

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005005
<b>Centre county:</b>	Galway
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Brothers of Charity Services Ireland
<b>Provider Nominee:</b>	Anne Geraghty
<b>Lead inspector:</b>	Ruadhan Hogan
<b>Support inspector(s):</b>	Erin Byrne;Orla Murphy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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 3 day(s).

**The inspection took place over the following dates and times**

From:	To:
06 October 2015 09:00	06 October 2015 18:30
07 October 2015 16:00	07 October 2015 18:30
09 October 2015 09:00	09 October 2015 13:00

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

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

**Summary of findings from this inspection**

This was the second inspection of the centre carried out by the Authority and it took place over two days. The centre, at the time of the inspection, provided respite care for up to six different children who were, according to its statement of purpose, between the ages of five and 18 years with a severe/profound intellectual disability and/or autism and had a capacity for three individual children per night.

As part of this inspection, inspectors met with children, the team manager, program manager, the director of services and several staff members. Inspectors also observed practices and reviewed a sample of children's files, policies and procedures

and a range of other documentation.

The centre was part of a service that a large organisation runs in a urban centre. The organisation manages a school for children with disabilities. The other services for children include developmental centres, family support, transport for children and children's respite. This centre was one of the respite services the organisation manages. The centre was located in a large two storey house on a quiet road on the outskirts of the city. It had its own garden to the rear.

Inspectors found that the children received a good quality of care and were kept safe by the staff team. There were adequate staffing levels and all children were attending school. The interactions between staff and children were warm and respectful. There was a clearly-defined management structure in place.

The Action Plan at the end of the report identifies areas in which improvements are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The main areas where improvements were required included the admissions process including assessment, complaints, multi disciplinary input in social care and education needs, unannounced visits and the person in charge's oversight of the centre.

**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):**

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

**Findings:**

The centre promoted children's rights. A child friendly copy of the UN charter on the rights of the child was displayed in the reception area of the centre. Where issues for children such as restrictions were identified, a referral to a human rights committee was made. However at the time of the inspection, the organisation's human rights committee did not have the capacity to hear and make recommendations on issues for children using the centre for respite. Therefore there was no follow up from the rights committee and no evidence that children's rights could be fully exercised.

There was a policy on the provision of information to children. Children and their families were given information about choices, supports, rights, advocacy and complaints in the resident's guide. The format of the guide did have some child friendly aspects to it however it was orientated to parents rather than children.

The centre consulted with children and their parents on a range of matters including decisions about their care. The service consulted with families as part of an annual review of the centre where they were given opportunities to influence care provided to children. The centre did not facilitate children's meetings however children's day-to-day choices in the centre were facilitated through picture boards and children were offered choices about their meals, activities and in the care they were provided. Children were consulted as part of an annual review and where they could contribute, these consultations were included in their personal plans. For example, there was evidence of personal outcomes meetings on the children's files that were attended by parents, staff and the children. Some of these goals promoted independence.

Children's independence was maximised through implementing measures outlined in the personal plans. For example, the guidance given in communication passports and intimate care plans. Organised activities individual to each child meant children had opportunities relative to their peers. These included activities children liked and celebrations such as birthdays.

Each child had specific plans on intimate care that highlighted how to respect freedom of expression, movement and bodily integrity. Staff interaction with children reflected these plans. Children were observed to guide personal care; staff were respectful of their choices.

As the centre provided respite, none of the children who used the service used their own finances. An inventory of the child's possessions was kept on some of the children's files. The centre kept a box with the children's individual toys, pictures and other items. These items were situated in children's respective rooms prior to arrival.

The centre had a policy on complaints which had a child friendly version. However the name and picture of the designated person in the policy did not match up with the named designated person identified during the inspection. At this time, the person in charge was in the process of developing an up-to-date child friendly version for the centre. This version had not been displayed in a prominent place. The complaints procedure had been recently updated however had not been tested as no complaints had been received since the last inspection. The staff and person in charge noted that a serious complaint remained outstanding from the previous inspection. The child protection issues were fully investigated and found to be unsubstantiated however at the time of inspection it had not been fully concluded with staff, which had an impact on staff morale in the centre.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Children's personal plans were in line with the centres policy about communication. A number of different types of communication supports were recognised in the policy and these formed the basis of interactions with children. The interactions were person centred and individualised, and informed the children's communication passports. The

passports were kept in the kitchen for easy access when different children attended for respite. The passport included instructions on recognising emotions, how to recognise the behaviours and vocalisations of each child and how to offer choice. The format was simple, colourful, child friendly and comprehensive.

