**Centre name:** A designated centre for people with disabilities operated by Health Service Executive  
**Centre ID:** OSV-0002523  
**Centre county:** Donegal  
**Type of centre:** The Health Service Executive  
**Registered provider:** Health Service Executive  
**Provider Nominee:**  
**Lead inspector:** Bronagh Gibson  
**Support inspector(s):** Niamh Greevy  
**Type of inspection** Unannounced  
**Number of residents on the date of inspection:** 11  
**Number of vacancies on the date of inspection:** 0
About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 26 May 2015 09:00  To: 26 May 2015 17:30

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

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Summary of findings from this inspection
This was the first monitoring inspection of the centre by the Authority. The inspection was unannounced and was carried out by two inspectors over one day. As part of the inspection, inspectors met with staff and residents and carried out a telephone interview with the service manager. Inspectors reviewed resident’s case files, staff files and various unit policies and procedures.

The centre was governed by the Health Service Executive West Intellectual Disability Services, Donegal. Although it was part of several services delivered by the HSE Intellectual Disability Services for Donegal, it operated independently as a centre specifically for children.

The centre was a single storey detached house within a housing estate in a small town. It had ten bedrooms and provided respite placements, shared care, short term care, and full time residential care. At the time of the inspection it provided care to 13 residents with different care arrangements, eight of whom were children. The remaining five residents were adults and some of the children were approaching their 18th birthday. Three of the children were children in the care of the state.

The residents were well cared for in the centre and staff interacted warmly with them. There was evidence that staff promoted their welfare and development...
through various educational and community based programmes. The centre operated within a model of care that provided a balance between meeting the medical and social needs of the children and young people living there. There were written plans in place for each resident, and children in care had up to date statutory care plans.

The children and young people were engaged in a range of activities that supported their integration within the local community. However, onward placements were not identified for the adults living in the centre and although the staff members endeavoured to provide care that was proportionate to their age this was a challenge, given the limited space in the centre and the needs of the children living there. The lack of an onward placement limited the direct work that was carried out with the adults to prepare them for their transition out of the centre.

The systems of management and governance of the centre required improvement. There was no strategic plan for the centre and there was a lack of clarity on its purpose and function going into the future. Managers were unsure if it would remain a children’s centre, be a mixed centre for children and adults or be a service for adults only. There was no formal system of providing supervision to the centre manager or staff. There was no system or process in place to review annually, the quality and safety of care in the centre. There were no notifications made to the Authority in relation to this centre as required by the regulations.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The care and welfare of each of the children was supported by individual plans which were informed by assessments of their needs. Statutory care plans were in place for children in the care of the state and they were developed within the child in care review process. Although plans were in place for the other children in the centre, they were developed by their keyworker and not as part of a formal review process. There were inadequate and or no planning for the adults living in the centre and for those children fast approaching their 18th birthday.

Inspectors viewed the care and person centred plans in place for several of the children in the centre including those in the care of the state. Plans were found to be child centred, colourful and accessible to the children. They were informed by assessments such as nursing assessments, disability distress assessments and assessments of communication and intimate care needs. Behaviour support plans were also in place when required and there was a multi-disciplinary approach to their development. Social care needs of children were identified and actions were in place to endeavour to meet them. Social care staff told inspectors that they were an integral part of meeting the social needs of children and ensuring they participated in meaningful centre and community based activities that supported them to live within their local community.

There was evidence of on-going involvement of professionals working with the children including educators. The needs and choices of the children were detailed in case files as were life histories and their preferences in terms of communication methods and activities. Records showed that direct work was carried out with children using pictures and other preferred communication methods. There was evidence that the care that residents received reflected the goals set out in their plans and that there was regular
Communication with parents in relation to their children’s care. The CNM2 told inspectors that plans for children in care were reviewed within the statutory timeframes and the child in care review process. This was evident in files reviewed by inspectors. However, although there was a monthly review of all other children’s plans, there was no formal review process. This was acknowledged by the CNM2 who said that work had begun to develop a process for this purpose.

Communication with children was good and inspectors observed staff interacting with children in a way they understood. There was a good use of pictures throughout the centre and inspectors observed for example, bedtime routines and fire evacuation processes on children’s bedroom walls. There were also communication boards and objects of reference throughout the centre and children had access to some computer applications to help them communicate electronically. One child told inspectors that s/he felt that staff communicated well with them, asked them about the things they liked to do and supported them to achieve their personal goals. S/he told inspectors that s/he was listened to and was well informed about his/her care.

