that all children will be given an opportunity to participate in their community with the purpose of attaining a meaningful experience;
 - These hours will be tracked against outcomes achieved for the children concerned in their PCP;
 - These outcomes will be audited on a monthly basis by the PIC;
 - The additional supports allocated to this service will ensure that all children attend school at the required time
- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Personal plans were not in an accessible format for the children.

14. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

• Personal Plans will be developed in an accessible format and will be available to the child and their representatives at all times.

• Person Responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

The designated centre was not suitable for meeting the needs of the children.

15. Action Required:

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

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

The nominee provider acknowledges that the campus based setting is unable to fully meet the needs of the children involved in the Designated Centre as it would be more appropriate for children to live in an ordinary home in the community like all other children. To ensure that this designated centre is suitable for the purposes of meeting the needs of the children currently residing here the following actions have been put in place:-

- A full and comprehensive child centred plan is in place;
- A full Transition Plan is in place to support children move off campus into appropriate community placements;
- In this regard 1 child will move as of 30/10/2015;
- In addition a transition planning process is in place for significant life changes ie leaving school and attending adult day services;
- family focused consultation forms part of the transition planning process;

- Additional Staff training has been organised that is child focused and reflective of the child's capabilities and developmental profiles. Training dates agreed;
- Additional support hours have been allocated to ensure that each child's outcomes are met on a ongoing basis

- Further actions taken include:
 - Provisional transition plans have been completed for 3 more children with a plan to move no later than 31/03/2016. The service are currently engaging with the relevant parties to advance this outcome for these children;
 - Transition planning inclusive of all stakeholders for young adults in the centre who completed schooling as of 31/07/2015 took place in June 2015 as part of their agreed annual review process;
 - Transition to identified day service began in June 2015 in collaboration with the school team and has continued throughout the summer in conjunction with Designated Centre staff;
 - A scheduled transitional planning meeting review will take place on the 30/09/ 2015 to ensure the transitioning into adult services and the menu of day service options for these young people. This is done in partnership with the multi-disciplinary team and family

Person Responsible: PIC

Proposed Timescale: 31/03/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Personal plan reviews did not assess the effectiveness of the previous plan.

16. Action Required:

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

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

- All children MDT review dates are scheduled to be completed by 30/09/2015
- The service will ensure that all current residents personal plan will be reviewed. The effectiveness of each plan and any changes in need or circumstances will be inputted.
- Dates of review of child centred plan will be documented

Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The personal plans did not consistently reflect the assessed needs of the children.

17. Action Required:

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

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

- All children MDT reviews will be completed by 30/09/2015
- The service will ensure that all current residents' personal plans will be reviewed annually or earlier if necessary.
- The effectiveness of each plan will be audited and any changes in need or circumstances will be inputted;
- Date of review will be documented
- This process will be verified as completed no later 16/10/2015

Person Responsible: PIC

Proposed Timescale: 16/10/2015

Theme: Effective Services

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

Transition plans for the children were not up to date.

18. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

- Children's transition plans will be updated appropriately to reflect any advancement in transitioning planning process;
- A transition plan to exit the campus dwelling into a more appropriate community based service, expected to open no later than 01/04/2016. Due to the current lack of availability of suitable accommodation no date can be specified at this point in time for their community relocation. As and when a registered facility is made available the Nominee Provider will notify HIQA accordingly.
- However given the additional resources provided as of 28/08/15 these children will actively engage within their local community in preparation for community living. The monthly outcome review process completed by the PIC will monitor this experience for the children.
- The nominee provider continues to seek suitable local housing through the HSE Property & Estates Department and this designated centre is deemed a priority 1 for relocation. There is an active Decongregated Settings Local Implementation Group [referred to as the LIG] driving this process.

Person responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Plans to discharge two eighteen year olds from the service had not progressed.

