

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003399
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Una Coloe
Support inspector(s):	Eva Boyle; Caroline Browne
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
03 June 2015 09:00	03 June 2015 17:00
04 June 2015 09:00	04 June 2015 17:30

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

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

Summary of findings from this inspection

This was an 18 outcome inspection, carried out for the purpose of registration. It was the second inspection of the centre. Rehab Care was the provider of the service and had applied to register the centre as a respite service for five children from 6 - 18 years of age with a diagnosis of an intellectual disability, autism or physical or sensory disabilities. As part of the process, inspectors reviewed policies, records, spoke with members of staff and the management team and observed the delivery of the service. Two questionnaires were returned from family members and inspectors also spoke with some of the children's carers during the inspection and by telephone. Inspectors observed staff's interaction with the children throughout the two days of inspection and found the children were cared for in a respectful and caring manner.

Inspectors met with the provider nominee following the registration inspection. The centre was located near Navan town in county Meath.

Inspectors found that the children were cared for in a kind and caring manner. The staff members were knowledgeable about the children's needs and engaged with the children in positive way. Children's rights were promoted in practices within the centre but additional work was required to ensure children were aware of their rights and the complaints procedure. The centre catered for a large number of children availing of respite and the information, assessments and plans in place to guide their care were not adequate. Fire drills were completed with the children but there were gaps in the management of risk in the centre. The centre's risk management policy was not in compliance with the regulations and the risk register was not effective.

There was a comprehensive policy to guide the management of behaviour that challenged but this was not followed consistently in the centre. Inspectors issued an immediate action plan in relation to the management of behaviour that challenged in relation to one child. Some of the children's needs had not been assessed adequately in relation to education and healthcare. There was a person in charge and two team leaders employed in the centre but the management systems to ensure effective oversight of the service were not adequate. This required review to ensure management in the centre were effectively monitoring all aspects of the service. There was sufficient staff with the right skills and experience to meet the needs of the majority of children who accessed the service but there were some gaps in the training needs of staff.

These and other findings will be detailed within the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children's rights were promoted in the centre through consultation with the children. There was a complaints procedure in place but it was not in an accessible format for the children and family members were not aware of the procedure to follow. Children were cared for in a kind and respectful manner and the centre was suitable for the children availing of respite services.

There was a policy and procedure which related to the management of complaints in the centre but children and family members did not have sufficient information about the policy. The person in charge was the nominated person to manage complaints. There was some information relating to complaints displayed in the centre. However, inspectors observed that this information was placed above eye level and was inaccessible to the children. There were 3 complaints recorded on the complaints log at the centre which related to issues regarding the prioritisation of respite, medication and use of language. The complaints were all resolved at local level within short timeframes. There was evidence of a complaints procedure on some of the children's files. However, this procedure was not user friendly, or in an age appropriate format. The person in charge advised that parents were made aware of the complaints procedure. However, parents interviewed as part of the inspection advised that they were very happy with the service provided but they not aware of the specific complaints policy. Parents advised that they felt they could speak to staff if they wished to pursue a complaint. Inspectors reviewed a number of compliments logged at the centre.

Children's rights were promoted in the delivery of services but additional work was required to ensure children were aware of their rights. Inspectors observed some posters relating to children's rights on display however, these were also placed above

eye level making it inaccessible for some children. While this information was child friendly, it was not appropriate given the range of age and disabilities that the centre catered for. There was a rights booklet in one child's file reviewed by inspectors which detailed rights and responsibilities. This was signed by the child's parents but it was not noted if it was completed with the child. Inspectors observed that there was no information relating to advocacy services available to residents. Staff members treated children with respect and dignity and respected their privacy. All children had their own bedroom while accessing the respite service and if siblings chose to share rooms, this was facilitated. There was adequate space within the centre for the children to store personal belongings and to meet with visitors in a private space. Children were encouraged to bring in some money during their stay. The person in charge advised that children who did not bring in their own money were not restricted from completing activities similar to the other children in the centre. Inspectors observed how this money was stored but the person in charge advised that the centre returned the receipts to the child's parents and did not retain a copy for centre records. Therefore inspectors did not review the recording system of children's money.

There were opportunities for consultation with the children in the service. Inspectors observed a choice board and a pictorial system for the children to use to communicate their choice in relation to meals and activities. A team leader advised inspectors that a set number of pictures were selected by the team and then offered to the children to ensure they had choice during their stay. Inspectors observed staff offering choice to the children at a meal time and during play activities. Inspectors also viewed a folder which outlined the children's individual choices relating to their likes and dislikes specific to meal times and food. There was an activities folder in the centre which displayed numerous local activities and amenities. Inspectors observed that there were many pictures of staff and residents while out on various activities in the hallway and kitchen of the centre. There were also photos of the staff and their names on notice boards on the hall.

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:

There was a policy on communication with residents dated May 2015 but the quality of communication plans for the children varied. Staff were aware of the different

communication needs of the children and there was an extensive pictorial exchange system in place.

The children's individual communication needs were documented but some improvements were required to ensure there was adequate guidance for the staff while working with the children. There was a communication plan in one file reviewed which outlined the child's needs regarding verbal and non verbal communication. It also outlined directions for staff to follow in their communication with the child. There were visual schedules in another file reviewed which documented in pictorial format the child's routine. However, on another plan reviewed by inspectors, there was limited information provided. The team leader advised of a pictorial exchange system used in the centre with the children. She showed inspectors a large board with ample variety of pictures and symbols to allow the children choice in activities and meals. However, training was not provided in this method of communication. The person in charge said that she was sourcing training in communication techniques for the team and provided the inspectors with emails which documented some progress in this area. Input from professionals was sought on some occasions as the person in charge advised that a speech and language therapist attended a team meeting in the past to give a briefing on communication. However, inspectors did not see records of this meeting.

The centre was part of the local community and the children had access to television and radio but did not have access to the internet. The main method of communication was verbal and through pictorial exchange but there was limited reference to assistive technology. Inspectors viewed minutes of a team meeting which referenced a request from parents for internet access and other technology for the children. The person in charge advised that this was being discussed at present. A staff member told inspectors that some children brought in their own technology however there was no access to the internet for the children.

Judgment:

Non Compliant - Moderate

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:

Positive relationships were promoted between residents and family members and there was adequate space in the centre to facilitate visitors. Children were involved in the local community.

There was some communication with family members regarding their child's care. Inspectors viewed family contact sheets in the files reviewed which outlined contact between the staff team and the children's family members. It was also noted in some files reviewed that parents were invited and contributed to reviews of personal plans, but this was not evident in all of the files sampled. One parent interviewed by inspectors said that she was kept informed of how her child was getting on in the centre and that her child was brought out in the community for activities.

Children could receive visitors in private and there were no restrictions on visitors to the centre. The team leader advised that there was a sitting room to provide a private space for visitors which the inspectors viewed. The team leader told inspectors that it was unusual for parents to visit as it was a respite service. There was a visitors book maintained in the centre which outlined that a variety of professionals including the regional manager had visited the centre.

The person in charge told inspectors that a summer camp for the children was being sourced in the community. Inspectors viewed minutes of a team meeting where it was discussed that a sports camp was being planned and support was sought to determine if this would be suitable for the individual children. Inspectors reviewed some daily reports and it was evident that the children participated in the community by visiting local amenities and facilities in the area. There was a community integration folder in place which outlined a comprehensive overview of activities in the local area for children to participate in.

Family members interviewed as part of the inspection were satisfied with the service and happy with the care their children received. They spoke positively of the staff team and were happy with the level of communication with the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was an admissions policy in place but the practice of accepting referrals to the centre was not consistent with the policy. There were no contracts of care for the

children.