The children and young people were supported in as much as was possible for various transitions, for example a change of placement and or into young adulthood. A transition plan was in place for one child who was approaching 18 and a similar plan was being developed for another child that included work related to personal and social issues. Staff told inspectors that they ensured young adults had bank accounts and access to their personal money and that self-care programmes were in place. Despite this preparation work, four of the young adults never transitioned into adult services and remained in the centre. One young person had been discharged home but this had broken down quickly and they returned to the centre as an adult, as there was no other service available for them.

Activities the children and young people in the centre were involved in were meaningful and their links with the local community were maintained. Their preferences in relation to these were set out in their care files and there was evidence that they were facilitated to engage in activities according to their abilities. Activities included family visits, attendance at a local youth club, walks and eating out. Staff who met with inspectors said that they tried to give the children and young people in the centre a life like their peers who lived at home, whilst acknowledging their abilities. One child told inspectors that they were supported to see friends and family and engage in their hobbies.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The health and safety of children, staff and visitors was promoted by the centre but some improvements were required.

There was an organisational policy on the management of risk. This was found to provide guidance to staff on the identification and management of risk. Assessments were routinely carried out in relation to risk to and by individual children and centre level risks. There was a risk register and all risks were reported to senior managers in line with the organisational policy. Health and safety hazards were identified and managed and the centre recorded and monitored near misses and incidents and accidents. However, there was a health and safety statement in place which was dated May 2013 and required updating.

There were infection control measures in place and one staff member was trained to carry out infection control audits. Staff had access to hand washing facilities and there was no evidence that residents were at risk of any healthcare associated infections. The CNM2 told inspectors that there was contract in place for the management of waste generated in the centre for and pest control.

The precautions in place to guard against the risk of fire were inadequate. Records showed that staff completed relevant checks in relation to fire safety in the centre. On a walk around the centre inspectors found that fire equipment was serviced annually. Evacuation procedures were displayed around the centre and in picture form for the children and young people. Individual care files showed that there was a personal evacuation plan in place for each resident. Records showed that there was no evacuation of the centre in preparation for the event of a fire. This was confirmed by the CNM2 who told inspectors that although fire drills were carried out they entailed setting off the fire alarm but did not include an evacuation of staff and residents. This was not safe practice.

On a walk around the centre inspectors found that some fire doors were held open. The CNM2 told inspectors that magnets were due to be fitted to these doors that would release them in the event of a fire. However, they posed a potential fire risk in the meantime. External gates to the property were locked as were all exits from the centre, including doors fitted with push bars for easy egress. However, the CNM2 said that this had been identified by the fire officer who advised that all staff be supplied with a key for these exits and that they were to carry this on their person at all times. Staff confirmed to inspectors that they were provided a key. There was a comprehensive assessment of fire safety in the centre six weeks prior to inspection and this report and recommendations were awaited.

Judgment:
Non Compliant - Moderate
Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There were a number of measures in place to protect children from abuse and a positive behaviour support model was in place. However, the limited space and number of residents in the centre did not allow for children and adults to live separately and this posed potential safeguarding issues that required close monitoring by centre staff. Staff were not aware of who the designated liaison person for the service was.

The centre had policies and procedures on child protection that were based on Children First (2011). Staff records showed that they had received training in safe care and child protection. Staff demonstrated a good knowledge of what constituted a child protection concern and they were aware of the centre’s protected disclosure policy. However, staff gave inspectors different accounts of who the designated liaison person for the service was. Some said it was a child’s allocated social worker, others said it was the centre manager and one said that there was no designated liaison person for the service. This was not clear. The CNM2 told inspectors that there were no child protection concerns reported by the unit in the year prior to inspection.

The centre had a range of policies and guidance in relation to safeguarding children. These related to staff recruitment, bullying and harassment and unauthorised absences. Staff and managers were aware of the potential and actual safeguarding issues in the centre due to the mix of residents that included a high number of adults living with children. There was a centre level risk assessment of children and adults living together but this was not updated since December 2014. The centre did not have the capacity to provide separate living areas for adults and children but efforts were made for example, to provide separate activities and mealtimes. Staff said however, that this was not always possible. Overall, this living arrangement posed potential safeguarding issues to children and required resolution.

Arrangements were in place to store children's monies securely. A record of the money spent by or on children's behalf was maintained and receipts were retained.

A model of positive behaviour support was used in the centre and there was evidence that staff identified the underlying causes of behaviour that challenges with the support of a multi-disciplinary team. Staff were trained in a recognised form of behaviour
management and the use of physical restraint. Therapeutic supports were available to assess the behavioural needs of children in the centre and children had a behaviour support plan if required. Policies related to managing behaviour that challenges promoted interventions that were based on a non-restrictive, multi-element behaviour support model. Staff maintained detailed records of the residents' activities and their behaviour. These records were then analysed and there was evidence of regular reviews of the plans.

