# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003682</td>
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<td>Centre county:</td>
<td>Kerry</td>
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<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<td>Registered provider:</td>
<td>Resilience Healthcare Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Martin McCarthy</td>
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<tr>
<td>Lead inspector:</td>
<td>Patricia Sheehan</td>
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<tr>
<td>Support inspector(s):</td>
<td>Sharron Austin</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 25 August 2015 09:30  25 August 2015 18:00
To: 26 August 2015 08:30  26 August 2015 15:30

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 third inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre. The centre was located in a rural area outside of a town and was a detached house with a garden to the rear. The centre had five bedrooms located on the ground floor.

The service provided a fulltime residential service for one child and overnight respite services were provided to four children at any one time. There was capacity for five children in total to stay overnight. According to the statement of purpose, the service was provided to children with intellectual disability, autism spectrum disorder, challenging behaviour and a physical/sensory disability. One of the children was in
hospital and three children were availing of overnight residential respite at the time of inspection. Inspectors met with the children, one parent, six staff members and a volunteer, the team leader who was the person in charge, and the disabilities and social care manager who was the provider nominee. Inspectors also spoke with three parents on the telephone and received two questionnaires from parents.

Inspectors observed practices and reviewed documentation such as children’s personal plans, medical records, incident logs, policies and procedures and staff records. Inspectors found that the children were well cared for and the service well managed. The provider had made a number of improvements in response to the findings of the previous inspection and overall the provider and person in charge demonstrated compliance across a number of key outcomes. These included the maintenance of personal relationships and links with the community, health and safety, and an effective workforce. Improvements were required in the following areas: the recording of complaints, the personal plan review process, alternatives to the use of bed rails, medication management and the completion of routine audits. These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end 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:
Inspectors found that children's rights were protected and their dignity promoted by staff. However, improvements were required in relation to the level of consultation with children about how the centre was planned and run, access to independent advocacy services and the recording of complaints.

The majority of parents who spoke to inspectors or completed questionnaires said that they had received information about the service and were aware of their children’s rights. While there was evidence that parents had been notified of an advocacy service, inspectors found that names and contact details for the local team of advocates and information about their service were not displayed and made available in order to facilitate and actively support children to access advocacy services.

Inspectors found that there were some ways in which individual consultation took place, which were cognisant of the abilities of the children. Although the majority of children did not communicate verbally, there was evidence that changes to their care were explained to them by their key-worker who attended review meetings. Easy to read policies and procedures had been developed and were available to children. However, while the statement of purpose referred to regular childrens' meetings in order to encourage consultation about the operation of the centre, inspectors did not find records maintained of these meetings or evidence of changes resulting from such consultation. The Resident’s Guide stated the commitment of the centre to involving children in all day-to-day aspects of the service but there were no details about the arrangements to support this. This is addressed under Outcome 18: Records and Documentation.

The preferences and choices of children, for example, in relation to the food they liked
and the activities they wanted to participate in, were set out in their personal plans. Inspectors observed that children were supported to express choice in ways that were individual to them using primarily different methods of non-verbal communication. Staff sought response or feedback from children, in ways that were appropriate to each individual child. The majority of parents confirmed that eliciting the preferences of their children was actively sought by staff.

There was a policy and procedures for the management of complaints with a named complaints officer and an independent appeals process in the event of a complainant not being satisfied with the outcome. The majority of parents told inspectors that they knew how to make a complaint but had not actually made any. However, one parent who had made a number of complaints told inspectors that she did not feel her issues were resolved. Senior managers were addressing this matter at the time of inspection. Inspectors viewed the complaints log and found that it was not clear who the complainant was and whether they were satisfied with the outcome.

Inspectors found that overall staff ensured that their practices protected the privacy and dignity of children. Staff told inspectors that they were conscious of preserving the children’s privacy and dignity while providing personal care in line with the centre’s policy on intimate care. Each child had an intimate care plan and individual toiletries. Each child was afforded the privacy of a single room and parents told inspectors that their children were treated with dignity and respect. There was no use of closed-circuit television.

Systems were in place to ensure that personal possessions were protected and there was adequate storage in bedrooms for the personal possessions of each of the children. Receipt of any money provided by parents as pocket money for their children was recorded with all subsequent transactions also recorded and signed by two staff members. The person in charge told inspectors that very little pocket money was needed as the cost of activities and outings was covered by the centre.

Staff respected the children’s right to exercise choice regarding their activities and routines and attempted to facilitate these choices. On admission children, or their parents on their behalf, were asked to state their likes/dislikes and describe their normal routines and these were recorded in their files. They were also asked to indicate what level of independence the child exercised and what help and support they needed from staff in daily activities such as personal care, communication, and eating and drinking. The need for children to have consistency in their lives was reflected in the allocation of the same room to children on each respite break. Children were facilitated to participate in activities that they enjoyed. Inspectors observed the children leaving the centre to take part in a range of leisure activities in the community. There were ample records maintained to show the outings made to, for example, the beach, the aquarium, or the playground. There were sufficient toys and games for the children and a garden with play equipment.