The admissions process in the centre required review to ensure that admissions were in line with the policy and the statement of purpose. The person in charge advised that all referrals came through the Health Service Executive (HSE) who managed and screened the referrals for the service. She said that she was not part of the initial referrals meeting and had limited input regarding children accepted to the service. This was not in line with the centre's admission policy which outlined that a decision to accept a referral was based on a determination of whether the centre was appropriate and if the centre could help the individual to achieve their goals. The person in charge told inspectors that she had the authority to reallocate staffing if required. She advised that a risk assessment was completed for each child but this did not incorporate an assessment of the child's suitability to be placed with the other children.

The procedure which followed an acceptance of a referral was adequate, however there was one child accessing the service whose needs could not be met. A team leader told inspectors that team leaders oversee respite planning to determine what children were placed together based on their needs. There was evidence in a file reviewed that staff visited the child in the family home to discuss the service and planned visits to the service for the child. It was clear that children were gradually introduced to the service on a phased basis which was in line with the statement of purpose. This was confirmed by a parent who was interviewed as part of the inspection. However, there was a child accessing the service whose needs could not be met by the service. This required immediate review and will be discussed further in outcome 8.

There were no contracts of care in place for the children. The person in charge advised that the centre recently received a standard format to use and the contracts of care had been sent to the parents. Inspectors viewed the template and documents that indicated that the contracts had been sent to parent's but they were not completed at the time of the inspection.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Assessments of the children's health, personal, social care and support needs were not comprehensive and not all of the children had input from a multidisciplinary team. Participation of children and families was not consistently documented and transition plans were not in place for the children. Personal plan reviews were not consistently completed for all of the children.

Assessments of the children's health, personal, social care and support needs were not comprehensive. There were assessments in some of the children's files reviewed but additional information was required to ensure there was an adequate overview of the child's needs. Assessments were absent in some of the files that were sampled. The person in charge told inspectors that some children had assessments that had been archived and these were not available to the inspectors. There was no evidence in these files that an assessment was carried out to reflect changes in need and circumstances on an annual basis. The person in charge advised that new templates had been introduced in the organisation and stated that some files had been updated and other files were being worked on. However, the key performance indicators reviewed by inspectors outlined that 75 out of 77 support plans were up to date. Inspectors reviewed a sample of additional files provided by the person in charge and found that assessments were present which detailed the child's needs in areas such as personal care, routine, social goals. Some information was absent including for example the child's physical health needs, G.P. details and the child's diagnosis.

Some, but not all of the children had input from a multidisciplinary team. Inspectors noted that there was input from a speech and language therapist and an occupational therapist in one file reviewed. There was a report and recommendations from a health specialist and a speech and language therapist in another file reviewed but there was a lack of multidisciplinary input in the majority of files. A team leader advised that when a child required support, their case was discussed at a meeting with the HSE to discuss interventions. She also told inspectors that a nurse calls to the centre on occasion or members of the multidisciplinary team were invited to the centre. These interventions were not clearly documented in the children's files.

The extent of consultation with children and family members was not adequately detailed. There was some evidence that children and their representatives were consulted in the care plans but this was not consistent in all of the files reviewed. Some plans were written in the first person but there was no child friendly version of a personal plan available. It was not clear in the files reviewed that the children had contributed. Inspectors viewed child friendly "all about me" information in one file which detailed the child's likes but it was not clear how the child contributed. A team leader interviewed told inspectors that consultation with children was an area which required more work. Participation of family members in their child's care was sporadic and not consistently documented. Inspectors viewed a questionnaire in one file which outlined the child's needs in relation to the diet. Inspectors also viewed a child's personal plan which detailed that the child's parents had contributed but this was not consistent in all of the files reviewed. Parents and one carer advised that they felt involved in their

child's care however, documentation to evidence this required improvement. A parent interviewed as part of the inspection advised that her child's keyworker was very knowledgeable about the child's needs and was satisfied with the level of communication with the centre.

Personal plans were contained in the children's files and the quality of the plans varied. Inspectors viewed a sample of children's personal plans and it was found that a full overview of the child's needs and supports were not consistently documented. There was information on some files reviewed in relation to mental health, mobility, routine, nutrition, personal care and communication but the information was not adequate to guide the care and support the child required. It was not clear in some files what the child's diagnosis was. There were no goals for the children on some files reviewed. Personal plans lacked information regarding the needs of children and required improvement.

Personal plan reviews were not consistently completed for all of the children. Inspectors reviewed the minutes of a key work meeting in one file which detailed that the child's parents attended with staff and management of the centre. On another file reviewed it was clear that parents attended a meeting but the quality of the meeting in terms of a review of care needs was not adequate. The person in charge advised that the key work meetings constituted the personal plan review but it was not evident that all plans had been reviewed in line with the requirements of the regulations. Inspectors viewed a personal plan which was completed in 2010 but there was no evidence that the plan had been reviewed. The key performance indicators viewed by inspectors detailed that 13 of 77 reviews of support plans had been completed. A parent interviewed advised that she had attended meetings in the past but advised that currently contact was usually by phone.

Some work was completed in planning for transitions but there were no transition plans in place for the children. The person in charge advised that referrals had been made for some children to an adult team and the 16 – 18 year old team. However, there was no transition plan in the files. The person in charge advised that the work was not documented. She advised that consultation did not occur with the children or their families regarding the transition process from the service. Some children accessed the service for day respite as part of a transition programme to progress to overnight visits which was in line with the centre's admission policy.

Children were supported to acquire life skills but this was poorly documented. The person in charge showed inspectors a child friendly schedule for showering independently and advised of tasks that children were requested to complete such as bringing dishes to the sink but there were no records of this work. The person in charge said goals for the children had not been documented and this area required improvement. A group which focused on independent skills was set up for children accessing a day service at the weekends. A staff member interviewed described the activities completed as part of this programme which focused on independent skills such as cooking, road safety, food shopping and develop links with the community. Inspectors reviewed documents in relation to this group which outlined that 8 sessions were planned to support the children in learning independent skills. However, this was not completed with children accessing overnight respite.

<p>Judgment: Non Compliant - Major</p>

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 was in line with the centre's statement of purpose and was suitable to meet the needs of the children who accessed the service.

There was adequate private and communal space for the children. The centre had adequate space and facilities to cater for social, recreational and dining activities and private accommodation was provided for the children. Inspectors walked around the centre and made observations of an adequate and suitable centre. Children had their own bedrooms and there were areas for the children to engage in individual or group activities. Bedrooms were of a suitable size and there were adequate storage facilities for the children to store their belongings. Ventilation, heating and lighting was effective throughout the centre and there was a separate kitchen which provided sufficient cooking facilities, equipment and tableware. Baths, showers and toilets were of a sufficient number and standard to meet the needs of the children. There was no clinical waste in the centre. The children did not engage in laundering their own clothes and the utility room remained locked at all times. The garden area provided ample space for outdoor activities and contained various pieces of play equipment. Equipment in the centre was adequately maintained and regularly serviced.

Judgment:
Compliant

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

Theme:
Effective Services

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

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

Findings:

There was a risk management policy in place but this was not in compliance with the requirements of the regulations. Infection control was promoted in the centre and there were effective measures in place to prevent the spread of infection. Comprehensive risk assessments had not been completed and the risk register required review. There was a process in place to review incidents but this was not timely and opportunities to learn from incidents may not have occurred.