Routine practice within the centre restricted the movement of children and young people living there on a day to day basis. There was a policy and guidance on the use of restrictive practice in the centre. This took a rights based approach and acknowledged that restrictive measures should only be taken when there was imminent risk and be for the shortest time possible. However, all windows and external doors of the centre were locked, except for those that led to an enclosed outdoor play area that were locked on occasion. Staff and managers said that this was to prevent children and young people leaving the centre. Inspectors found that there was insufficient consideration given to alternatives to this practice and to ensuring a balance between protecting resident's right to safety with their right to free movement.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were no notifications made to the Authority as required by the regulations.

There was a system in place to record incidents in the centre such as the use of physical restraint, adverse incidents and injury to residents. However, the Authority was not notified of these incidents as required by the regulations. The CNM2 confirmed to inspectors that notifications had never been made to the Authority by the centre.

**Judgment:**
Non Compliant - Major

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was safe practice in the centre in relation to the management of medication.

There was a policy on the management of medication that provided sufficient guidance to staff. Medication was stored in a locked cabinet in the staff office. Medication was in date and the medication for each child was clearly labelled and stored separately. Processes were in place for the storage and recording of controlled drugs. There was a separate medication folder for each resident. There was a medication card for each child that was completed by the prescribing doctor. Medical consent forms were on children’s files and were signed by their parents/guardians.

Nursing staff administered all medication in the centre and the rota showed that nursing staff were on every shift. The CNM2 and nursing staff told inspectors that there was a process in place to audit the administration of medication and ensure any medication errors were recorded and investigated. This was demonstrated in centre records.

**Judgment:**
Compliant

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a written statement of purpose for the centre, but it was too broad. The centre was operating outside of its stated purpose and function.

The statement of purpose, which was dated April 2015, set out the philosophy of the centre and the services and facilities it provided. It referred primarily to regulations...
related to the placement of children in care and not the regulations related to the provision of services to children with a disability services. The statement of purpose and function showed that the centre provided a wide range of residential care services that included emergency, short term, long term, respite and shared care. The service manager told inspectors that this range of care provision had grown over the years in response to the needs of children in the area with a disability and the lack of alternative placements. This broad range of functions did not take into account the need for a stable living environment for children who required full time long term care without the disruption created by other children coming in and out of the centre for shorter term placements.

The statement of purpose stated that that the centre catered for children between the ages of 11 and 19 years. However, it did not clearly state that children may only stay in the centre over the age of 18 years if they were being supported to complete their education.

The centre was operating well outside of its stated purpose and function. There were five adults living there and the CNM2 and service manager told inspectors that there was no identified onward placement for these adults. The service manager acknowledged the requirement to review and change the statement of purpose and function and to ensure the unit operated within it, but was unclear about what its purpose and function would be going into the future. It was crucial for the managers of the service to make this determination as a matter of priority to ensure a safe and effective service that had the capacity to meet the needs of the residents.

Judgment:
Non Compliant - Major

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The centre was managed well on a day to day basis and there were clear lines of accountability and authority. However, there was a lack of leadership shown in relation to strategic planning of the service. There was no annual review of the quality and
safety of care and support in the centre and the person in charge had not ensured that notifications were made to the Authority in accordance with the regulations. The centre manager did not have control over the centre budget.

The CNM2 described the management structure of the centre. Staff reported to the CNM2, who reported to the service manager. The service manager reported to the general manager HSE West.

Quality assurance measures were in place but required improvement. There was evidence of various types of audits in the centre that included medical, infection control, financial, health and safety audits and monitoring of centre records and children’s personal plans. The CNM2 had just begun the process of analysing incidents and accidents in the centre for learning and service improvement. There was a set of performance indicators that were returned by the CNM2 to the service manager on a monthly basis related to the operations of the centre. Records showed that these indicators included use of beds in the centre, vacancies, staffing, care planning and reviews and discharges. The CNM2 said that they also reported to the service manager on any issues arising in the centre related to concerns or the residents. This was not a written report. The CNM2 told inspectors that the service manager visited the centre regularly and on an unannounced basis, spoke to the residents and staff and walked around the centre to ensure it was well maintained. The visitor’s book in the centre recorded their last visit in April 2015. The CNM2 said that the service manager reported any findings but there was no evidence of a written report on the safety and quality of care and support provided in the centre.