Children's communication needs were assessed from a number of areas including a speech and language therapist however almost all of the information in the personal plans was taken from interviews with parents. Multi disciplinary input had not been integrated comprehensively into the communication section of the children's files.

There was evidence that staff had been trained in a particular communication system - intensive interaction. During observation of practice, it was obvious that staff were aware of individual communication needs of the children and supported children through a range of techniques such as objects, pictures, symbols and words which was in line with the communication passports. The techniques used were informed by the training provided and the quality of interaction observed by inspectors between staff and children was excellent.

The centre had a sensory screen however at the time of the inspection, it was broken. A replacement computer was in place. The centre had wifi and where appropriate, children had access to information through the internet.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The centre promoted the relationships between children and families through a number of different ways. Records of communication between the centre and parents were seen in each of the children's files. Families were also involved in care planning through the personal outcomes meeting, medical reviews and school reviews. Communication books were passed between school, the centre and families which ensured all involved in the children's care were regularly updated. There was also evidence on the files of telephone contact between parents and children when children attended for respite.

The centre had a policy on visitors however it was not compliant with the regulations as it did not address how potential restrictions on family visits would be managed. Due to

the nature of this service, family visits during respite were not common, however the person in charge noted that a room would be provided for families if they wanted privacy during a visit to the centre, for example a sitting room at the front of the house.

The centre encouraged children to have links with the wider community while on respite. For example, the children's files contained leisure goals which were reviewed annually. Inspectors viewed the files that set out the activities the children liked to take part in and they included trips to the cinema, on walks and to cafes. The person in charge noted the children went on such activities however trips into the large urban areas were not facilitated as the risks posed to children outweighed the benefits. Restrictions on community activities were risk assessed and noted on the children's personal files.

**Judgment:**

Substantially Compliant

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

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre had a policy on admissions and discharges. The policy was generic and was meant for use across the Brothers of Charity's organisation. It outlined a clear and transparent method of admissions with key roles and responsibilities. However this was not reflected in actual procedure used by the centre for admission.

The criteria for admission that was outlined in the statement of purpose noted that allocation was on a needs basis. In practice, the individual needs were calculated from an admissions application form filled out by parents and a representative from the organisation. The answers were scored and these scores determined allocation. The scores were mostly based on family need, and the families' own assessment of the stress or difficulty they were experiencing. The process was therefore less focused on assessments of the children's needs and prioritisation of children was not transparent.

Two meetings were held before a child was admitted to the service. The first was a prioritisation committee where admission for a respite service was decided. This meeting was made up of the programme manager and social worker from the organisation however the person in charge was not a member of this committee. The second was a centre admissions committee where the person in charge was informed of the incoming



admission. The decision to offer a service had been made prior to this meeting which was not in line with the statement of purpose. The person in charge did not hold responsibility for admissions and decisions about the allocation of respite which were taken at a higher level of management. The person in charge also noted a child was unable to be allocated a place in the centre without staying there first which meant that children could be placed in the centre without the person in charge's agreement. As a result, the person in charge was unable to gate keep admissions and therefore was unable to ensure there would not be repercussions for other children already using the service.

The statement of purpose also stated that multi disciplinary reports were prepared for the admissions committee before the appropriateness of admission was considered which in practice did not happen consistently. In practice, the admissions application form was the primary source of information and this did not have multi disciplinary input. This was not in line with the statement of purpose.

Each child's file had a copy of the individual contract, details were appropriate and signed by parents and staff from the organisation.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

As noted prior to their admission to respite, children's needs were recorded on an admission application form filled out with parents. Some of the children's respite files didn't contain these forms as access was restricted to senior managers which meant that the centre staff, including the person in charge were not fully aware of the needs of all children.

The Brothers of Charity did have structures in place to ensure that children's health, personal and social care needs were fully assessed. Children attending respite were

assessed through the organisation's other services which included school, developmental centres and home support. These assessments included some or all of the following depending on the needs of the child: speech and language therapist, psychologist, physiotherapist, social worker and occupational therapist. The children were also seen by a paediatrician and a psychiatrist at separate reviews as part of the organisation services. The information from each of these assessments was fragmented and did not contribute towards a comprehensive assessment carried out prior to admission to the centre.