The risk management policy was not in compliance with the Regulations. Inspectors reviewed the risk management policy provided to inspectors and this did not meet the requirements of Regulation 26. The policy was not centre specific and did not include hazard identification and assessment of risks in the centre. There were no measures or actions listed to control the specified risks in the Regulations including the risk of unexpected absence of a resident, accidental injury, self-harm or aggression and violence. The arrangements for the identification, recording and learning from serious incidents and adverse events were not included. Inspectors met with the provider nominee following the inspection. She stated that there was a comprehensive risk management framework in place that was in compliance with the regulations. She advised that an additional piece of work was required to ensure the measures and controls regarding self-harm were included however, stated that the framework incorporated all aspects of the requirements of the regulations. Inspectors were provided with a copy of this framework following the inspection.

There was an effective system in place for the monitoring of health and safety in the centre. There was an up to date health and safety policy and a safety statement in place. There was a comprehensive monthly hazard checklist which was completed regularly. The health and safety officer for the centre completed checklists and inspectors reviewed checklists from January to April 2015. Hazards assessed included ventilation, lighting, hygiene, food safety and emergency exits for example. The service manager had not signed off that she had reviewed the findings of the checklist. Inspectors reviewed minutes of a health and safety committee meeting held in June 2014 regarding incidents and accidents that occurred between 2012 and 2014 but there were no minutes available of more recent meetings. Assistive devices including a hoist was serviced in May 2015.

Risk assessments were not comprehensive. There were limited risk assessments completed in the centre which related to the children only. There were no physical, environmental or chemical risks recorded. Inspectors viewed a sample of risk assessments contained within the children's files which related to risk of absconding, manual handling, transport and falls. There was evidence that the risk assessments had been reviewed but not all of the risks had been risk rated. Some risks identified were not specific to the children.

The risk register was not a comprehensive tool for managing risk. Generic risks were

included on the register which included for example, trips, challenging behaviour and outings. There was no evidence that risks were placed on the register according to priority or the risk rating. The person in charge advised that high rated risks were escalated to the regional manager and the health and safety committee but stated that there were no red rated risks in the centre. A risk identified by inspectors in relation to challenging behaviour had not been reviewed or placed on the risk register. The provider nominee advised that significant work was completed in relation to risk management and that comprehensive templates were in place to guide the risk assessment process and to guide the formulation of the risk register. However, inspectors did not find that risk was managed effectively in the centre.

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

There were effective measures in place for infection control. There was a policy on infection control dated 2012. Inspectors observed a number of good practices in the centre in relation to infection control. There were antibacterial gels available throughout the centre and signs for effective cough etiquette and handwashing which were child friendly. Colour coded chopping boards and paper towels were evident and mops and cloths were colour coded. Food in the fridge was dated and bins were pedal operated. Inspectors reviewed a sample of daily and weekly cleaning checklists and the centre was clean on the day of the inspection. The temperature of the water was tested and was within an acceptable range.

There was adequate fire detection equipment in place. Inspectors observed that fire doors were fitted throughout the centre and fire extinguishers were serviced in April 2015 and in good working order. Fire exits were unobstructed and there was a child friendly fire alarm notice and an evacuation plan on display. There was fire resistant material on the soft furnishings in the house. There was a fire blanket in the kitchen and automatic door releases as well as emergency lighting. The fire alarm was sounded during the inspection and the doors released as required. There was information on display in relation to the fire assembly point. Eleven staff members had completed fire training. There was documentary evidence that routine services were completed on fire equipment and the fire alarm was checked regularly. Inspectors reviewed checks completed on fire equipment which included the fire equipment, fire doors and exits and automatic door releases.

There was regular fire drills but there was no night time fire drill completed and evacuation plans were not completed for all of the children. Inspectors reviewed records of fire drills which were completed on a regularly basis but the names of the staff and children who participated in the drills were not consistently detailed and therefore it was difficult to determine who had participated in a fire drill. There was evidence that drills were completed at various times throughout the day and evening but there was no record that a night time drill was completed. Personal emergency plans were in place for 5 children and this meant that information may not be available to staff with regard to evacuation of some children.

The management of incidents needed improvement. Inspectors reviewed a number of

incident and accident report forms which related to behaviour that challenged, one medication error and a sprain. The incident report forms were not consistently signed by the person in charge. The person in charge advised that incidents were reported to the regional manager and the health and safety committee and a conference call took place every 6 weeks to discuss the incidents. However, the person in charge told inspectors that there had been no conference calls in 2015 and documentation was not available to assess effectiveness or outcomes from incident reviews. The person in charge said that discussions took place at team meetings regarding the incidents to ensure there was learning. Inspectors reviewed the minutes of team meetings and although it was noted that incidents were on the agenda, there was little information recorded to outline the learning that had taken place, changes to procedures or actions arising from the discussion. The provider nominee outlined that all notifications relating to risk were escalated within 24 hours to the health and safety manager and the regional manager. The provider nominee advised that conference calls were completed to review incidents and had occurred in 2015. She stated that the regional manager participated in such calls with the centre manager present when necessary. The provider nominee stated that documentation regarding the review of incidents at the conference calls were available which included incidents from 2015, however this documentation was not available during the inspection.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were policies and procedures for child protection, behaviour management and intimate care. However, these policies did not inform the care of the children. Child protection and welfare concerns were identified but not notified to the social work statutory agency consistently as required by Children First: National Guidance for the Protection and Welfare of Children 2011. The practice in the management of behaviour that challenged needed to improve as it impacted on the safety and welfare of the children. The use of restrictive practices in the centre also required improvement to

ensure the appropriate balance of safety and rights of children.

There was a policy on child protection which was in accordance with Children First (2011). The person in charge advised that all staff with the exception of one staff member on leave had completed an in house training piece on child protection. This was confirmed in the training records. Five members of the team had also been trained specifically in Children First (2011). Staff members interviewed were aware of what constituted abuse and of the necessary reporting procedures. There was a designated liaison person (DLP) for the organisation who was the line manager for the person in charge. Staff members were aware of her role. However, effective systems were not in place to report child protection and welfare concerns. Inspectors reviewed a number of issues of concern and the procedure as per Children First: National Guidance for the Protection and Welfare of Children 2011 were not routinely followed in all incidences.

The person in charge did not have adequate oversight of the management and reporting of child protection concerns. Appropriate actions were not taken in some cases to adequately respond to child protection and welfare issues. For example concerns about the possible neglect of a child was recorded by staff members but not reported to the Child and Family Agency. On another occasion a directive was given by the DLP to report a concern but this was not completed and remained outstanding at the time of the inspection. Also, some identified concerns were reported to the Health Service Executive instead of the Child and Family Agency. This inaccurate reporting procedure needed to be addressed as a matter of urgency. Inspectors spoke with the DLP following the inspection and assurances were provided that all issues regarding the children were being addressed.

There was no documentation to inform the care of one child in statutory care who accessed the respite service. There was no statutory care plan or reviews in this child's file. The person in charge advised that she was having difficulty obtaining this information from the Child and Family Agency and had requested these documents without success in 2014 and more recently in May 2015. The impact was that the service did not know about the overall plan for this child and how the service could meet their needs.

The centre had a comprehensive policy on behaviour that challenged. It had not been reviewed since 2010 and was not consistently implemented in practice. Referrals to psychology, behaviour support and assessments as required by the policy were not evident in some of the children's files. On one file it was noted that the child had some behaviours that challenged but there was no guidance for staff to follow. The management of behaviour that challenged was not effective and required immediate review. Inspectors reviewed a number of significant incidents that occurred in the centre relating to aggressive behaviour and damage to property.