19. Action Required:

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

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

- A local implementation group has been in place since 2013 to progress the national policy referred to as. A Time to move on from Congregated settings 'A Strategy for Community Inclusion'; [referred hereafter as the CSLIG];
- A submission was furnished to the national Congregated settings LIG requesting funding for transition in respect of children and young adults residing on this designated centre. This request has been forwarded to the Department of Health and the national team for consideration;
- The Statement of Purpose will be amended to reflect transition planning for the

children no later than 09/10/2015 in accordance with section 3(2) of SI 367 so that we can achieve full compliance with section 25 (4) (b). All children will be transitioned in accordance with the Designated Centre amended Statement of Purpose.

- Person Responsible: Provider Nominee and PIC

Proposed Timescale: unspecified

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale:

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

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

20. Action Required:

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

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

- The service will review the Risk Management Policy to ensure it includes arrangements for the identification and assessment of risk;
- Training will be provide to staff as of 30/09/2015 on the contents of the policy;

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

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

21. Action Required:

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

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

- The service will review the Risk Management Policy to it ensure it includes arrangements for the measures and actions to control the risk of an unexplained absence of a child;
- Training will be provide to staff as of 30/09/2015 on the contents of the policy

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

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

22. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- The service will review the Risk Management Policy to it ensure it includes arrangements for the measures and actions to control the risk of accidental injury of a child;
- Training will be provide to staff as of 30/09/2015 on the contents of the policy

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

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

23. Action Required:

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

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

- The service will review the Risk Management Policy to ensure it includes arrangements for the measures and actions to control the risk of self-harm;
- Training will be provided to staff as of 30/09/2015 on the contents of the reviewed policy.

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Some risks had not been assessed, managed or reviewed. The risk register was not effective.

24. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The service will ensure a full review of the processes in place to assess, manage and review risk including a system for responding to emergencies;
- The service will ensure that all risks identified are placed on the risk register and reviewed in line with Policy and in this regard the policy states that the risk register will be reviewed monthly;
- Training will be provided to staff as referred to previously on the contents of the Risk Management policy and the processes to assess, manage and review the risks;

Person responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Effective infection control procedures were not in place and the infection control policy had not been updated.

25. 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:

- Immediate infection control measures have been taken regarding blankets in the snoozelan area. Effective as of 17/07/2015;
 - The service will ensure that the infection control policy will be reviewed with the external Infection Control Team and effective infection control procedures are in place no later than 30/09/2015.
 - This will include the washing and cleaning of soft toys, the maintenance of mop heads, the training of all staff in hand hygiene and the availability of appropriate wash hand basins
- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Progress had not been made regarding the external fire report and the identified risks remained.

26. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

- The service has completed an assessment with an external fire consultancy firm to review all fire safety measures to ensure the designated centre is fire safety compliant. An additional staff has been assigned to ensure effective safety measures are in place on a 24 hour basis;
- The service has verified that suitable fire equipment is now in place.
 - Fire apparatus additional Portable extinguisher put in designated centre as requested on 22/5/15.
 - Ski Pads put in place on 16/6/15
 - All Fire equipment serviced in designated centre on November 2014. Due for next service November 2015
- The service have conducted a further assessment that the emergency lighting provision and unobstructed fire exits are maintained verified as of 26/08/2015;
- There is a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire;
- All residents have an up to date PEEP which establishes their mobility and cognitive understanding in the evacuation procedure;
- Staff fire training dates are secured [Fire training will be provided on 17/09/2015, 20/11/2015, 27/11/2015]. It will be a high priority that all staff in the designated centre complete their mandatory fire training no later than 17/09/2015;

- The designated centre maintenance team ensure that the fire equipment is serviced annually and the fire alarm is serviced on a quarterly basis. This is verified within the maintenance log.
- There are monthly fire drills conducted and documented to ensure learning from each drill is available to all staff within the designated centre;
- Night Time drill carried out by external fire consultancy firm on 23/7/15;
- Additional staffing on day and night duty has been allocated to the designated centre as verified on 28/8/2015;
- Mag Locks have been installed on exits doors in the Centre which are linked to the fire alarm system;
- A costing for all fire recommendations from the Morris Johnston and Partners Fire Risk Assessment Report have been submitted for Capital Funding;
- Fire Risk Card reviewed and updated by Sligo Fire and Rescue Service as verified 30/07/2015;
- The risks outlined in the Morris Johnston and Partners report has been escalated to the Regional Risk Register;
- Ongoing monitoring is part of daily practice for local team/shilft leaders
- Person Responsible: PIC

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Not all staff members had received fire training.