One child who attended respite did not attend the Brothers of Charity school as he/she availed of another organisation's educational services and as a result the centre did not have access to any multi disciplinary input in relation to this child.

The welfare of children was supported by high quality care and support from staff. Staff were warm and caring in their interactions with children and had excellent working knowledge of the children. This pragmatic knowledge was used to update personal plans.

The personal plans were easy to access, child centred, included pictures of the children enjoying activities. They included sections on life stories, things I like, things I don't like, independent living skills, home activities and leisure activities. Some sections had achievable goals which were reviewed regularly.

The centre was involved in a review of education in school and held personal outcome meetings with parents each year which were carried out independently of the other reviews. Therefore the centre did not have a multidisciplinary review carried out annually that informed the personal plans.

The centre had a policy for admissions, transfers and discharges however this mainly addressed discharges where there was a withdrawal of service; the policy did not address a child moving on from the service and entering adulthood. Some of the residents using the service had turned 18 and were still in school. At the time of inspection, inspectors did not find sufficient written evidence in the centre that supports were provided to children or parents about the upcoming move and they did not evidence that life skills for the new arrangements would be provided. The person in charge did not have information on how children and parents would be consulted during transitions and discharges as this was managed by a more senior manager.

**Judgment:**

Non Compliant - Major

**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 layout of the premises was as described in the statement of purpose and met the aims and objectives of the service. The house contained five bedrooms (four of which were ensuite), two sitting rooms, a kitchen/dining room, one bathroom, one shower and toilet, and a staff office.

The premises was clean, homely, comfortable and free from hazards. It was suitably heated, had lighting and ventilation. The kitchen had adequate cooking equipment and storage for food. There was adequate storage as one of the unused bedrooms was used for storage. Children using respite had enough personal and communal space and there were enough toilets, bathrooms and showers to meet the needs of children. Children's personal items were securely stored in a box for when they came to stay. Before they came to stay, the staff decorated their rooms with their own pictures, photos and bed covers. The rooms were consistently decorated to ensure familiarity which helped the children settle and feel comfortable on each stay.

The furniture was comfortable and the fittings were well maintained with the exception of one ensuite bathroom attached to a bedroom that was not in full working order and needed repair. During the inspection, the person in charge noted that children didn't use this bathroom however acknowledged that the ensuite needed to be in working order so all children could avail of the service if needed. The organisation had a maintenance department who responded to anything that needed fixing in a timely manner.

The garden was spacious and the access was alarmed to notify egress. There was enough space for children to play outside and the garden had swings and other equipment for the children to play with. The layout of the centre facilitated children privacy, promoted independence where possible.

**Judgment:**

Non Compliant - Moderate

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

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre had policies and procedures in relation to health and safety. This organisation policy referenced the relevant policies outlined in schedule five of the regulations and was linked to the local risk register.

The risk management policy was in line with the regulations including risk identification, use of measures and controls and actions and the person in charge's knowledge of this was adequate. The centre had recently implemented a new risk management system and the person in charge noted that a transition between the old and new system was underway. Therefore the risk management policy had not been fully implemented throughout the centre. As the system was recently established, audits of the risk management systems had not been carried out.

The staff and person in charge noted that everybody had responsibility to identify risks. The person in charge referenced the aspects of risk in the regulations and noted that the new live risk register had lowered risks due to the controls applied. The person in charge was trained in risk management however added that the remainder of staff were to be trained in time. The risk reporting procedure described that: if any new risks were identified, staff would report them to the person in charge, who updated the local risk register and if necessary, escalated it to senior management. The director of services noted the organisational risk register was not fully operational however if there were any risks requiring immediate attention, the national chief executive was notified. Actions were given to appropriate people to address risks.

Each of the children's files had an individual risk assessment that addressed environmental restraints in the centre. Each of the children's files also contained a personal egress plan which had brief but relevant details on how to evacuate each child during an emergency. The person in charge noted that in an emergency, the children's parents would be called and children would return home.

The centre had a waste disposal and management permit on file. There were arrangements in place for the removal of general waste and recycling. The facilities and arrangements for the cleaning of mops and preventing infection were adequate. The hand wash materials and facilities were appropriate for the needs of staff and dependency of children.

The centre's transport was insured, taxed and serviced regularly, had first aid and safety equipment, records of checks and was roadworthy.