The person in charge told inspectors that all staff had been trained in a behavioural management technique. Inspectors reviewed training records and noted that 10 out of 14 staff had completed this training in May 2015. This model included de-escalation techniques to prevent incidents escalating and also physical restraint to prevent a child harming themselves or others. However, the person in charge advised that physical restraint were not used in the centre to manage behaviour. This was confirmed in

interviews with staff members. Behavioural management techniques were not consistently implemented resulting in escalation of incidents and one child repeatedly engaged in challenging behaviour without staff intervening. The incident forms detailed that staff had removed themselves from the child for their own safety during incidents and the child engaged in significant damage to property and placed themselves at risk of injury. A team leader told inspectors that the staff team ensured the physical environment was safe before the child arrived for respite. It was not clear that the team were confident in managing the child's behaviour and the person in charge described an element of fear in relation to this case.

Inspectors reviewed behaviour management plans in the child's file and found there was an over reliance on one strategy to manage behaviour and this was ineffective. The person in charge advised inspectors that the centre was not appropriate for the child's needs and the schedules implemented to manage the behaviour were not effective. However, there was no evidence of alternative measures being considered.

There was no record of injuries sustained by the child during any of the incidents recorded. The person in charge told inspectors that there had been no referrals made in respect of this child for additional support however advised that the case was discussed with the HSE regularly. She told inspectors that a psychologist had become involved recently. Inspectors issued an immediate action plan regarding this case to ensure that effective measures were put in place to promote the safety of the child and the effective management of this behaviour. Senior management in the centre provided a comprehensive response to this action plan following the inspection.

There was a system in place for the review of incidents but it had not been implemented. Incident report forms were not signed off by management in the centre. The person in charge advised that incidents were reviewed at team meetings but from the review of the minutes of meetings, it was not possible to determine what learning occurred. The person in charge told inspectors that conference calls occurred with management in the service every 6 weeks where incidents were discussed and that the health and safety department maintained the records of these discussions. The person in charge further advised that there have been no conference calls in 2015 although there had been a significant number of incidents. As a result a collective review of incidents had not been completed to identify deficits and improve the care of children.

There was a comprehensive intimate care policy in place but guidance to provide for individual's intimate care was inadequate. The policy outlined that the child's care plan must be read in relation to such practices but there was limited guidance in the children's care plans to guide this support. In two files reviewed it was documented that the child required some assistance in relation to personal care but there was no information on how this should be provided. In other files reviewed it stated that the child was independent but may need assistance getting dressed but did not provide any further details.

Some practices in the centre had not been identified as restrictive practices and not formally reviewed. The person in charge identified three restrictive practices used in the centre including a harness, bedrails and a sleep suit. Inspectors observed other restrictive practices which had not been formally notified to the Authority

including, locked doors, alarm system on windows and a child monitoring system. The person in charge said that informal conversations took place regarding the windows and doors but there was no formal review to ensure it was the least restrictive for the least amount of time. Inspectors observed sensors on the doors of the bedroom. The person in charge advised that the sensors were not used but had not been removed.

The review of some restrictive practices was not timely or effective. The person in charge told inspectors that restrictive practices had to be reviewed by a behavioural therapist as outlined in the centre's policy on restrictive practices. On one file reviewed by inspectors, there was evidence that attempts had been made to have a restrictive practice reviewed but the follow up was not timely. The person in charge said that a referral was forwarded to the behaviour therapist in April 2014 regarding one child and some follow up was received in October 2014 but there had been no decision or guidance provided in relation to the practice.

Judgment:

Non Compliant - Major

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:

All notifications as required by the Regulations were not submitted to the Authority. There were some gaps in relation to the notification of some restrictive practices that were in use in the centre which had not been notified.

Judgment:

Non Compliant - Moderate

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:

There was a policy on education and the educational achievements of the children were valued. The children's files lacked essential information on the children's educational needs and goals.

The children were facilitated to participate in education but the children's educational needs were not adequately recorded. The person in charge said that due to the respite nature of the service, the centre did not seek educational reports or an individual education plan. She also advised that the centre made provisions to meet the school before a child was admitted to the service but there was no documentation to evidence this. There were records in some files reviewed that staff members provided transport for the children to and from school. A staff member interviewed advised that she linked in with the child's teacher when she collected a child from school and attended meetings when required. In one file reviewed it was clear that the staff team had made links with the school and guidance and support had been obtained in terms of managing behaviour that challenged for the child. However, inspectors reviewed a sample of files and it was not clearly documented what class the child was in and there were no goals for the children in terms of their education.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children's files lacked a comprehensive overview of their healthcare needs. Children accessing the respite service were not full time users of the service and therefore the parents had responsibility to manage the health care needs of the children. However, there was no diagnosis of the child's disability documented in some files reviewed. This lack of detail meant that the staff team may be unsure of the extent of a child's disability and the general care practices required.

Children's healthcare needs were not adequately assessed and the personal plans did not present a comprehensive overview of the children's healthcare needs. There was a

lack of multidisciplinary reports in some files which would guide the personal planning process. Multidisciplinary input and specialist reports were not consistently contained within the children's files and in some cases it was not clear if there were professionals involved with the children regarding their health needs. On one file reviewed there was a health specialist report and clear recommendations from a speech and language therapist but in other files the name of the G.P. was not listed. Information regarding healthcare needs was not sourced in a timely manner. There was a query noted in one file regarding a possible medical condition which may impact on the child's diet. This query was dated August 2014 and additional information was not recorded until May 2015. The child's care plan was not updated to reflect new the new information. This oversight may have impacted negatively on the child diet. On another file there was evidence that various professionals were involved with the child but there were no reports in the file. Such gaps in children's files meant that key information or recommendations to support the staff team in their work with the children were absent.

Plans varied in quality in relation to nutritional intake. Inspectors observed clear guidance in some files in relation to the child's likes and dislikes regarding their diet but other files did not give an overview of the quality of the child's diet or reference on how to improve their nutritional intake. There were questionnaires regarding diet in some files, completed by the child's parents which detailed sufficient information in relation to the child's diet, routines regarding food and allergies but this was not consistent for all of the children. Inspectors observed staff offering a variety of choice for one child and encouraging the child to have a healthy lunch. Inspectors observed food available in the centre which included a variety of fresh fruit and vegetables and there were adequate food supplies available during the inspection. There was a folder which detailed each child's likes and dislikes regarding meals and it contained suggestions for meals, dietary requirements and allergies the children may have.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

Findings:

There was a policy and procedure in place for medication management but there was one practice which was not in line with the centre's policy. The prescriptions and administration sheets contained most of the required information but there was no controlled drugs register in place.

There was a comprehensive policy in place to guide the practice relating to medication management. It outlined details for the administration of medication, prescriptions, disposal and storage of medication. However, there was a practice in relation to the administration of medication which was not in line with the centre's policy. Medication was not administered to one child as outlined on the prescription sheet as the medication was administered in the child's food. A team leader advised that the child was aware of this practice and had observed the medication being placed in the food and therefore was not a covert practice but the policy outlined that medication be administered according to the prescription. All staff had been trained in the safe administration of medication but two staff members required a refresher which was scheduled for June and October 2015.

The administration and prescription sheets contained most of the required information. The administration sheets identified the name of the medication and a signature of the staff who administered the medication. A signature sheet was present in the centre. However, the child's name was not recorded on the administration sheets which could potentially lead to errors. The prescription sheets contained the signature of the prescribing general practitioner and changes to prescriptions were also signed by the G.P.

Medication was stored securely in the centre. Each child had an individual safe that contained the medications but inspectors observed one as required (PRN) medication which was not labelled. Each child's medication was returned to the child's home after each respite stay. Inspectors viewed a medication handover sheet which contained details about the medication taken into the centre which was double signed by staff for each admission and discharge. The handover sheet was adequate but this was not signed on a daily basis.