27. Action Required:

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

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

- Fire training will be provided on 17/09/2015, 20/11/2015, 27/11/2015 to ensure that all staff have the appropriate training
- An audit will be undertaken on night and day duty to ensure that all staff at all times are trained in fire safety who work in the designated centre.

• Person Responsible: PIC

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

A night time drill when one staff covered the unit had not been completed. Fire drills were not prioritised following difficulties observed on drills. Staff members who participated in fire drills were not consistently recorded and information was not available to identify who had completed a drill.

28. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- Two staff will be on duty at night-time as of 23/08/2015 to provide additional assurances that the service is responding appropriately to the risks identified;
- Fire drills on day and night duty are conducted in the designated centre on a monthly basis so as to ensure staff are aware of and have appropriate knowledge of understanding the evacuation procedure
- All fire drills will be recorded with the information as to who had completed the drill
- All learning from fire drills will be shared with all staff at unit meetings
- All residents have individual PEEP plans which identify each individuals evacuation process

• Person Responsible: PIC

Proposed Timescale: 05/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were not trained in the management of behaviour that challenged.

29. 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:

- Training in Positive Behaviour Support Planning :1 day course will be provided on 07/09/2015 & 08/09/2015. Additional 1 day training will be provided on 29/09/2015 & 30/09/2015

• Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Behaviour management plans were not in place for children as appropriate. It was not evident that all staff had been briefed on strategies identified on a behaviour management plan.

30. 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:

- 4 children who require behavioural support have Positive Behaviour Support Plans in place [PBSP].
- All staff have been briefed on strategies for individual PBSP's;
- The Behaviour Therapist will continue to review and monitor all PBSP's as required and will continue to support staff in this area.
- Recommendations in the positive behaviour support plan will be written in a clear and concise way and not open to interpretation.
- The Behaviour Therapist will ensure specific techniques are clearly demonstrated and understood by all staff including supervision and guidance to staff
- Recommendations will be documented within the relevant children's Personal Plan. These recommendations will be reviewed against impact of implementation.

• Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

The policy on restrictive practices had not been updated. The restrictive practices log did not consistently detail the length of time a restrictive practice was used.

31. 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:

- The Policy on Restrictive Practice will be reviewed no later than 30/09/2015;
 - All staff will ensure that restrictive practice log is fully completed;
 - The duration of any restrictive practice will be clearly outlined
- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Shortfalls in staffing levels impacted on the capacity of the staff members to ensure children were safeguarded at all times.

32. Action Required:

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

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

- Staffing levels have been reviewed and will be increased as from 23/08/2015 to ensure there are an acceptable number of staff on duty at all times during the day and at night time to ensure children are safeguarded at all times
- Staff will be facilitated to receive Children First Training Sessions 8/09/2015 & 6/10/2015;
- The service will ensure that all staff assigned to the children's service will have completed the relevant training no later than 06/10/2015

• Person responsible: Provider Nominee and PIC

Proposed Timescale: 06/10/2015

Theme: Safe Services

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

Intimate care plans did not provide comprehensive guidance for the provision of care. The intimate care policy had not been updated.

33. 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 service will ensure that all staff providing intimate care to residents do so in line with the resident's person centred plans section that refers to intimate care;
- All intimate care plans will be reviewed to ensure it meets the needs of the residents;
- The Intimate Care Policy will now be reviewed and updated with a view to have completed and disseminated no later than 30/09/2015.

• Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

It was not evident that all staff who worked in the unit had been trained in child protection. The acting designated liaison person had not received the relevant training for the role.