**Judgment:**
Non Compliant - Moderate
Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The communication needs of children were assessed and assistance was provided to children to communicate effectively. However, improvements were required in the level of staff training in communication methods.

There was a comprehensive policy on communication and each child had a personal plan that set out their particular communication needs and abilities. Staff demonstrated through their practices and via conversations with inspectors that they were aware of the different communication needs of the residents. Inspectors observed the interaction of staff and the children and saw that different communications methods were used according to the child's needs. Visual schedules were displayed and there was evidence that signs, symbols and pictures were used to communicate with children. To further facilitate communication, each staff member carried a set of picture PECS (picture exchange system) with them and each child had their own communication book containing the specific PECS that they used. However, staff were not formally trained in the use of the picture exchange system method which meant that their ability to fully address children's needs in this regard was compromised. The person in charge told inspectors that training on the picture exchange system would be provided for staff in the near future.

Children had access to television and radio. Staff told inspectors that some of the children used assistive technology for communications purposes and any such technology was typically provided by parents. Wireless internet was available in the centre to enable access to assistive technology and to promote children's full capabilities.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Children were supported to maintain relationships with their families and to develop links with the wider community.

While visiting the centre prior to admission was not explicitly stated in the admission policy, staff told inspectors that children were given the opportunity to visit the centre and view its facilities. The majority of parents who spoke with inspectors or who completed questionnaires confirmed that they were invited to view the centre prior to their child receiving a service. This gave children and their parents the chance to familiarise themselves with staff and facilities.

Parents told inspectors that they felt free to visit at any time and were always made feel welcome. Staff communicated with parents of children availing of respite breaks to ask about any new information that staff needed to be aware of and the parents of the child who lived in the centre said they were kept informed of any changes or developments in relation to their child. Parents were free to call in person to the centre or contact their children by phone if they wished. There was evidence of frequent contact between staff and parents by phone and the use of texts. A policy regarding visitors was in place.

Parents were aware of their children’s care plans and were fully involved in giving and receiving information in relation to their children and any review of their plans.

Children were encouraged and facilitated to use community facilities in a proactive manner. Records showed that the extent of use of community facilities was extremely good and parents confirmed that they were very satisfied with their child's participation in the wider community. Transport was provided by the centre for the children’s journeys to school and for social outings.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The criteria for admission were set out in the statement of purpose and were transparent and admissions to the centre were in line with these criteria. There were contracts in place but improvements were required to ensure such contracts were sufficiently individualised and transparent.

There was a clear policy in place on the admission, discharge and transfer of children. The policy stated that the possible impact of admitting a child for respite on current children receiving a residential service was carefully considered during initial assessment. The provider nominee provided evidence of such consideration given to the current child receiving a fulltime residential service and written assurances that the company planned to purchase another house in the area by late 2015 in order to separate residential and respite services completely.

Children eligible to receive both a fulltime residential service and a respite service were under the age of eighteen years with intellectual disability, autism spectrum disorder, challenging behaviour and a physical/sensory disability. Inspectors found that children using the service met these criteria. While the person in charge stated that referrals to the service were usually through the Health Services Executive, the admission policy did not contain detail of the referral process and decision making around offering a placement. This omission is addressed under Outcome 18, Records and Documentation.

Each resident had a written contract for the provision of service in the centre and were reviewed by inspectors. These were signed by the child’s parents/guardians and a representative of the service. However, contracts had not been individualised to reflect the provision of services to children receiving respite. For example, service details were general in nature and not specific in terms of the respite period being provided.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Children's wellbeing and welfare were maintained by a high standard of care and support and children had opportunities to take part in appropriate activities. Overall, the personal plans were detailed and specific to the child, and parents and the children, according to their abilities, were involved in the care planning process. Children were supported when moving between childhood and adulthood. However, improvements were required in reviewing personal goals and the review process.

An action from the previous inspection was to ensure that a comprehensive assessment by a health care professional of the health, personal and social care needs of the children was carried out prior to admission and no less frequently than on an annual basis. Inspectors found that such assessments with multi-disciplinary input had now been completed by the person in charge and there had been no new admissions since the previous inspection that required assessment. The assessment was recorded on a health services executive document and not on a centre specific document which caused confusion as to the origin of the assessment. The latter was discussed and clarified with the person in charge.

Assessments informed the development of personal plans which set out the children's individual needs and goals and the supports they required. The personal plan for each child was person-centred and detailed and reflected their likes, dislikes, preferences and choices. Personal development goals were established and inspectors reviewed the weekly records and monthly updates relating to progress in acquiring skills, such as washing hands, putting a cup into the sink, and using the toilet. For example, some children had increased their "waiting ability" from three seconds to one minute. However, the monthly skills update were not clearly integrated with the progress of the personal development goals. This made it difficult to determine if personal goals were being achieved and if they were contributing to improving the child's quality of life.