The centre had a fire safety system in place. The procedure for evacuation was displayed prominently throughout the house. Fire equipment was in date and there was a record of equipment on the inspection records. The staff were trained in fire safety. There were records of fire drills carried out. The mobility and understanding of residents was accounted for during evacuations and some of these fire drill records had comments about how the evacuation went and some did not.

A fire safety issue where the front door release switch was not accessible was addressed during the inspection. The means of escape was sufficient, the emergency lighting

throughout the centre required review to ensure that it was adequate to ensure safe exit from the house in the event of a fire.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were measures in place to safeguard children and protect them from abuse. The centre used an organisational policy on safeguarding which was consistent with measures outlined in 'Children First 2011: National Guidance for the Protection and Welfare of Children' and was in date. It did not identify the designated child protection officer for the organisation however this information was displayed in the centre and staff interviewed demonstrated they knew who to contact. Audits and quality assurance of safeguarding reporting systems were the responsibility of the program manager who carried out an annual formal audit. There were no incidents of a child protection nature since the previous monitoring inspection.

Staff had received Children's First training and during interviews with inspectors they demonstrated knowledgeable and insightful understanding of how to approach a child protection matter. During observations of practice, staff were warm towards children who seemed comfortable in their surroundings.

The centre had a policy on administering intimate care. Each of the personal files had specific intimate care plans that informed how staff interact with children to administer care. Staff noted that they encouraged children to be as independent as possible and maintain the children's dignity through respecting private spaces.

The organisation had a policy on behavioural support which was comprehensive and included risk as a fundamental aspect of monitoring behaviour that challenges. It described a system to record incidents. Incidents were escalated to an incident meeting whose membership contained a psychologist, speech and language therapist, social worker and occupational therapist. Incidents were reviewed at these six weekly

meetings and recommendations for the centre were made. The minutes were distributed to the centre and the families were informed of incidents.

If an immediate response from incident meeting was required, the person in charge had the authority to initiate an emergency incident meeting. This multi disciplinary involvement helped to identify and alleviate underlying causes of behaviour. Outside of these regular meetings, the interventions were not regularly reviewed as part of personal planning process and there was little evidence that personal plans were updated using the recommendations.

Staff were trained in a behaviour management program and the organisation provided a mandatory three day training and refresher courses every 18 months. This approach trained staff in de-escalation and intervention techniques, restriction techniques and the implication of using such techniques. All staffs behaviour management training was up to date.

The organisation had a policy on the use of restraint which promoted a restraint free environment. The guidelines for the use of restraint were noted in the behavioural support policy which advocated restraint as a last resort, the least intrusive measure and to withdraw as soon as possible.

Children had individual risk assessment on their files that outlined the risks and any necessary control measures including environmental restraints. Some of these restraints included: a locked front door, locked half doors in the kitchen and stairs and the use of harnesses in the centre bus. Following completed risk assessments, referrals were made to the human rights committee where appropriate. There was no evidence of the use of physical, mechanical or chemical restraint and seclusion was also not used in the centre.

**Judgment:**

Substantially Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the centre was not maintained and the person in charge was not knowledgeable on how to report all notifiable events to the Authority as all notifications regarding environmental restrictions were not notified to the authority.

Following any accident or incident, staff completed an incident form through the incident management system which was on an online system. All data on accidents or incidents were maintained.

Restrictive practices including the locking of the front door, a half door in the kitchen and a half door on the stairs were not notified to the Authority in quarterly returns in line with regulations. While these were recorded as restrictions in the centre records, the omission in the notifications meant that the Authority was not aware of all restrictions in place in the centre

**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:**

The organisation had a policy on education which complied with the relevant legislation.

Children were supported to participate in school and were provided with opportunities to socialise with their peers. The organisation managed a school for children with disabilities and the respite centre has close links with this school, as representatives from the centre were sometimes (but not always) invited to children's reviews in school. When children attended this school, the quality of communication between school and centre was very good.

Reports from school were forwarded to the centre and kept on the children's files. However not all of the children had up-to-date information, for example, on one child's file the most recent report from school on file was from 2010. Another child attended school in a different organisation's educational setting and the respite centre did not have any contact with this school.

The individual educational plans on children's files covered areas such as personal care and the development of skills. This assessment was carried out in school. Strengths and needs were identified and actions with persons responsible were outlined. The educational targets were realistic and sometimes linked to goals in the personal plans.