34. Action Required:

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

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

- Training in Children's First will be provided on 8/09/2015 & 6/10/2015; 10/11/15, 10/12.2015
- TUSLA are the designated persons that will deliver the relevant training for Children's First;
- The service will ensure that all staff assigned to the children's service will have completed the relevant training no later than 06/10/2015
- A Designated Person will be appointed for this centre specifically to replace the Acting Designated Person no later than 30/11/2015

• Person Responsible: PIC

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response

Proposed Timescale: 30/11/2015

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:

Main meals were provided by a canteen service on the campus and there was no

appropriate dining area in the unit. Children were not supported to buy, prepare and cook their own meals, if they wished.

35. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

- Where appropriate for a child and in keeping with the child centred plan meals will continue to be taken in either the centre restaurant or other appropriate location taking into account the needs of each child. An alternative location has been identified for dining purposes. However this matter will be fully addressed as and when the children move into a community home.
- Where appropriate and in keeping with the child centred plan opportunities to buy and prepare meals will be facilitated by the provision of a procurement card
- A selection of food and drink provisions will be maintained on the unit to ensure residents have a choice of options which are suitable where appropriate
- Food tasting programme is available to children where appropriate
- This outcome is linked to the support staff identified and approved as previously advised under Individualised Supports and Care section.

Person responsible -PIC

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 24/09/2015

Theme: Health and Development

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

Staff members chose the meals for the children.

36. Action Required:

Under Regulation 18 (2) (c) you are required to: Provide each resident with adequate quantities of food and drink which offers choice at mealtimes.

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

- The children's preferences for food and drinks are documented in the Listen To Me PCP and communication passport;
- The children express their preferences and intentions in the "here and now" context of the meal situation. Communication partners have observed and documented the patterns in choice;

- The children's parents are also involved in advocating on behalf of the children's food and drink choices;
- Person Responsible: PIC

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 30/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The children's prescriptions did not contain all of the required information in order to safely identify the child.

Not all medication was labelled with the relevant child's details.

The medication policy did not provide sufficient guidance in relation to how to administer medication.

37. Action Required:

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

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

- All children resident in the designated centre's prescriptions will contain all of the required information this will include how the medication should be administered and the maximum does of PRN medication
- All medication is checked in each area –[specifics: when the delivery of medication is received from the pharmacy, and 10 days before the next order is due];
- The Children's Unit PIC will do a monthly audit of compliance with the policy in each area. Issues around labelling have been highlighted to the Pharmacy. There is immediate action by managers if labels are found to be incorrect. The issues around labelling have been risk assessed and will be on the Service Risk Register;
- The Medication Management Policy will be reviewed to ensure clarity for staff on how to administer medication as from 30/10/2015
- The Medication Management Audit tool has been reviewed to reflect the changes in the Medication management Policy
- Training for front line staff in Auditing will be sourced and arranged by PIC no later than 30/10/2015. In this regard the PIC has contacted the CNME as of 28/09/2015.

• Person Responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Health and Development

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

The controlled drugs register was not in compliance with regulations and was not up to date.

38. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- Controlled Schedule Drug register is being revised by Pharmacist and will be in place as upon completion. It is advised that this will be completed no later than 07/09/2015

- Person Responsible: PIC

Proposed Timescale: 07/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge had various roles within the organisation and was not appointed on a fulltime basis to manage the governance, operational management and administration of the centre.

39. Action Required:

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

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

- A new PIC has been appointed with responsibility for the designated centre to include the governance, operational management and administration of the centre.

- Weekly Quality & Safety Meetings are taking place to ensure action plans are implemented. Minuted actions are agreed with nominated team members responsibility clearly advised.

- Quality & Safety walkrounds are conducted by managers and PIC
- Person Responsible: PIC and Director of Service

Proposed Timescale: 21/09/2015

Theme: Leadership, Governance and Management

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

Management roles and responsibilities were not clear.