There was no controlled drugs register in the centre. The team leader advised that there were no children who required controlled drugs accessing the service. The person in charge advised that the register was archived as it was not currently required in the service.

Medication errors were recorded but review and learning from errors was not adequate. There were three medication errors recorded which outlined details of the error and actions required. There was adequate actions taken following the errors but the incidents were not signed off by management and reviews had not taken place to ensure learning as a result of the error. The errors related to medication not being administered as prescribed for example, at the incorrect time or incorrect dose. The provider nominee advised that medication errors were reported and trended by the quality and safeguarding committee and issues identified were reviewed through an organisational review and audit system. Inspectors were not provided with this detail or documentation to evidence this during the inspection.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

The statement of purpose contained most of the information as required by the regulations. There was statement of purpose in place dated August 2014 with a date for review in August 2015. The statement set out the aims and objectives of the service and the facilities and services provided for the children.

Inspectors reviewed the centre's statement of purpose and noted some areas that required review. The centre provided a day service as well as respite services but this was not adequately detailed on the statement of purpose. There were inaccuracies relating to the capacity of the centre as it stated in one section that the centre could cater for 5 while in another section, it stated that it could cater for 6. The statement of purpose required updating to ensure it reflected the names of the persons currently participating in the management of the centre as inspectors noted that a team leader who was not currently in the position.

Judgment:

Substantially Compliant

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):**Findings:**

There was a clear management structure in the centre but systems were not in place to effectively monitor the quality and safety of care in the service. An annual review of the centre was completed but unannounced visits as required by the Regulations had not.

There was a management structure in place with clear lines of accountability and authority. The person in charge reported to a regional manager who reported to the director of operations for the organisation. The director of operations reported to the director of health and social care, who was the provider nominee. Staff members interviewed were aware of the management structure and the reporting procedures. There was an on call system in place to provide advice and support outside of normal working hours. The provider nominee advised that she was the director of the social care division within the organisation and reported to the chief executive officer of Rehab Care. She provided quarterly reports for the board of Rehab Care.

The person in charge was suitably qualified for the role, having recently completed a management in healthcare course and had adequate experience in the disability sector. She was also managing another service in the organisation however there was no set allocation of hours that she spent in each service. The person in charge told inspectors that she worked the majority of her hours in the respite service due to higher demands. She was supported in her role by two team leaders. Inspectors met with both team leaders during the inspection and found that they had a good understanding of the service and the children's needs.

The role of the person in charge to ensure effective governance, operational management and administration of the centre needed improvement. Effective management systems were not in place in the centre to monitor or audit the delivery of services. The person in charge identified her key responsibilities as ensuring the safety and welfare of the children, that their needs were met, liaising with external agencies and family members and to ensure the health and safety in the centre. However, there was a lack of an effective monitoring system to evaluate how this ensured the safety and quality of the service.

There had been no audits of the service. Risk management mechanisms were ineffective in identifying and managing risks in the centre. For example there were significant difficulties in the management of behaviour that challenged by some children. The staff team struggled at time to provide a safe environment and the impact was that some children placed themselves and or others at risk.

Improvements were needed in the quality of leadership and support provided to the team. The person in charge did not have sufficient knowledge on safeguarding issues and did not have oversight of all restrictive practices in use in the centre. There was no evidence that the person in charge was effectively monitoring day to day practices, care files or incidents to ensure the safety and quality of care to children. This lack of oversight meant that effective leadership could not be provided to the staff team.

There were some management systems in place but improvements were required. The person in charge reported to the regional manager on key performance indicators which included for example capacity of beds available and utilised, support plans and support plan reviews. The provider nominee told inspectors that this data on key performance

indicators was inputted on a monthly basis to monitor compliance with service agreement contracts with the HSE and assessed on a monthly basis to drive improvements in the service. There was a service level agreement in place.

Inspectors reviewed the most recent key performance indicators report provided to the regional manager. Inspectors found that some of the information in the report did not reflect the activity in the centre. For example, the most recent report document stated that 75 out of 77 of the children's support plans were up to date. However, this was not in line with what inspectors found during the inspection. Inaccurate reporting of performance indicators was a concern as it was identified by the provider nominee as a key component of the quality assurance in the service.

The person in charge was supervised by the regional manager. The regional manager advised inspectors that the person in charge had responsibility to monitor all areas of the service but she did not receive reports in relation to this. However, the regional manager stated that health and safety issues and incidences were escalated within the service. She also advised that she monitored key performance indicators with the person in charge. The provider nominee advised she received information in relation to complaints, key performance indicators, issues that were escalated to the designated liaison person and all health and safety issues. The provider nominee said she had access to the recording system of each centre and reported on a monthly basis to the board of Rehab care.

An annual review of the quality and safety of care in the centre was carried out in February 2015 but there was no evidence of consultation with residents or their representatives as required. The review required additional information to ensure it provided a comprehensive review of the safety and quality of care in the centre. The annual review covered eighteen outcomes from the national standards and a report and action plan was compiled following the review. The annual review covered some areas in detail however gaps remained in terms of issues identified by inspectors. The annual review outlined the management systems in place to ensure the service provided was safe and monitored and this included team meetings. However, there was no reference to other management systems such as audits or systems to monitor and evaluate service provision. Some requirements of the regulations had not been assessed such as children's educational needs and restrictive practices. A number of issues identified in the review and action plan were outstanding during the inspection such as a night time fire drill and gaps in personal plans. There was no annual review in 2014.

Unannounced visits to the centre and reports on the safety and quality of care and support provided in the centre had not been carried out as required by the regulations. This was identified in the annual review and this remained outstanding. The provider nominee advised that the 6 monthly unannounced visits to the centre had not been completed however a template had been devised and a schedule was in place to ensure all the centres in the organisation were in receipt of an unannounced visit in line with the regulations.

Some arrangements were in place to ensure staff exercised their personal and professional accountability but they required further development. Team meetings were held on a monthly basis and inspectors reviewed the minutes of three team meetings

held in March, April and May 2015. Discussions included health and safety, incidents, fundraising and goals for the children however, the minutes were not adequately detailed to reflect the discussions, learning or actions required following the meeting. Incidents were discussed but the information contained in the minutes did not reflect learning or change arising from the incidents. Supervision was in place for the person in charge, team leaders and staff team which will be discussed in outcome 17 of the report. Some of the centre policies were not adhered to consistently such as the medication and behaviour management policy and formal support and guidance regarding behaviour that challenged was not provided.

Management meetings were held regularly however the effectiveness of the meetings could not be determined in the minutes reviewed. Inspectors reviewed minutes of meetings held in February, March and May 2015 and there was evidence that a range of issues were discussed including staffing issues, training, incident forms, capacity, assessments and budgets. The minutes did not adequately set out actions or refer to issues highlighted during previous meetings. There was limited detail on the minutes and therefore the effectiveness of the meetings could not be determined.

There was a service evaluation completed in 2013 which was reviewed during the monitoring inspection in April 2014 however the centre had not been evaluated recently. The person in charge advised that there was an organisational evaluation in progress but there was no up to date evaluation of the centre or feedback from family members.

A number of service objectives were compiled for the service which included renovation of the centre, partnership with local community groups and to commence a Saturday group for teenagers. The group for teenagers had begun and planning had commenced for children to participate in summer camps.

Judgment:

Non Compliant - Major

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:

The person in charge was aware of the responsibility to inform the Authority if there was an expected absence of the person in charge for a period exceeding 28 days. There were suitable arrangements in place should this occur. The person in charge advised

that the regional manager had been identified as the person in charge should the needs arise. She further advised that the team leaders were in the centre on a daily basis and additional support was available from a person in charge of another service if required.

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:

There were sufficient resources in the centre to ensure the residents needs were met.