The centre had a policy on access to education, training and development. One child

using the service had turned 18 and had one more year left in school. There was no indication of what their transition plan was. The program manager and person in charge gave assurances that this will be put in place before he/she finishes school.

The centre was innovative in engaging children in new experiences and social activities. For example, they organised a driving experience with a driving instructor in a dual control car, giving the children an experience of driving a car in a safe environment. The centre also organised a birthday party for children and staff who were on holiday leave attended which demonstrated a genuine commitment to children using the service.

**Judgment:**

Substantially Compliant

**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:**

While children attended for respite, their healthcare needs were met. All children had access to the organisations General Practitioner and the majority of children had access to ancillary health professionals.

The organisation provided a range of services for children that included: a school for children with disabilities, developmental centres and family support. Children who used these services had access to health professionals and assessments such as a paediatrician, psychiatrist, physiotherapy and an occupational therapist. The majority of children using the respite service attended the school for children with disabilities and therefore had access to these health professionals and assessments. One child who attended respite did not attend the organisation's school for disabilities and therefore this child did not have the same access to health professionals and assessments.

Where the organisation provided access to health and ancillary treatments and therapies, medical and health reviews were carried out. This information was held in a separate location to the respite centre and copies of the information from the reviews and assessments was held on the health section of the children's files in the respite centre, however not all files were updated with the most up-to-date reviews and assessments. This meant that files were fragmented between different locations and recommendations from professionals may not have been integrated into the children's files in the respite house.



The children's files in the respite house had several sections where information about their health was held. The health section of the files contained the majority of information on their health. The front of the children's files contained an emergency medical treatment card with a picture of the child and the most relevant details however in some cases, not all information was consistent with information in the health section. In some cases, input from professionals such as physiotherapy and occupational therapy was not included in the children's personal plans.

Residents were encouraged to make healthy living choices as outlined in the policy on food and nutritional intake. Food in the centre was nutritious, varied, appetising and there was enough food available. Children had access to snacks throughout the day. Staff used pictures to offer choices and mealtimes were positive and social events. Staff noted that they provided support to children if needed.

**Judgment:**

Substantially Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The medication management system was effective and safe. The centre had a policy on medication administration and management which was comprehensive.

The children's medication was managed by their parents and therefore medication plans were not reviewed as part of their personal plans. When the children attended for respite, their prescriptions were transcribed by the organisation's GP. This was placed on an individual medication file held for each child. The file contained a medication care plan with details on medication, indications, interactions and adverse reactions. It also contained clear instructions on how to administer.

The centre then held the medication for children for the times they attended for respite. The person in charge noted that if the medication ran low, the centre ordered more. For the majority of children, medication did not follow the children to and from the respite centre. However, for one child who was new to the service, their medication came to and from their home.

The kitchen had a medication cupboard and inside the cupboard was a locked and secure box where the medication was stored. Inspectors saw the medication in the

cupboard and verified it was in date and was clearly labelled. The centre did not have a dedicated fridge for medication however none of the children's medication required refrigeration. The policy on medication, individual medication files, audit folder and medication administration records were also stored inside the medication cupboard.

An individual medication administration record system was used to record the administration of medication. A list of staff names, grade, initials and signature of those who can administer was held on the file and it was easy to see who administered the medication and if they were authorised and trained to do so.

The audit folder contained insert sheets from medications and printouts. There was guidelines for nurses on file and evidence that the centre kept up with policy updates. An inspection of medication was held every month which sent reports to the incident meeting. When medication errors were recorded, an incident was also sent to the incident meeting. This provided sufficient oversight of medication practices. Inspectors reviewed the medication errors and found one reported error. This had been appropriately audited by the centre manager and escalated to the incident meeting.

**Judgment:**  
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):**

No actions were required from the previous inspection.

**Findings:**

The centre had a statement of purpose that accurately described the service and was fully compliant with the information required by schedule one of the regulations. It had been recently reviewed and a date for review was identified.

The statement gave a description of the organisation including the values and aims and was reviewed annually. The stated purpose of the centre itself was to provide support to children of mixed gender, aged 18 years and under and who had a severe to profound intellectual disability and/or autism. The centre provided respite to three individuals per night and was funded to be open fulltime. The facilities in the centre matched those described in the statement of purpose.