The file which contained the child's personal plan also contained; a health action plan and hospital passport, discussed later under Outcome 11, Healthcare Needs, comprehensive risk assessments, a personal emergency evacuation plan, and an intimate care plan. A second file for each child, called a working file, contained comprehensive records written by staff which documented the staff's interaction with children and their monitoring of the children's health, general wellbeing and their day-to-day activities. Behavioural data was also retained within this working file. A third file, called a master file, was a repository for documents and records that were no longer current but which also contained behavioural assessment reports and support plans, assessments of need, and correspondence to and from multi-disciplinary professionals and parents. Inspectors found that the records and documents pertaining to current plans for the child were not best placed in this master file. It did not facilitate a cohesive picture of the child, for example, to show the strategies being used to reinforce certain behaviours and decrease others and how these strategies were being evaluated for effectiveness.

The personal plan was available in an accessible format and reviews of the plans had recently taken place. While the person in charge discussed the input from the health
services executive disability team, such as the occupational therapist and psychiatrist, into different aspects of the children’s care, there was little evidence of either their attendance at reviews or that reports had been submitted. As a result, the review process did not meet the requirements of the Regulations as it was not multidisciplinary in order to fully assess the effectiveness of the plan and consider any proposed changes to the plan.

There was evidence that parents, on behalf of their children, were involved in these reviews and the majority of parents spoken with confirmed that they were very much involved in all care plans and contributed to the reviews. Signatures of parents and keyworkers to show that the plans had been discussed with the child were not always evident.

There was evidence that children were supported in managing transitions and in preparing for adulthood. There had been no discharges from the service since the previous inspection. Inspectors reviewed two transition plans; one for a child who had transferred from one centre to this centre, and one for a child who had reached the age of 16 years. The former plan was found to be satisfactory and supported the child in a planned manner. The transition plan for the child who was 16 years old was in development and work had begun to support the child’s transition to adult services. There was a focus on life-skills to enable the child to live as independently as possible. Overall, children were encouraged to be involved in shopping and general household tasks according to their abilities.

**Judgment:**
Non Compliant - Moderate

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**Outcome 06: Safe and suitable premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The design and layout of the centre were generally suitable for its purpose. It was clean and comfortable and the premises were well maintained. However, improvements were required to ensure adequate disability access.

The centre was located in a detached five-bed two-storey house in a rural area outside of a town. The layout of the centre was in line with the statement of purpose. The
centre comprised on the ground floor a kitchen/dining room; a sitting room; a sunroom; a bathroom with a bath, toilet and wash-hand basin; a utility room for laundry and with locked cupboards for chemicals; a storage room and five bedrooms. On the first floor there was an additional bedroom used for staff to sleep over and office space. There was a secure outdoor garden space containing outdoor play equipment. To the front of the premises there were car parking facilities. Safety was promoted by locked gates to the side of the house as the centre was located on a busy road.

The bedrooms were adequate in size with sufficient storage for personal possessions and four of them had an en-suite toilet with a separate shower and wash-hand basin. One bedroom had an en-suite toilet, a bath with a shower attachment and wash-hand basin. The bedroom for the child who lived in the centre fulltime was spacious and had adequate storage but the ensuite facilities were not sufficiently accessible for this child. Inspectors viewed the disability access certificate for the centre that outlined some conditions attached to the certificate, for example, magnetic door closures. The provider nominee stated that all conditions were being actively addressed to ensure the centre was in line with its statement of purpose. While there was no evidence that communal accommodation for the children was not adequate to meet their needs, two parents and some staff told inspectors that a sensory room would be a welcome addition to the centre's therapeutic services. Another parent commented that additional space for family to visit would be beneficial.

The premises were clean and suitably decorated and furnished with good lighting and ventilation. Assistive equipment was not required for any child at the time of inspection. Some parents commented that sometimes the cleanliness of the centre needed attention. Windows were being fitted with window restrictors at the time of the inspection. Suitable arrangements were in place for the disposal of waste.

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

Findings:
Overall, the health and safety of children, staff and visitors was promoted and protected. Some of the arrangements in place for the prevention of infection required review and all outside buildings with hazardous materials that could cause injury to a child needed to be secured.
There was a current centre-specific health and safety statement. This set out the procedures to be followed and the responsibilities of all staff. For the most part, suitable procedures were in place for the prevention and control of infection and staff had received training in infection control. There were sufficient facilities and materials available for hand washing. There were hand hygiene procedures in place and hand gel dispensers were located around the premises. Colour-coded cleaning materials were used. However, the staff bathroom on the second floor omitted an unpleasant odour during the inspection and rather than paper towels or an automatic hand dryer, a hand towel was provided which was not changed over the two days.

The risk management policy, dated July 2015, met the requirements of the regulations. Inspectors found that the risk management policy was implemented in the centre. Window restrictors were being put in place during the inspection. There was a risk register which contained ongoing clinical and non-clinical risks and identified the measures in place to control them. The risk management policy clearly set out the responsibilities for managing risk from staff through to the provider. Monthly health and safety committee meetings occurred and inspectors reviewed the minutes of these meetings and found that hazards and risks were reviewed by the nominated health and safety person and the staff team at their next meeting. This practice was confirmed in staff interviews. The provider nominee described the clinical governance at senior management level which met regularly to review quality and risk management data. Risk assessments were carried out on each of the children and the measures put in place to control any risks identified were specific to each child and were set out in their personal plans. However, inspectors found that a garden shed contained hazardous material and was not locked. Although this shed was located outside of the enclosed garden area it was potentially accessible by children because the area was a fire assembly point.