40. Action Required:

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

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

- The lines of authority and accountability have been clarified with all staff and these will be reflected in an organisational chart.
- The reviewed organisational structure will be clearly displayed in the notice board for all staff which reflects the following structure:

the PIC who is the Area Manager will be supported by the input of the team:

CNM 11 [service supervisor] is supported by the assigned 4 staff nurses over the 24 hour period[1 per shift];

The staff nurse has a team of 3 Care Assistants on duty during day time hours at all times:

1 Care Assistant on duty for night time hours shift;

Additional Social Support hours have been agreed to support children access their community and will be directed and governed by needs of PCP overseen by Staff Nurse [Shift lead];

- The Care Assistants are directed by the shift lead [staff nurse grade]. The CNM11 supervises the Staff Nurse practice and is governed by an agreed Performance Framework

- Person responsible: PIC

Proposed Timescale: 18/09/2015

Theme: Leadership, Governance and Management

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

Effective management systems were not in place to ensure the service was safe,

appropriate to children's needs, consistent and effectively monitored.

41. Action Required:

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

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

- The PIC will meet on a regular basis with the staff team. These meetings will be minuted; there will be a standing agenda and a record of who attended the meeting. All actions arising from the meetings will be time framed with a responsible person attached.
 - The PIC and provider Nominee have committed to reconfiguring this service to ensure there is a consistency in approach in addition to a stabilised staff team; Meeting held on 24/09/2015 with Staffing Agency to ensure consistency in provision of staff for this centre.
 - The required additional support has been implemented as of 28/08/2015;
 - Recruitment of staff is continuing and the service will be working on achieving a stable team no later than 30/09/2015;
 - The lines of authority and accountability and communication have been clarified with all staff. This will be clearly displayed on the notice board of the unit;
 - The decision making process within centre will reflect the NMBI [Nursing Midwifery Board of Ireland] Decision Making Framework and the units line of accountability;
 - The risk management policy has been reviewed;
 - The local risk register has been reviewed;
 - The Restrictive Practice Policy is under review;
 - An audit schedule will be developed for the designated centre;
 - The Authority will be notified of all restrictive practices as per section 31 (3) (a) of SI 367 2013.
 - All staff will be provided with appropriate supervision under the guidance and training of the PIC.
 - Training to commence through Performance and Development Unit for managers in teamwork and leadership
- Person responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

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

There was no evidence that the annual review provided for consultation with the children or their representatives.

42. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for

consultation with residents and their representatives.

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

- The designated centre's annual review of the Quality and Safety of care and support in the designated centre will be discussed with families.
- Families will be consulted with how they wish to provide feedback on the service to include a mechanism to rate levels of satisfaction. This mechanism will be rolled out no later than 30/10/2015

Person Responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop or performance manage the staff team.

43. 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:

- Effective arrangements will be put in place to support, develop and performance manage the staff team i.e. regular scheduled meetings of unit staff, CNM's and PIC which will be minuted and identify actions to enhance the quality of life for persons living on this campus;
- The Service Governance Framework Model will be used across the service and all team goals identified and reviewed. These goals will be assessed frequently with team members to reflect opportunities to improve practice.
- The HSE Performance and Development Service have initiated a training schedule for team leaders as of July 2015. The next phase commencing in September will focus on managing team dynamics for local team leaders. This will be facilitated through an action learning style to support staff to meet their compliance requirements;
- Supervision schedule for all staff within unit to be developed
- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

Not all staff was aware of the protected disclosures policy.

44. Action Required:

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

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

- The Protected Disclosure Policy will be circulated as of 18/09/2015;
- The Protected Disclosure policy will be placed on the agenda at all team meetings

- Person Responsible: PIC

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The annual review did not effectively review the quality and safety of care and support to the children.

45. 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:

- The Annual Review of the quality and safety of care and support to the children will be reviewed with the CNM 2 and the PIC no later than 30/09/2015.

- Person responsible: PIC

Proposed Timescale: 30/09/2015

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 allocated to the centre was not sufficient to provide for the needs of the children.

46. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and

skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- The staffing structures have been reviewed in the designed centre;
- Each roster shift will be led by an Nurse with a team of Health Care Assistants to assist the delivery of service to the children involved with an additional PA support hours allocated to facilitate community opportunities for the children in the designated centre;
- The Workforce Review commissioned as referred to under the Individualised Supports and Care section [page 23] to this report will also inform on whether there will be a need to further review the designated centre Service against the required holistic needs of the children involved. No defined timeline yet agreed but expected to report no later than 30/11/2015.

Person responsible: PIC

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

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

Agency and relief staff were covering core shifts in the unit.

47. 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:

- Care Assistants will be appointed as part of the regular staff as of 30/10/2015;
- The nursing staff on per shift will be stabilised no later than 30/09/2015;
- Key worker system across staff grades will be implemented as of 30/10/2015 to ensure continuity of care;
- All other support staff will be inducted and monitored regarding consistency of approach in carrying out PCP in practice with the children;
- All staff will have access to each individual child's Listen To Me document, Communication Passport, Care Plan and Individualised Living Options document;
- The CNM 2 will ensure that all staff are supported to ensure consistency and continuity of care to each individual child

Person responsible: PIC

Proposed Timescale: 30/10/2015

Theme: Responsive Workforce

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

A planned and actual rota was not maintained.

48. Action Required:

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

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

- The staff roster will be clearly displayed showing staff on duty at any time during the day and night.
- Any unexpected changes due to extenuating circumstances will be edited on the roster.

• Person responsible: PIC

Proposed Timescale: 19/08/2015

Theme: Responsive Workforce

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

Staff files did not contain all of the required information.

49. 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:

- As of the 30/09/2015 there will be evidenced documentation of adherence to all required information as outlined under schedule 2.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Not all staff members had received mandatory training.

50. 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:

- Training in the administration of emergency medication required in the event of a service user having a seizure has been requested [SAMS Training] and will commence by the 10/09/2015 & 11/09/2015;
- Training in safe moving and handling is scheduled for 8/09/2015 & 9/09/2015
- Training in Fire safety is scheduled for 17/09//2015;
- Training in Children First 8/09/2015 & 6/10/2015.
- Training in Management of Behaviours that Challenge 7TH& 9THSeptember 2015
- Training in Adult Safeguarding 25th& 26th August 2015 , 14th September and ongoing daily for the month (5 sessions weekly)
- Training in Risk Management & Emergency Planning Policy 24th August 2015 for managers
- Training in Hand hygiene conducted weekly by Hand Hygiene Champion to be completed by the 30/10/2015
- Person responsible – PIC

Proposed Timescale: 30/10/2015 [this will be a continuous training cycle across the service]

Proposed Timescale: 30/10/2015

Theme: Responsive Workforce

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

Staff was not appropriately supervised.

51. Action Required:

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

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

- PIC has completed Performance Management Supervision Framework with CNM11 as of 20/07/ 2015
- CNM11 has commenced Performance management process with S/N's and will be complete by 28/08/2015
- Staff nurses will commence Performance Management process with Care Assistants when their supervision has been complete.

- Director of Service has commenced Performance Management with Night Duty CNM111 as of 4/08/2015 and due to be complete by Monday 14/09/2015
- CNM111 Night duty will commence Performance management process with CNM11's when their supervision has been complete
- Director of Service has completed her Performance Management Supervision Framework with the Service Manager Sligo Leitrim W Cavan [provider Nominee] as of 10/08/2015. Review date set for 09/11/2015.

• Person Responsible: PIC and provider Nominee

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 16/10/2015

Theme: Responsive Workforce

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

Staff members were not aware of the regulations.

52. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

- All information pertaining to the Act, Regulations and Standards has been circulated to all staff.
- Information will be shared at Team Meetings regarding Regulations & Standard. It will remain as a standard item on the agenda of all Team meetings as week commencing 24/08/2015

• Person Responsible: PIC

Proposed Timescale: 24/08/2015 [on-going and continuous agenda item]

Proposed Timescale: 24/08/2015