The CNM2 managed the centre on a day to day basis and was also manager of an adult community group home. The CNM2, service manager and staff said that this did not have a negative impact on the day to day operations of the centre. Records showed that the CNM2 was appropriately qualified and experience to run the centre. The service manager said that they were satisfied that the CNM2 was capable and skilled to fulfil the position they held. Inspectors found that the CNM2 was responsible for the day to day operational management of the centre, including preparation of the staff roster and was very familiar with the residents and plans for their care. Inspectors observed that the CNM2 demonstrated warmth in her relationship with the residents and that they presented as being at ease in his/her presence. The CNM2 ensured that there were regular staff meetings and that residents needs were prioritised at these meetings. However, there was no formal supervision in the centre and no training on supervision had been provided. Staff and managers said that staff were supervised on an informal day to day basis, but that individual sessions related specifically to accountability for practice were not in place. The CNM2 told inspectors that a supervision policy was being drafted at the time of the inspection.

The CNM2 told inspectors that they did not have control over the centre budget. They said that this was controlled centrally by the HSE and that a report on monthly expenditures were provided to the CNM2 and cost control measures would be discussed with the service manager.

The CNM2 told inspectors that they met regularly with the service manager, but records of these meetings were not provided. The CNM2 said that they discussed centre issues
related to staff and children and any concerns arising. However, in view of the deficits in terms of planning for this service, these meetings alone were not sufficient to ensure good governance of the service. There was no strategic plan for the centre and therefore no clear indicator of how managers were to address the centre operating outside of its purpose and function for a significant period of time. No clear timeframes were identified for actions to be taken and as such, progress could not be measured and monitored.

**Judgment:**
Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
There was a sufficient number of trained and qualified staff to meet the needs of residents. Staff were not adequately supervised.

There was a sufficient number of staff on duty in the centre to meet the needs of the residents. The CNM2 and staff told inspectors that there was a balance of social care and nursing staff on each shift. This was observed by inspectors on the day of the inspection and demonstrated on the staff rota. Staff told inspectors that the residents benefited from this balance in meeting their social and medical needs. Staff who met with inspectors demonstrated a good knowledge of the needs of both children and adults living in the centre and they were aware of policies and procedures that applied to providing care to this diverse group.

There was no policy on the provision of supervision in the centre. There was no process in place to provide formal supervision to the staff team or the person in charge. The person in charge said that they supported staff in an informal way on a day to day basis.

Recruitment procedures were in place to ensure staff had the right skills, qualifications and experience to meet the assessed needs of the children. However, personnel files were held in HSE human resource offices and not in the centre. The CNM2 had assured themselves that all staff were appropriately vetted and was in the process of getting all personnel files transferred to the centre. Inspectors reviewed a sample of staff files that
were being developed by the CNM2 and found that the staff were appropriately vetted and qualified.

The CNM2 told inspectors that training was provided to centre staff as required. Training records showed that staff had received core training related to health and fire safety, child protection and managing behaviour that challenges. Training records also showed that training was provided in line with the presenting medical needs of residents.

The CNM2 told inspectors that there were no volunteers working in the centre.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

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<th>Centre name:</th>
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<td>Centre ID:</td>
<td>OSV-0002523</td>
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<td>26 May 2015</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no formal multi-disciplinary process in place for the review of children’s personal plans.

1. Action Required:

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A formal annual review process for all children will commence from 28th September 2015

**Proposed Timescale:** 28/09/2015  
**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
There were adults living in the centre that were not discharged in accordance with their needs.

There were children approaching their 18th birthday with no planned onward placement.

2. **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:  
There will be a reconfiguration of services as new accommodation has been secured to relocate the children. This facility will be opened subject to registration by HIQA.

**Proposed Timescale:** 31/12/2015

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**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 health and safety statement for the centre was out of date.

3. **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 statement has been updated as of 14th August 2015.

**Proposed Timescale:** 14/08/2015
**Theme: Effective Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no evacuations of the centre carried out in preparation for the event of a fire.
Some fire doors were held open throughout the centre and did not close automatically if the fire alarm sounded.

**4. Action Required:**
Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

**Please state the actions you have taken or are planning to take:**
Fire evacuation completed on 22nd August 2015 and will be 3 monthly thereafter.
Contact has been made with the Fire Officer (on 20th August 2015) and the company who provides the equipment (on 20th August 2015) highlighting the issue raised. We are awaiting confirmation from the company regarding cost and timeframe to fit self closures to the fire doors. In the interim, a risk assessment/risk register form was completed (16th May 2015) and procedures are in place outlining precautions against risk from fire. All staff are familiar with these.