Inspectors viewed the records of incidents and there was evidence that there was analysis of incidents and review by managers. In addition, inspectors interviewed the behavioural support specialist and saw learning records that were maintained after incidents of challenging behaviour which were reviewed on a basis with staff involved. For example, for a child engaging in spitting, the learning was to provide day-to-day opportunities for the child to make choices and to develop skills in pointing or tapping to help communicate their wishes. Learning from incidents was also discussed in staff team meetings and inspectors saw evidence of this in staff meeting minutes.

Satisfactory precautions to guard against the risk of fire had been put in place since the previous inspection. A fire alarm had been installed and had been serviced quarterly. Suitable fire equipment was available and this had been routinely serviced. Emergency lighting was in place and fire exits were unobstructed. A fire evacuation notice was displayed in a prominent place. Records of daily, weekly and monthly checks on the fire equipment, fire precautions and on the means of escape were undertaken by staff. All staff had received training in fire safety in and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. Planned fire drills were carried out regularly and the number of staff and children who took part was recorded alongside their names. Personal emergency evacuation plans were in place for children.

A system was in place for recording and responding to maintenance issues that needed
to be addressed. Systems were also in place for responding to emergencies and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies. The centre had the loan of two cars at the time of inspection because the 8 seated bus used for transporting children was being repaired. The person in charge listed all the first aid and safety equipment it contained but inspectors were not able to verify this as the bus was not available. There was evidence of appropriate tax and insurance in place but a service record was not maintained, which is addressed under Outcome 18: Records and Documentation. The person in charge told inspectors that the centre planned to purchase a new bus with a ramp to meet the transport needs of children who used a wheelchair.

**Judgment:**
Substantially Compliant

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

**Theme:**
Safe Services

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

**Findings:**
There were adequate measures in place to safeguard children and protect them from abuse. There was a policy and procedures on child protection which was comprehensive. It outlined; the different types of abuse and how to recognise them; how to respond to a child disclosing abuse; how to report concerns and the role of the designated liaison person (DLP). Inspectors met with the DLP who was the provider nominee and found him to be clear about his role. There had been no child protection concerns since the previous inspection. The child protection policy also detailed the procedures to be followed in the event of an allegation of abuse against a staff member. At the time of inspection, there was a recent allegation in the process of being investigated and inspectors found that all the appropriate measures were being taken in line with the policy.

There were various safeguards in place to protect children. All staff members had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) and training records confirmed this. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. An Garda Síochána vetting was in place.
for all staff. Risk assessments were carried out in relation to individual children. Inspectors observed that staff interacted with the children in a warm and respectful way. The majority of parents who completed questionnaires said that their children were safe in the centre. There was a policy and procedures on the provision of personal and intimate care and each child had an intimate care support plan.

While there was evidence that efforts were made to identify, understand and alleviate the underlying causes of behaviour that was challenging in relation to individual children, restrictive practices were evident in the centre. Training records showed that all staff had received training in multi-element behaviour support. Records showed that, where a child engaged in behaviour that was challenging, detailed records were maintained of the behaviour and the circumstances surrounding it, and the pro-active strategies employed to ensure that incidences of behaviour that challenged were lessened. Behavioural support plans were comprehensive and there was ample evidence of the behavioural support specialist involvement in reviewing these plans and every incident of chemical restraint. Signed protocols were in place for the use of chemical restraint which had recently been reviewed by a psychiatrist, and inspectors saw that the use of chemical restraint had reduced significantly over the past six months and that it was used as a last resort. However, alternative measures had not been considered before the use of bed rails were applied for one child and episodes of the use of bed rails were not recorded and details reviewed in order to identify opportunities to reduce their use. The use of bed rails was not reported in accordance with regulatory requirements. The use of bed rails as a restrictive practice was clarified with the provider nominee and the person in charge.

Judgment:
Substantially Compliant

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

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector according to the time frames laid down. Quarterly reports were provided as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications. Notification of the use of bedrails has been addressed under Outcome 08: Safeguarding and Safety
Judgment:
Compliant

**Outcome 10. General Welfare and Development**
*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Children were supported to participate in school and they were provided with opportunities to socialise with their peers. However, improvements were required in establishing children’s educational goals and the educational support services to be provided.

All of the children attended the same special school in the local area. Transport was provided to take them to and from school and they were accompanied by members of staff. Children were not in school at the time of inspection as it was summer holidays but records examined by inspectors showed that children’s routine in school was agreed between parents, centre staff and school staff in order to suit the needs of the children. Parents told inspectors that there was good communications between the school, the centre and home and that all relevant information was shared in relation to how the children were doing and to identify any issues that needed to be addressed. There were systems in place to ensure effective communication between the school and centre staff, including the use of communication books and completion of daily records, as appropriate to the child.