The statement noted that the centre allocated nights to individuals on a needs basis taking safety and compatibility into consideration.

The services provided by the centre were reflected in day-to-day practice observed by inspectors.

The centre provided a statement that was in a format accessible for families, and a separate format that was accessible to children.

**Judgment:**

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):**

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

**Findings:**

The management systems in the centre ensured the delivery of safe and quality care and the organisational structure was in line with the statement of purpose. At the time of inspection, the Brothers of Charity were undergoing organisation change as the regional registered companies were being subsumed into a national Brothers of Charity company. Consequently, there were two boards in operation, a national and a regional.

There were systems in place for management and accountability however they were complicated by structural changes. The centre was managed by the person in charge who was managed by the program manager. The program manager had oversight for transport services, child development centres and another respite service along with this respite service. This person was in the role on an interim basis and the full time person would be returning in a number of months. They were managed by the director of services and were accountable for their role through management meetings, deadlines from meetings and feedback from parents and team leaders.

The director of services (who was also the provider nominee) reported to the regional chairperson of the board of directors and to the national chief executive. They noted that the plan was to transition the regional board to the national board. Therefore the nature of what was reported and to whom, at that level, was not fully transparent. The director of services noted that they reported issues such as operational problems, risk

and positive issues to the regional board and to the national chief executive.

The organisation had a strategic plan. This covered three years and discussed areas such as funding and service delivery, supporting service user life choices, active community participation and service user participation and decision making. Each of the areas had specific actions, persons responsible and timelines. The plan reflected the organisation's values and led future development. During interview, the director of services outlined the medium to long term goal is to move from congregated settings to community based settings.

The centre was managed by the person in charge whose job title was team leader and who had day-to-day responsibility for scheduling of respite including matching of children, practice in the centre and staff rotas and supervision. The person in charge was suitably qualified and had significant experience and skills to carry out the management of the centre. Their knowledge of the centre was good and they demonstrated excellent knowledge of the residents. They demonstrated adequate knowledge of the legislation, regulations and standards. During interviews with inspectors, the staff noted they felt very well led and were clear about the person in charge's expectations regarding the standard of care.

The person in charge had oversight of the centre's systems including the local risk register, reporting incidents to the incident meeting, health and safety, maintenance of files, centre finances and audits. The systems were organised, ensured accountability and facilitated quality care for children. However aspects of the person in charge's role prevented their full active participation as centre manager. As part of their role, they were allocated a certain number of hours to carry out the duties of person in charge as required by the legislation and regulations. The remainder of their time was spent managing the centre and working directly with children. They noted during the inspection that these dual roles of being the person in charge (including the associated responsibilities) with managing and working in the centre had been difficult. During inspection they were not able to demonstrate full knowledge of staff files, supervision for staff was not adequate and the risk register was not fully implemented. They acknowledged that they didn't have the time to fulfil all roles required of them.

The centre had systems of audits in use. There was evidence the person in charge reviewed the children's personal plans, medication management, finances and incident meeting referrals. The person in charge did not audit the supervision records or staff training. The program manager audited the health and safety checklist, multi disciplinary behaviour support and other records through the computer system. The health and safety and incident meeting system were signed off by the program manager.

The director of services in their role as provider nominee carried out unannounced visits or delegated one of the management team to visit every six months. An unannounced visit was carried out in the previous year however this addressed the overall children's respite service and did not address this centre. The annual review of safety and quality of care and support had been completed. There was evidence that families were consulted as part of the process.

**Judgment:**

Non Compliant - Moderate

**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:**

In the event that the person in charge was absent, there were suitable arrangements in place for the management of the centre. During interviews the person in charge advised that the program manager was the designated person to manage the centre. The person in charge had not been absent for 28 days or more, and therefore no notifications had been made to the Authority. Inspectors found through interviews that the person in charge and the program manager were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre was adequately resourced to ensure care and support delivered to children was in line with the statement of purpose. The centre's décor, furniture and other materials in the house were in good order and contributed to an atmosphere where children felt comfortable. The transport, while in use for some time was in working order and facilitated visits outside the centre. There were enough toys, games and outdoor play materials for children of different ages. The centre was adequately staffed and where shortages were seen, for example during the summer period, the person in

charge ensured staff were brought in to cover shortages. These resources helped residents achieve goals outlined in the personal plans.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

Children were provided with continuity of care by a consistent group of staff who were qualified, experienced and adequately trained. Staffing levels were in line with the statement of purpose.