The person in charge had responsibility for the budget within the centre which was maintained on a computerised system. The person in charge advised that the budget was set in august of each year and reviewed by the financial staff in the head office of the organisation. She advised accounts were completed at the end of each month by the person in charge with the assistance of a staff member. Variances in spending were monitored by the financial team in the organisation. The person in charge advised that there was some over spending which related to staffing costs, pensions, maintenance and vehicle repairs which the inspector viewed on the budget system. The person in charge advised that she discussed the budget in supervision sessions with her line manager and this was confirmed in the records of supervision which the inspectors viewed. The person in charge advised that there had been no financial audits completed in approximately five years.

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:

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

Findings:

There was sufficient staff with the right skills and experience to meet the needs of the majority of children who accessed the service however there was one child who's behaviour was not being managed effectively (as discussed in outcome 8). The staff members were knowledgeable about the children and were kind and caring in their approach. Some of the mandatory training needs of staff were outstanding and the supervision of the team was not in line with the supervision policy.

There was a planned and actual rota in place however the rota was difficult to read and some abbreviations were not explained. The surnames of the staff members scheduled to work were not included and the relief staff were not consistently named on the rota's reviewed. The rotas did not differentiate between day and night shifts. There were no agency staff working in the centre and there were no volunteers. Team leaders worked on shift on a daily basis including weekends which ensured effective oversight of the service. There was sufficient staff to cover the required shifts with the support of relief workers who were covering some shifts for staff who were on leave. The relief workers were employed by the organisation. However, there were some gaps in the skill mix of staff who provided care for one child who presented with behaviour that challenged.

There were also some gaps in the staff files and not all of the information required by schedule 2 of the regulations were in place. Inspectors reviewed a sample of staff files and some documents were not evident. In two files reviewed there was no Garda Vetting disclosures and some references had not been verified. One staff members contract was not specific to the centre and there was a gap of 3 years in one staff members employment history.

Supervision was provided in the centre but the frequency of the supervision was not in line with the centre's policy. Inspectors reviewed a sample of supervision records including supervision attended by the person in charge. Inspectors viewed records of her supervision from January, March and May 2015 which recorded decisions made and recommended timeframes. The main items covered included the budget, notifications and training. Monitoring of the service was not addressed in these records. The quality of the supervision records for the remainder of the staff team required improvement to ensure timeframes and discussions were clear. There was limited recording in relation to the care of the children. Supervision had not occurred in line with the recommendations of the centre's policy. This was confirmed by a team leader interviewed as part of the inspection. A staff member interviewed was positive about the supervision process however advised that she was supervised by both team leaders which could lead to inconsistencies in approach and follow up. Another staff member advised inspectors that supervision helped to motivate her and was positive about the supervision process. There was no evidence that staff appraisals had been completed recently.

There were some gaps in the mandatory training needs of the staff team. Inspectors

reviewed the training records and there were gaps in the training provided to the team in fire safety, safe administration of medication, behaviour management and manual handling. Five members of the team were trained in Children First (2011) however the full team with the exception of one staff who was on leave had completed abuse awareness and protection training. There was a training needs analysis completed but this was not comprehensive and did not present an overview of the training provided. The analysis identified that training was scheduled in Autism and identified some information about a training programme in communication. The training needs analysis was not effective.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The centre maintained records and had a recording system in place but some documentation was not filed adequately. Policies and procedures were well maintained, accessible and of good quality.

The centre had policies in place as required by Schedule 4 of the Regulations but some policies required updating. The centre had a suite of policies and procedures in place that were well maintained and easily accessible. Some policies had not been updated as required by the regulations including for example the medication management policy. Staff members had good insight in relation to the practices and procedures in the centre but some practices in the centre were not in line with the policies for example, practices in relation to medication management and the management of behaviour that challenged.

The children's files and administrative files were not consistently maintained to a high standard. Inspectors observed information relating to a child in another child's file which was not appropriate. The person in charge could not access some information required

during the inspection. Incidents relating to child protection and welfare concerns were not readily available and numerous documents required by inspectors were located via email. Some documentation was not contained within the children's files and this may impact on how issues were reviewed. Some records were not up to date such as personal plan reviews. There was a system for the archiving of records in a safe and secure manner however some documentation had been archived and not available for review during the inspection. This related to essential information regarding the children such as assessments and this impacted on the quality of information staff members had in relation to a child.

Records were stored securely to preserve the children's information in a confidential manner and to prevent data protection breaches however all of the information required by Schedule 3 of the regulations was not present. Inspectors reviewed the residents register and there were a number of pieces of information missing from the register. Not all of the restrictive practices used in the centre had been recorded or notified as required by the Regulations.

The centre was adequately insured against accidents or injury to residents, visitors and staff. Inspectors reviewed the centre's insurance statements which were up to date.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003399
Date of Inspection:	03 June 2015
Date of response:	08 September 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was insufficient evidence that children were aware of their rights and there was no advocacy service available.

1. 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.

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:

Every child already has or will shortly receive the new individual booklet on the rights of every child/young person in this organisation. This has been communicated individually using the appropriate communication method for each child. E.G. PECS, visual supports, LAMH, assistive technology.

Every person who uses our services has access to our own advocacy officer. The recommendation for advocacy services was implemented on 9th June 2015 by the display of poster in the front hall with the contact details of three independent advocacy services in addition to the details of the organisation's advocacy officer.

Our own advocacy officer will visit the service and Person in charge will be in contact with other local advocacy services to invite them to visit the service.

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The complaints policy was not accessible to the children.

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

A poster outlining the complaints procedure in an easy-read format which is on display in the hall has been re-hung at eye level for children and is accessible to all the parents and children.

Proposed Timescale: 09/06/2015

Theme: Individualised Supports and Care

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

The complaints procedure was displayed in the centre but this was not in an accessible space for all stakeholders.

3. Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The poster outlining the complaints procedure in an easy-read format which is on display in the hall has been re-hung at eye level for children and is accessible to all the parents and children.
In addition, a complaints box is also available to all.

Proposed Timescale: 09/06/2015

Theme: Individualised Supports and Care

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

Parents interviewed were not aware of the complaints policy.

4. Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

To re-enforce the policy, in their invitation for their September respite, all families will receive communication that will outline the complaints process. The complaints process forms part of the induction pack for referrals.

Proposed Timescale: 21/09/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The quality of individual communication plans varied and some personal plans required additional information to inform staff of the child's needs in this area. Staff were not trained in the communication techniques used in the centre.

5. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The person in charge and team leaders commenced an individual needs assessment process for each child taking into consideration their age, ability and preferred method of communication.

Autism Learning styles and visual methodologies training was delivered on 4th August 2015. To support this, training was also received in the making of visual aids on 4th

August 2015. All staff completed this training with the exception of one staff member on sick leave.

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The children did not have access to the internet.

6. Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

A Wi-Fi router has been ordered with an expected delivery date within two weeks. This will allow children attending the service to access the internet.

Proposed Timescale: 30/09/2015

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:

There were no contracts of care in place.

7. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Once the contract of care template, approved by HIQA, was received in April, it was distributed to all families in May. Families are slow to respond despite staff prompting a response. As families arrive with their children they are being furnished with a new document and being asked to review and return it when picking up their child.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

the following respect:

The practice of accepting referrals to the centre was not in line with the centre's admission policy.

8. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The practice of accepting referrals is now congruent with the centre’s admission policy and with the amended Statement of Purpose and Function.
(copy attached)

Once a child is referred, an assessment is undertaken to determine if a safe and effective service can be delivered.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

An assessment of a child's suitability to be placed with other children had not been completed.

9. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

As per the admissions policy, each child is assessed to identify any risks inherent in admitting the person to the service. These risks may concern the referred person, other service users or staff.

All information is documented in the child’s support plan regarding likes, dislikes, individual needs etc to ensure a safe and enjoyable stay during respite.

Where it is not appropriate for a particular child to be placed with other children, this is identified in their support plan and is evidenced in their risk assessment.

This is an ongoing process for each individual throughout their placement in the respite service.

Proposed Timescale: 21/09/2015

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:

There were no goals for some of the children.

10. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Each child's support plan for this respite service is currently being updated by their keyworker. Goals have been identified for each child attending the service. This process involves the child, the family and where appropriate, their school/community.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There were no assessments in some of the files reviewed.

11. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

An up to date assessment of need is being completed for all children accessing the service. This action will be completed by 30th September 2015.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

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

12. Action Required:

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

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

Each personal plan will be available in a format tailored to the needs and preferred communication method of the child.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Personal plans were in place for the children but did not provide a comprehensive overview of the children's needs.

13. 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:

A file audit document has been devised and implemented for each support plan. This clearly identifies any deficits in the support plan.

All files have been reviewed and where deficits have been identified to guide the care and support of the child, remedial action has been taken.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Some personal plans had not been reviewed.

14. Action Required:

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

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

All plans currently being reviewed. They are being updated to reflect any changes from the last assessment.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There was some evidence of multidisciplinary input but this was not consistent in all of the files reviewed.

15. 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:

Multidisciplinary meetings tend to take place through the school system. With families' permission, meetings will be organised with the schools that have children attending the respite service to request inclusion at these meetings.

Formal reviews with the family, service user and multidisciplinary team will be organised where relevant.

Multidisciplinary reports have been requested where appropriate from the families. An updated list of clinicians involved has also been requested from the HSE.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There was limited input from the children and their family's in the personal plans reviewed.

16. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal plans have always included the family and where possible the children. However, we have now takes steps to ensure that this involvement is evidenced.

Parent/child are signing their support plan annual review document. An audit of evidence of child/family consultation has been undertaken. Reviews with some children and families have taken place. However due to difficulties in scheduling with families our proposed timeframe may prove difficult to adhere to.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

in the following respect:

There was no evidence that children received information in preparation for leaving the service.

17. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

The exiting process from the service will be appropriately documented to reflect the work which the service undertakes with each child and their family commencing at the age of 16 years, approximately two years prior to the planned service exit.

The process of supporting the service user in transitioning to their new service, if available, is documented.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

There was no documentation to reference work completed on life skills and independent living.

18. Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The documentary evidence of the transition support and the life skills programme for each child is now being evidenced in each child's support plan.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

There were no transition plans in place.

19. Action Required:

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

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

A preparation process has been developed by the service to ensure the child and their parents are aware of the exiting process at the age of 18 years.

The service will prepare a transitioning plan to support service users in transitioning to new services if available.

Proposed Timescale: 21/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include hazard identification and assessment of risks throughout the centre.

20. Action Required:

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

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

The hazard identification and risk assessment for the service has now been re-formatted as a table and is included in the Risk Management Policy folder. Copy of Hazard identification and Risk Assessment table, Risk Management Framework and supporting documentation to be delivered to HIQA Dublin Office by hand on 8th September. This is appendix one.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of the unexpected absence of a resident.

21. Action Required:

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

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

This policy document is contained in the risk management policy folder

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of accidental injury to residents, visitors or staff.

22. Action Required:

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

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

This document is contained in the risk management policy folder

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of aggression and violence.

23. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

This policy document is contained in the risk management policy folder

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

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

24. Action Required:

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

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

This document is contained in the risk management policy folder

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The risk management policy did not include the arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents.

25. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The arrangements for the identification, recording, investigation of and learning from serious incidents and or adverse events involving residents is now present in the risk management folder.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The systems in place for the assessment, management and on-going review of risk were not effective. Limited risk assessments had been completed and the risk register was not effective.

26. Action Required:

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

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

A comprehensive risk assessment is undertaken and reviewed annually. However, risk assessments are undertaken when and if required and reviewed on an ongoing basis. Currently the children's risk assessments are being updated and reviewed as per organisational policy. All identified risks are assessed and recorded. All staff are involved in this process. These are recorded on the local table of Hazards/Risk Assessments. Risks that are scored at 8 or above are discussed with the Regional Manager. If these risks cannot be ameliorated at Regional Manager level the Regional Manager will raise at national level. The table of Hazards/Risks is reviewed at team

meetings and at meetings with Regional Manager. Formal training on the Risk Management Framework/Process is scheduled for September/October 2015.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

Records of fire drills did not consistently document the staff and children who had participated in the drill and a fire drill had not been completed at night time.

27. Action Required:

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

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

A comprehensive fire drill report form has been implemented that records the names of the children and staff that have participated in the fire drill.

A night time fire drill took place on 19th August 2015.

Proposed Timescale: 21/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had training in behaviour management.

28. Action Required:

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

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

Management of Actual or Potential Aggression training has been completed by all staff with the exception of two. One was on maternity leave and the other was on sick leave. The training for these two staff members has been rescheduled for 29th and 30th of September 2015.

Training in Positive Behavioural Management was completed on 5th August 2015 by all staff with the exception of one staff member who was on sick leave.

Proposed Timescale: 30/09/2015

Theme: Safe Services

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

Restrictive practices were not reviewed to ensure the least restrictive practice was used for the least amount of time. Some practices in the centre were not identified as restrictive practices.

29. 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:

A restrictive practice review meeting took place on 20th August 2015.

All identified restrictive practices were reviewed. Details of restrictive practices reviewed are contained in appendix 2 (attached). As evidenced in the appendix not all restrictive practices were approved and the least restrictive practice alternative was discussed. Involved in the RP meeting are the Behaviour Therapist, The PIC and the Regional Manager. Once approved, a monitoring process and review date is included. These may also be reviewed at any time in the interim. Each restrictive practice approved is discussed in detail with all staff members at daily hand over meetings, team meetings and case reviews.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

A comprehensive behaviour support plan was not in place to provide guidance for the management of a specific child's behaviour. The child's behaviour was not effectively managed and it was not clear that every effort was made to identify and alleviate the cause of the residents challenging behaviour.

30. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

A comprehensive behavioural support plan is now in place that provides guidance for the management of the specific child's behaviour. It identifies the potential causes of the behaviour and provides supports for staff to help alleviate the causes of the behaviour.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The monitoring of incidents was not effective and national guidance was not followed in relation to child welfare issues in the centre.

31. Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

All incidents are now effectively monitored and all welfare concerns are being reported as per statutory requirement to the Child and Family Agency. Following consultation with HIQA, TUSLA was contacted and they determined that the correct reporting procedure was undertaken in relation to the reporting of the incidents referred to in this report.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

There was limited guidance for the provision of intimate care in the files reviewed. In some cases there was no intimate care plan.

32. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

An up to date assessment of need is being completed for all children. Support plans are currently being updated to reflect each child's individual need in relation to the provision of personal care.

Proposed Timescale: 30/09/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all of the restrictive practices being used in the centre were notified to the Authority.

33. 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:

All identified restrictive practices have been notified to the Chief Inspector as required.

Proposed Timescale: 21/09/2015

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 individual education plans in place and there was limited details about the children's school placements.

34. 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:

All support plans are currently being updated. All school information required will be completed including name of school principal and teacher, school start and finish time, and all goals being worked on.

Proposed Timescale: 30/09/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Personal plans did not reflect the assessed healthcare needs of the children.

35. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

An up to date assessment of need is being completed for all children. All health needs identified during these assessments will be reflected in the personal plans of each child.