Instead of an education policy, the centre had an education statement in place that set out how the service would actively support educational attainment. This statement outlined that the centre would: contribute to and follow through on any aspects of the child’s Individual Educational Plan (IEP) where appropriate and in consultation with the parents and the school; facilitate each child to attend his/her educational placement; promote and maintain links with each child’s education placements. However, children’s files contained little information on their participation in school and there was no evidence of assessment to establish childrens’ educational goals. In addition, for the child who was fulltime residential, a copy of their individual education plan or equivalent was not available in the designated centre and there was no evidence that centre staff had requested this from the school.

Records showed that children participated in activities both inside and outside the centre and this was confirmed by parents who considered that their children were kept suitably
busy and occupied. Inspectors observed that children engaged in play in the centre and the records showed that children took part in a range of activities in the community. They also visited places of interest in the surrounding countryside.

**Judgment:**
Non Compliant - Moderate

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### 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 had access to healthcare services and their healthcare needs, as set out in their personal plans, were met.

The children’s files contained comprehensive assessments of the children’s healthcare needs and there were current health action plans on file which detailed what actions were to be carried out, the dates of these and the person responsible for ensuring their completion. Epilepsy seizure plans were in place as required. There were records of general practitioner (GP) appointments, specialist appointments, and referrals to various professionals. Each child had their own general practitioner (GP). An out of hours GP service was also available if required. Hospital passports were in place for the children which ensured that all relevant information about the child and how they communicated accompanied them if a hospital admission was required. One child was in hospital at the time of inspection and inspectors saw that alongside his/her hospital passport a staff member was with him at all times in the hospital.

Inspectors reviewed children’s files and there was evidence of timely and frequent access to their G.P. Children had access to other medical professionals and appointments were organised as required including for example to orthopaedics. Records of referrals and reports were maintained in residents’ files. While children had access to a multidisciplinary team, including occupational therapy (OT), speech and language therapy (SLT), psychology and psychiatry, either through the health services executive disability team, the mental health service or through the school, parents and staff told inspectors that access to such services had become more limited in recent times.

Training records showed that staff had received training in first aid and epilepsy management. Children's diets were closely monitored and they were encouraged to take part in physical exercise such as outdoor games and walks. The nutritional needs of
children were assessed and support plans were in place in relation to their nutrition, eating and drinking. Daily food and fluid charts were maintained and the food and drink consumed by the children at all mealtimes was recorded. Staff used story and pictures sequences to assist children at mealtimes in making choices about the food they would like. Inspectors observed an evening meal and interviewed the homemaker and found that children were supported to make healthy food choices which was greatly enhanced by introducing a homemaker post into the centre.

**Judgment:**
Compliant

### Outcome 12. Medication Management

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

**Theme:**
Health and Development

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

**Findings:**

Overall children were protected by safe medication management policies and practices but some improvements were necessary regarding documentation and the review of medication management practices.

The inspector reviewed children's files and found that individual medication plans were appropriately implemented and reviewed as part of the personal plan review process.

Medication was stored in a locked safe within each child's bedroom with the key retained by a staff member. There were no medications requiring refrigeration at the time of inspection. However, there was no dedicated fridge available for any medicinal product that required refrigeration. The policy stated that medicines requiring refrigeration would be stored in a locked box in the kitchen fridge with a daily log of temperature readings maintained. This was not in line with An Bord Altraniais guidelines and did not protect medication from, for example, spillage in a kitchen fridge.

All medications were individually prescribed and overall prescription and administration charts were completed in line with relevant professional guidelines and legislation. However, while prescription sheets contained the general practitioner's signature they did not contain the general practitioner's name. Medications viewed by inspectors were all in date and there was a clear procedure for disposal of out of date or no longer used medication. None of the children were able to self-administer medication. Medication was administered by support staff who had undertaken a course in the safe administration of medication and inspectors saw evidence of the assessment of their competency. There were no prescribed controlled medications at the time of inspection.
Some processes were in place to monitor medication practices. When children were due to be admitted on respite, staff checked in advance with parents to ensure that the prescription sheets for their children were up to date. Both a medication control form and a transport control form were in place for each child’s medication and these were completed by staff when medication was received into the centre and also signed on a child’s discharge. PRN (“as required”) medications were regularly reviewed by the GP and inspectors also saw evidence that medication used as part of the therapeutic response to challenging behaviour was also regularly reviewed by a psychiatrist to ensure it continued to meet the needs of the child. However, while the policy in place relating to the ordering, prescribing, storing, administration and disposal of medications were satisfactory, it did not contain a procedure for the management of medication errors. The policy stated that audits of medication management practices on a six monthly basis are undertaken but there were no such audits taking place in the centre. This is addressed under Outcome 14: Governance and Management.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
There was a statement of purpose which was available to children and their families but it did not contain all the information required by the regulations.