**Proposed Timescale: 30/10/2015**

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**Outcome 08: Safeguarding and Safety**

**Theme: Safe Services**

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre did not demonstrate that sufficient consideration was given to the balance of protecting children's right to safety with their right to free movement.

**5. 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:**
- Risk assessments are in place for each resident to maintain their safety
- There will be a monthly review to ensure that restrictive practice measures are proportionate to each resident
- A key to the doors is available for some residents based on risk assessment.

**Proposed Timescale: 31/10/2015**
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there was insufficient space to provide separate living arrangements for children and adults in the centre and this posed potential safeguarding risks to children.

6. 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:
There will be a reconfiguration of services as new accommodation has been found to move the children to and will be opened subject to inspection by HIQA.

Proposed Timescale: 31/12/2015

Outcome 09: Notification of Incidents

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

7. Action Required:
Under Regulation 31 (1) (a) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority.

Proposed Timescale: 31/10/2015

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

8. Action Required:
Under Regulation 31 (1) (b) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance
Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

9. Action Required:
Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

10. Action Required:
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

Please state the actions you have taken or are planning to take:
Notification was submitted on 16/12/2014 re service user BT12.
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
There were no notifications to the Authority by the centre as required by the regulations.

**11. Action Required:**
Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

**Please state the actions you have taken or are planning to take:**
PIC will ensure that all notifications are made to the authority

**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:
There were no notifications to the Authority by the centre as required by the regulations.

**12. Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
PIC will ensure that all notifications are made to the authority

**Proposed Timescale:** 14/10/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

**13. Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

14. Action Required:
Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

15. Action Required:
Under Regulation 31 (1) (h) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any occasion where the registered provider becomes aware that a member of staff is the subject of review by a professional body.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

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

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

17. **Action Required:**
Under Regulation 31 (3) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

18. **Action Required:**
Under Regulation 31 (3) (c) you are required to: Provide a written report to the Chief Inspector at the end of each quarter where there is a recurring pattern of theft or burglary.

Please state the actions you have taken or are planning to take:
PIC will ensure that all notifications are made to the authority

Proposed Timescale: 14/10/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.
19. **Action Required:**
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

**Please state the actions you have taken or are planning to take:**
PIC will ensure that all notifications are made to the authority

**Proposed Timescale:** 14/10/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

20. **Action Required:**
Under Regulation 31 (3) (f) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any other adverse incident the chief inspector may prescribe.

**Please state the actions you have taken or are planning to take:**
PIC will ensure that all notifications are made to the authority

**Proposed Timescale:** 14/10/2015

**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no notifications to the Authority by the centre as required by the regulations.

21. **Action Required:**
Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six-monthly basis.

**Please state the actions you have taken or are planning to take:**
PIC will ensure that all notifications are made to the authority

**Proposed Timescale:** 14/10/2015
Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose and function was too broad to cater for the needs of all residents.

The statement of purpose and function did not include adequate information on circumstances where children could remain in the centre over 18 years of age, when this was related to their education.

The centre was operating well outside of its statement of purpose and function for a significant period of time.

22. **Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
Due to the reconfiguration of services the statement of purpose and function will be changed.

**Proposed Timescale:** 31/10/2015

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:
There was a lack of planning for the service.

There was a lack of leadership in relation to addressing the centre's non-compliance with its statement of purpose and function over a significant period of time.

The centre did not have an allocated budget that was controlled by the centre manager.

23. **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 Statement and Function of the Centre will changed due to the reconfiguration of services
The PIC will ensure that the centre is managed and run within the scope of the statement of purpose and function.
The Service Manager Donegal Intellectual Disability Service is the designated budget holder for all services within her remit. The centre manager of the unit is responsible for ensuring that all expenditure is in accordance with the National Financial Regulations. The centre manager is supported by the service manager and the I/D business manager in respect of the Finance function.

**Proposed Timescale:** 31/10/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no annual review of the quality and safety of care in the centre.

24. **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:**  
Annual reviews of the quality and safety of care in the Centre will take place.

**Proposed Timescale:** 30/09/2015

**Outcome 17: Workforce**  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
There was no formal process in place for the provision of staff supervision.

25. **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 will introduce a formal process of supervision with staff.

**Proposed Timescale:** 05/10/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was no training needs analysis carried out by the centre.

26. **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:**
All mandatory staff training is up to date and reviewed on a quarterly basis by the PIC. There is a prospectus of training available to all staff and staff can express an interest in attending courses from this.

Review of all training needs will commence immediately.

**Proposed Timescale:** 30/11/2015