The centre had a policy on the recruitment, vetting and selection of staff. There were enough staff on the rota when children were in the centre as one to one staffing was maintained during the daytime. The staff complement had an appropriate mix of skills and experience. A nurse was usually rostered however if a nurse was not available a staff member trained in the safe administration of medication was on the rota. The centre did not use volunteers.

The staffing levels took account of the dependency needs of the children and the person in charge noted children were risk assessed and a support needs score calculated prior to admission was held on the database however a tool to assess dependency was not in use in the centre.

Of the staff records viewed, all were in line with the schedule two requirements. Staff had adequate training. Of the seven staff training records inspected, six had up-to-date training in Children First (2011). The remaining staff member attended a briefing on keeping safe and client protection. All staff had up-to-date fire safety, manual handling, personal outcomes training, behaviour support basic training with refreshers booked for five of the seven staff. Of the eight locum staff, all their training was up-to-date or they were booked on refresher training.

Overall, training that the staff received reflected the service outlined in the statement of purpose however, the centre management did not complete a training needs analysis to

inform the most appropriate training required for the children's needs.

Supervision in the centre was not adequate as all staff received supervision only once in the previous year. Supervision was carried out by the person in charge who had been trained and was the appropriate person to carry it out. However due to the demands of the person in charge's role and the requirement to work with children, formal supervision was not prioritised. The person in charge may have carried out informal supervision with staff however this was not evidenced. Inspectors were not able to tell if supervision had an impact on practice and accountability in the centre. The person in charge was supervised by the program manager.

During interviews with inspectors, staff noted a positive work place with good teamwork that had improved outcomes for children. Their knowledge of the Health Act 2007 and the regulations and standards was adequate.

**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:**

Records on each child were maintained securely. The majority of policies and procedures were in place but some policies required improvement and further formal procedures were required. The centre had a directory for residents and their insurance was up to date.

Detailed records on each of the children were maintained and the children's files were stored securely in locked cabinets in the staff office. The majority of records on each child were signed and dated by staff, the manager and children's representatives, as appropriate. Essential information about children was held in other locations in the organisation that the centre did not have access to. This resulted in fragmented records.

The majority of policies and procedures required under Schedule 5 were in place, up-to-date and complied with the regulations. However, the policies on visitors required updating to bring it in line with the regulations.

The Resident's Guide was in a format accessible to parents however not to children. It did not include information on how children and their representatives could access previous inspection reports by the Authority.

The centre held a directory for residents and their insurance was up-to-date.

**Judgment:**

Substantially Compliant

**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:***

Ruadhan Hogan  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Brothers of Charity Services Galway
<b>Centre ID:</b>	OSV-0005005
<b>Date of Inspection:</b>	06 October 2015
<b>Date of response:</b>	04 December 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:**

Referrals to the human rights committee were not followed up.

#### 1. Action Required:

Under Regulation 09 (2) (c) you are required to: Ensure that each resident can exercise his or her civil, political and legal rights.

<sup>1</sup> 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:**

Outstanding referrals from the children's respite service will be addressed at the next Human Rights Committee (HRC) meeting.

An effort will be made by the HRC to review referrals in a timely manner.

**Proposed Timescale:** 29/02/2016

**Theme:** Individualised Supports and Care

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

A copy of the complaints procedure, written in an accessible format, was not placed in a prominent position in the designated centre.

**2. 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 complaints procedure, in a child friendly format, is available and in a prominent position within the respite centre.

**Proposed Timescale:** 09/10/2015

**Theme:** Individualised Supports and Care

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

Measures to respond to complaints were inconsistent as one complaint had not been fully resolved.

**3. Action Required:**

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The provider has met with the staff team to address issues relating to the current complaint and to agree on actions to resolve the outstanding issues

**Proposed Timescale:** 20/11/2015

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

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

**in the following respect:**

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

**4. Action Required:**

Under Regulation 11 (2) (a) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

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

Currently children are free to receive visitors without restriction. The provider informed the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11(2)(a). The policy will be amended.

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

**Theme:** Individualised Supports and Care

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

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

**5. Action Required:**

Under Regulation 11 (2) (c) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

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

Currently children are free to receive visitors without restriction. The provider informed the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11(2)(a). The policy will be amended.