Proposed Timescale: 30/09/2015

Theme: Health and Development

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

Children's plans did not consistently outline their preferences in relation to their diet.

36. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

All support plans are currently being updated and will reflect the children's dietary needs and their food preferences.

Proposed Timescale: 30/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

There was no controlled drugs register.

37. Action Required:

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

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

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

Misuse of Drugs Regulations 1988, as amended.

Proposed Timescale: 21/09/2015

Theme: Health and Development

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

One child's medication was not administered as prescribed on the prescription. One as prescribed (PRN) medication was not labelled.

38. Action Required:

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

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

The action relating to a medication not being administered as prescribed on the prescription has been completed. Such incidents are reviewed and investigated with a root cause analysis being completed. The root because analysis outlines the changes in practices required to prevent further incidents. All learning from such incidents is now documented appropriately at team meetings.

A letter has been sent to all parents requesting that PRN medications coming into the service be appropriately labelled by the pharmacist.

Proposed Timescale: 21/09/2015

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 day service provided in the centre was not adequately detailed. There were errors noted in the statement of purpose regarding the capacity of the centre and the persons participating in management required updating. The criteria for admissions did not adequately describe the current practice in the centre.

39. 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 Statement of Purpose and Function has been amended to reflect adequately the day services provided. The statement of purpose and function was updated to reflect the appropriate capacity.

The management structure has been reviewed to reflect the return of a staff member (PPIM) from maternity leave.

The criteria for admission reflects the policy statement on admissions and the current practice in the service.

Proposed Timescale: 21/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was not effectively managing the governance, operational management and administration of the centre.

40. Action Required:

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

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

The Regional Manager is working closely with the person in charge to ensure all policies and procedures are adhered to and that governance, operational and administrative practices are in line with the organisations model of best practice.

The Regional Manager has put in place a service improvement plan (copy included, Appendix 3). This plan details each specific area that requires improvement following the inspection report. In addition an audit tool has been devised to assist the manager to comprehensively address all of the duties/tasks required. The Regional Manager is meeting the PIC on a weekly basis to review progress on the service improvement plan. As there is a comprehensive amount of work required to implement this service improvement plan the PIC will be solely responsible for this service whilst another PIC in the organisation will take responsibility for her other residential service.

Proposed Timescale: 21/09/2015

Theme: Leadership, Governance and Management

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

Management systems were not in place to ensure the service provided was safe, appropriate to the residents needs, consistent and effectively monitored.

41. Action Required:

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

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

Auditing tools have been implemented into each file to monitor and review paperwork for regular updates and maintenance of all documentation.

A management system, as discussed at inspection, is now in place to monitor child welfare concerns and follow up on any reports submitted.

A document has been implemented to review the non usage of restrictive practices as well as the recording of usage.

Financial audit was completed on 25th August 2015.

Regional Health and Safety audits are carried out on an annual basis by the Regional Manager.

Person in charge and staff communicate regularly and effectively with families in relation to the child's placement.

The PIC undertakes daily, weekly and monthly checks in numerous areas (please see appendices 4,5 & 6 attached). This is in addition to the chairing of team meetings, staff supervision and day-to-day management issues.

From an organisational perspective there is an annual service audit in place undertaken by the Quality & Standards team and an unannounced monitor visit in place undertaken as a peer review process under the auspices of the Quality & Standards Department. A qualified financial auditor from the Finance Department undertakes financial audits in the service and the organisations Health & Safety Officer has oversight for the H&S issues and monitors these in monthly conference calls with the PIC, Regional Manager, Clinical Risk Specialist and Behavioural Therapist.

The service improvement plan, as discussed earlier, encompasses these documents in addition to the HIQA inspection findings. A Regional Manager quarterly review process (appendix 7) will be implemented to further monitor the service.

Proposed Timescale: 21/09/2015

Theme: Leadership, Governance and Management

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

There was no evidence that the annual review provided for consultation with residents and their representatives.

42. Action Required:

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

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

The annual review will ensure that the views of families and children will be included. In addition a service user and family review is taken annually by the respite service. A focus group of family members, who were invited to participate, took place in April 2015, conducted by the organisation's advocacy service. The purpose was to enable families to give their views on the service and to input into the organisation's strategic planning process.

Proposed Timescale: 21/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Unannounced visits to the centre had not been carried out.

43. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

An unannounced monitor visit was carried out on 20th August 2015.

Proposed Timescale: 21/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Systems to support, develop and performance manage the staff team were not in place. Some policies were not adhered too and formal support and guidance regarding behaviour that challenged was not provided.

44. 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:

The policies noted in the report have been discussed and reviewed with staff during team meetings. These have been reviewed and signed by staff as having been read and understood.

Staff support following incidents is provided by the manager and the on call management system when out of hours.

There is an employee assistance programme available to all staff and this reinforced following incidents of behaviours that challenge. The organisations Behaviour that Challenge policy has been reviewed and is due to be published during the month of September.

Staff Supervision is scheduled on a 6-8 weekly basis. Should the need arise, supervision can be offered outside these structured times.

A nominated person from the HR Department is available to assist the PIC to develop and monitor a performance management process with a staff member, should the need arise.

In relation to staff development a comprehensive training programme is delivered to all staff. This encompasses both mandatory and specialist (service specific) training. For an example of the training offered please see appendix 8.

All staff have access to Sharepoint. Sharepoint is the central computerised repository for all documentation, processes and up-to-date information on all aspects of our services including tools and checklists for Person Centred Planning, KPI's, Health & Safety, Finance, HR and supplementary information. Also contained on Sharepoint is the Knowledge Management Centre encompassing information on projects, supports, advocacy and innovations amongst many others.

Proposed Timescale: 21/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The skill mix of the staff team was not appropriate to deal with behaviour that challenged in respect of one child who accessed the service.

45. Action Required:

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

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

On the 4th and 5th of August, all staff, with the exception of one on sick leave, were trained in the following modules to ensure all staff had the appropriate training and confidence to work with each child.

Positive behavioural management.

Communication strategies and learning techniques

Sensory processing

Sexuality and relationships.

All staff with the exception of two, one on maternity leave and the other on sick leave, have been trained in the Management of Actual or Potential Aggression. Training for these two staff members will take place on 29th and 30th September 2015.

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Some improvements were required in the centre's rota.

46. Action Required:

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

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

This rota has been adapted to reflect the changes required.

Proposed Timescale: 21/09/2015

Theme: Responsive Workforce

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

Some of the information as required by Schedule 2 of the Regulations was not in place.

47. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The Human Resources department has been requested to audit all staff files to ensure compliance

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Some mandatory training was outstanding for the staff team.

48. 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:

Management of Actual or Potential Aggression training has been scheduled for 29th and 30th September for the two staff who were unavailable for the last scheduled training. The two staff who required the fire safety training in June completed this on 10th July 2015

Proposed Timescale: 30/09/2015

Theme: Responsive Workforce

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

Supervision did not occur in line with the centre's supervision policy.

49. 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:

In cases where supervisions were not scheduled in advance, a system has now been put in place to address this, with a named supervisor, in line with policy.

Proposed Timescale: 31/08/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies had not been reviewed within 3 years as required by the regulations.

50. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

Medication Policy, Behaviours that challenge policy and the restrictive practices policy are all currently under review.

Proposed Timescale: 31/10/2015

Theme: Use of Information

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

The residents directory was not comprehensive and did not contain all of the requirements of Schedule 3.

51. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 directory of residents will be reviewed and updated in line with the guidance document on the Directory of Residents Regulatory Guidance for Registered Providers of Residential Services for Children and Adults with Disabilities.

Proposed Timescale: 30/09/2015