The Statement of Purpose, approved June 2015, described the aims and objectives of the centre and the facilities and services which were to be provided for children. It contained most but not all of the information required by Schedule 1 of the Regulations. More specific information was required with respect to the following: the floor plans did not show the sizes of the rooms; a respite period was defined both as up to four nights but also as two to three days per week; the age range of the children; the behavioural supports provided to support children with challenging behaviour; the arrangements for consultation with children about the operation of the centre. In addition, the statement did not contain the arrangements in place for matching children on respite with any child who was a fulltime resident.
Inspectors found that staff were familiar with the statement of purpose and it was clearly implemented in practice. For example, the manner and delivery of care was respectful and there was ample evidence that children were provided with social activities to build relationships and friendships.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were effective management systems in place to support the delivery of care with ongoing monitoring of the quality of care and annual review of the quality and safety of care provided. Routine audits of care practices required improvement.

The management structure identified the lines of authority and accountability in the centre. Support staff and a deputy team leader reported to the team leader who was the person in charge. The team leader reported to the disabilities and social care manager (the provider nominee) who in turn reported to the managing director. The managing director reported to the Chief Executive Officer (CEO). The CEO reported to the Board of Directors. Staff were clear about the relevant reporting mechanisms and told the inspector that the person in charge and the disabilities and social care manager were available to them as required.

Systems to review the safety and quality of care and support to residents had been further developed since the previous inspection. An independent review had taken place in March 2015 and inspectors found that some of the recommendations arising had been implemented. For example, easy to read policies for the children had been developed. There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents. These included a health and safety committee for the review of occupational and environmental risks and a clinical governance committee that reviewed clinical risks, as discussed in Outcome 07: Health and Safety and Risk Management. The risk register was comprehensive and up to date.
as were individual risk assessments for the children. Regular line management meetings up to managing director level provided a forum for ongoing review of the service and the achievement of its objectives. Inspectors viewed the strategy document in place for the centre and the plan to separate residential from respite services. While there was good evidence of the person in charge quality assuring records completed by staff, routine audits by the person in charge to monitor the quality and safety of the service in the centre were limited. An action response from the provider resulting from the previous inspection was that monthly audits would take place in relation to medication management and restrictive practices. Such critical audits had not taken place.

The provider nominee had a good knowledge of the regulations and standards and told the inspector that he was committed to continuous learning and improvement within the centre. He had put in place a formal system for carrying out a bi-annual unannounced visit of the centre. The written report on the safety and quality of the service resulting from the August 2015 visit was made available to inspectors alongside the action plan to address any issues arising. A system was also in place for carrying out an annual review of the service with the report due to be completed in September 2015. Inspectors saw the survey sent to parents as part of the formal consultation with parents in relation to their experience of the service and in order to identify any improvements that would benefit the service.

The person in charge had a national vocational qualification in healthcare and was in the process of obtaining a management qualification. He had experience of working in services for young adults with intellectual disabilities. His post was fulltime and he demonstrated that he managed all aspects of the centre and knew the children well and was aware of their needs. He also knew the standards and regulations. Staff told inspectors that they were well supported by the person in charge. Inspectors viewed the records of team meetings and found that the number of team meetings had increased substantially from only five in 2014 to the current monthly meetings. Staff said that their participation in team meetings was compromised by the expectation that they would attend when off roster. Inspectors also found from examining meeting minutes that it was often not clear what actions, other than health and safety actions, had been completed and what actions were on going. Some parents commented that they felt overall communication between staff could be improved.

Arrangements were in place to ensure that staff exercised their personal responsibilities for the quality and safety of care with regular and well documented supervision taking place. Annual appraisals were due in September 2015. Since the previous inspection notifications had been made within the appropriate time-frames by the person in charge to the Authority. An on-call arrangement was in place so that staff could contact a manager within the company for advice or support at any time of the day.

The service level agreement between the company and the Health Service Executive detailing the services to be provided by the centre was available to be viewed by inspectors. The agreement specified the level of service and key performance indicators were submitted to the HSE on a regular basis.

Judgment:
Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Formal arrangements were in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. Arrangements were also in place for other times that the person in charge was not on duty with the deputy team leader in charge during such times.

There had not been any times when the person in charge had been absent from the designated centre for 28 days or more. The provider nominee was aware of the requirement to notify the Authority in such an event.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre was adequately resourced to ensure that care and support was delivered to children in line with the statement of purpose.

The facilities available in the centre were of a good standard and children were afforded adequate space both inside and outside the centre. They also had access to a range of resources such as toys and games, garden furniture and equipment. The centre had access to a suitable vehicle for collecting children from school and for outings.
Resources were allocated for any repairs, for the maintenance and servicing of equipment and the upkeep of the centre.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
At the time of inspection, the numbers and skill mix of staff were appropriate to the assessed needs of residents. Systems were in place for the induction of new staff and for the management of volunteers. Children were provided with continuity of care by staff who were qualified, experienced and adequately supervised and trained. Safe recruitment practices were in place.

The staff team comprised a team leader (person in charge), deputy team leader, behavioural specialist, homemaker, eight full-time support workers, and an administration officer. A relief panel of six support workers supported front line staff. The person in charge worked from 9am to 5pm on Monday to Friday. The rota was arranged to ensure that the maximum number of staff were on duty when the children were in the centre. The person in charge and the provider nominee told inspectors that over the last twelve months a number of staff changes had taken place in order to establish a consistent full-time team. New job descriptions and corresponding rates of pay had been introduced and a recruitment drive had occurred.

The staff rota was planned in advance. A review of the staff rota in relation to the mix of children who lived in the centre and children who availed of respite provided evidence that the staffing levels took full account of the needs of the children. The person in charge told inspectors that there was no formal assessment tool in use to determine the dependency level of a child and that staffing levels were determined in relation to the children’s personal plans.

Inspectors spoke with staff who confirmed what training they had received and records showed that staff had received core training in Children First (2011), fire safety, manual
handling, safeguarding, safe administration of medication, first aid and managing behaviour that challenges. A range of other training was also provided and inspectors found that the level of training as an investment in staff was very high. Inspectors observed the interaction between staff and children and found that staff treated the children with warmth and respect and knew the children well. They made efforts to ensure that the children were given opportunities to express themselves and exercise choices. Staff who were interviewed were knowledgeable and competent and knew the policies and procedures, the legislation and standards.

There was an induction process in place for new staff. Staff were supervised appropriate to their role and annual appraisals were due in September 2015. Records showed that good quality regular supervision was provided. Inspectors viewed the staff files of four staff members. The files were well-maintained and the documents required by Schedule 2 were easily accessible. All four files contained all the information and documents specified in the regulations.

There was a volunteer policy in place which clearly set out the roles and responsibilities of volunteers in writing; all volunteers provided a vetting disclosure; volunteers were interviewed prior to commencing as a volunteer; three references were sought for each volunteer and there was a clear supervision system in place.

**Judgment:**
Compliant

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**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The majority of policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely and were generally accurate and up to date.

Records viewed by inspectors were generally complete, up-to-date and well maintained.
but a service log for the centre's vehicle was not maintained.

A directory of residents was maintained in the centre and this contained all of the items required by the Regulations. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage of archived files. The centre was adequately insured.

The majority of policies and procedures required by the regulations were in place and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them and inspectors viewed staff signatures as evidence. The admission policy needed review to include details of the referral process and decision making around offering a placement. There was a Residents' Guide but it did not contain details of the arrangements for children to be involved in the running of the centre.

**Judgment:**  
Substantially Compliant

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**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Resilience Healthcare Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0003682</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>25 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>19 October 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 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:
There were no records of children's meetings taking place in order to encourage consultation about the operation of the centre.

1. 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.

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

(1) The Registered Provider immediately took steps to enhance the consultation process around the involvement of children in the operation of the centre.

This is captured through key worker meetings and the establishment of weekly house meetings which outlines the activities of the centre for each day of the week.

**Proposed Timescale:** 07/09/2015  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements to promote the use of independent advocates in order to facilitate children to access advocacy services were not adequate.

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:
1 Contact made with the National Advocacy Service 22nd September 2015  
Meeting on 30th October with PIC and member of National Advocacy Services in order to establish more comprehensive training for staff and supports for children.

2: The registered Provider is seeking volunteers to become active and effective advocates for children in residence and is willing to pay for the cost of specific training in order to meet the need.

**Proposed Timescale:** 30/10/2015  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints register did not clearly show who the complainant was and whether they were satisfied with the outcome of the complaint.

3. **Action Required:**  
Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

Please state the actions you have taken or are planning to take:
The Registered provider immediately addressed the issue establishing a more
comprehensive document which captures clearly the complainant and outcome of the complaint as well as ensuring complainants are informed of the outcome of the complaint and appeals process.

**Proposed Timescale:** 28/08/2015

### Outcome 02: Communication

**Theme:** Individualised Supports and Care

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

Staff had not received training in the use of a picture exchange system.

4. **Action Required:**

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

(1) A senior staff member has been put on an Instructors course to train staff in the efficient and effective use of Picture Exchange Systems.

Commencing November 2015 with roll out to staff end of November 2015.

**Proposed Timescale:** 27/11/2015

### Outcome 04: Admissions and Contract for the Provision of Services

**Theme:** Effective Services

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

Contracts had not been individualised to reflect the provision of services to children receiving respite.

5. **Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

(1) Contracts of Care have been immediately amended to capture the more specific detail of regulation 24(4)(a) including the support, care and wellbeing of the resident and details of the service to be provided for that resident. 07/09/15
Proposed Timescale: 07/09/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The personal plan review process was not multi-disciplinary.

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

Please state the actions you have taken or are planning to take:
(1) The registered provider immediately met with the local HSE Multidisciplinary Team, who have agreed and committed to provide Multidisciplinary inputs to all children in care on a regular systematic basis or upon referral.

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 monthly skills updates were not clearly integrated with the progress of the personal development goals.

Records and documentation relation to current plans for the child were not sufficiently integrated to provide a cohesive picture of the child.

The assessment by a health care professional of the health, personal and social care needs of the children was recorded inappropriately on a health services executive document.

7. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

Please state the actions you have taken or are planning to take:
1: The capturing of skills and goals has been reviewed and updated to clearly show progression of same on a monthly basis in a clear and concise manner.

2: The assessment by a health care professional of the health, personal and social care needs of the child has been recorded sufficiently on the providers own designated purposeful documentation.
**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Ensuite facilities were not accessible for all children.

8. **Action Required:**
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1: Ensuite Facilities are in the process of becoming fully accessible to be completed by 12th October 2015 in accordance with the Disability Access Certification.

2: Doors in the centre will have a magnetic mechanism in order to fulfil access for persons with physical disabilities and in keeping with Fire Regulations.

**Proposed Timescale:** 27/11/2015

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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:

An external shed located at a fire assembly point contained hazardous material and was not kept secure.

9. **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:

(1) All hazardous materials were immediately removed from the garden shed and it was made secure by a padlock mechanism.

**Proposed Timescale:** 26/08/2015

**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there were inadequate procedures in place for the prevention and control of infection in the staff bathroom.

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

Please state the actions you have taken or are planning to take:
(1)The Provider immediately replaced the towel and fitted paper towels to ensure the prevention of infection is attended to.

(2)The provider immediately attended to the offending odour coming from the staff shower room by way of deep cleaning.

Proposed Timescale: 27/08/2015

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Alternative measures had not been considered before the use of bed rails were applied for one child and episodes of the use of these bed rails were not recorded and details reviewed in order to identify opportunities to reduce their use. The use of bed rails was not reported in accordance with regulatory requirements.

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

Please state the actions you have taken or are planning to take:
(1)The provider immediately referred the use of bed rails to an Occupational Therapist who is sourcing bed wedges as an alternative option to reduce risk of falls, this will be risk assessed and monitored and reviewed. Any use of bed rails will be reported as per HIQA notifications process.

Proposed Timescale: 30/10/2015

Outcome 10. General Welfare and Development
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence in the centre of assessment to establish children's educational goals

A copy of the individual education plan (IEP) or equivalent was not available in the centre for the child receiving a fulltime residential service.

12. Action Required:
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

Please state the actions you have taken or are planning to take:
1. The Registered provider is in the process of acquiring copies of the children's respective IEP's and integrating same into the overall children's educational goals.

Proposed Timescale: 30/10/2015

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:
Prescription sheets did not contain the general practitioner's name.

A procedure for the management of medication errors was not in place.

13. 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:
(1) The prescription sheet now contains the General Practitioners name in print format completed 28th August 15

(2) A robust procedure for the management of medication errors is now in place since August 28th 2015

Proposed Timescale: 28/08/2015
Theme: Health and Development
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no dedicated fridge available for any medicinal product that required refrigeration.

14. **Action Required:**
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
(1) The register provider has purchased a small fridge for medication only to accommodate any medication that may require refrigeration.

**Proposed Timescale:** 11/09/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include all the information set out in Schedule 1. More specific information was required with respect to the following: the floor plans did not show the sizes of the rooms; a respite period was defined both as up to four nights per week but also as two to three days per week; age range of the children; the behavioural supports provided to support children with challenging behaviour; the arrangements for consultation with children about the operation of the centre. In addition, the statement did not contain the arrangements in place for matching children on respite with any child who was a fulltime resident.

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

**Please state the actions you have taken or are planning to take:**
The designated centre has reviewed the statement of purpose to sufficiently address the standards set out comprehensively in schedule 1.

By 1 Identifying all room sizes.  
2 Defining Respite Periods  
3 Outlining Behavioural Supports for children with Challenging Behaviour  
4 Outlining the mechanism for consultation amongst residents  
5 Identifying the mechanism for consideration of mixing respite and Residential.
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:
Effective staff support and communication was compromised by the lack of clarity regarding which actions arising from staff meetings had been completed and which actions were ongoing.

16. 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:
Staff meeting records and actions will be recorded to ensure all issues / concerns are dealt with in a timely manner and time frames for completion of all actions will be clearly included.

Proposed Timescale: 15/10/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Routine audits, including medication management audits, by the person in charge to monitor the quality and safety of the service in the centre were limited.

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

Please state the actions you have taken or are planning to take:
(1)The registered provider has an audit tool put in place as a more robust procedure for monitoring quality and safety for all aspects of the service on a ongoing basis for completion by the PIC, this audit will be reviewed on a regular basis by the Quality, Health & Safety Committee which will have medical registrar validation.

Proposed Timescale: 27/11/2015
### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admission policy needed review to include details of the referral process and decision making around offering a placement.

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

Please state the actions you have taken or are planning to take:
(1) The registered provider has reviewed the admission policy and has included the referral process around how decisions are made and by whom.

**Proposed Timescale:** 28/09/2015

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### Outcome 18: Records and documentation

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a Residents' Guide but the arrangements for children involvement in the running of the centre were not sufficient.

19. **Action Required:**
Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

Please state the actions you have taken or are planning to take:
(1) The registered provider has updated the residents guide to include what arrangements and processes are in place to ensure each Child has a voice and contributes in the running of the centre through key worker meetings.

(2) House meetings are taking place on a monthly basis to provide opportunities for each Childs input to the running of the centre and sufficiently recorded to provide evidence of same

**Proposed Timescale:** 15/10/2015