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

**Theme:** Individualised Supports and Care

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

The policy on visiting did not indicate how the centre would ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless a

Court order has required the restriction of visits.

**6. Action Required:**

Under Regulation 11 (2) (d) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless a Court order has required the restriction of visits.

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

Currently children are free to receive visitors without restriction. The provider informed the National Chief Executive of the Brothers of Charity Services that an amendment is required to the National Visitors Policy to reflect the requirements of Regulation 11(2)(a). The policy will be amended.

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

**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:**

The centre did not ensure that each application for admission to the designated centre was determined on the basis of transparent criteria in accordance with the statement of purpose.

The person in charge did not have adequate gatekeeping in respect of the admissions to the designated centre.

**7. 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:**

Guidelines will be completed on a clear admissions process for new children applying to the Children's Respite Service, inclusive of the lead role of the Person in Charge in decision-making.

A centre based respite assessment of need will be used in conjunction with Multi-disciplinary Team reports to ensure a holistic assessment on each child applying to the service

**Proposed Timescale:** 31/03/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

<p><b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b>  A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was not carried out prior to admission to the designated centre.</p> <p><b>8. Action Required:</b>  Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.</p> <p><b>Please state the actions you have taken or are planning to take:</b>  A centre based respite assessment of need will be used in conjunction with Multi-disciplinary reports to ensure a holistic assessment on each child applying to the service</p>
<p><b>Proposed Timescale:</b> 31/03/2016</p> <p><b>Theme:</b> Effective Services</p> <p><b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b>  The personal plan reviews were not multidisciplinary.</p> <p><b>9. Action Required:</b>  Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.</p> <p><b>Please state the actions you have taken or are planning to take:</b>  A Multi-disciplinary meeting will be held annually to review the personal profiles and assessments of the children attending the Respite Centre.</p>
<p><b>Proposed Timescale:</b> 31/05/2016</p> <p><b>Theme:</b> Effective Services</p> <p><b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b>  The centre did not evidence that support was provided for residents as they transitioned between residential services or left residential services through the provision of information on the services and supports available.</p> <p><b>10. Action Required:</b>  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.</p>

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

- (a) A specific detailed plan will be written up for children transitioning from the children's respite service.
- (b) A log of actions including, visits to the new service, will be kept.
- (c) All documents will be held in the individual's personal profiles
- (d) The current 5 year Strategic Plan for Graduates is due to be reviewed in 2016

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

The centre did not provide support for residents as they transitioned between residential services or left residential services, through the provision of training in the life-skills required for the new living arrangement.

**11. 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:**

Independent living goals will continue to be developed, through personal outcomes, to support individuals in life skills training to help prepare them to transition from the children's respite centre.

**Proposed Timescale:** 29/02/2016

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The ensuite bathroom attached to a bedroom was not in working order.

**12. Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The ensuite bathroom, that was not in working order, has been repaired

**Proposed Timescale:** 11/10/2015

**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 centre did not carry out an audits of the risk management system.

**13. 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:**

Individual Risk Registers will be completed for each child.

The Local Risk Register will be fully operational with Individual Risk Registers and Annual Safety Checklist informing the register and identifying current risks and actions required to rectify same.

The Provider will review the risks identified and the actions required to mitigate and control the risks. This will include an audit of the risk assessment and management system.

**Proposed Timescale:** 30/06/2016

**Theme:** Effective Services

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

The emergency lighting throughout the centre required review to ensure that it was adequate to ensure safe exit from the house in the event of a fire.

**14. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The emergency lighting has been assessed and four further emergency lights will be installed.

**Proposed Timescale:** 19/11/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Interventions were not regularly reviewed as part of personal planning process and there was little evidence that personal plans were updated using the recommendations.

**15. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The team leader will ensure that personal plans are regularly reviewed and ensure that recommended interventions will be reviewed as part of this process.

**Proposed Timescale:** 23/11/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

The written report provided to the Chief Inspector at the end of each quarter did not include all restrictive procedures including environmental restraint.

**16. Action Required:**

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

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

The Person in Charge will ensure that all restrictive practices are notified to the authority on a quarterly basis.

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

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

The centre did not have any contact with the school of one child who attended the respite service and did not have access to the child's educational assessment including appropriate education attainment targets.



**17. 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:**

The Person in Charge contacted the school attended by the child referred to and requested the relevant information. The information will be available in the child's personal profile. The respite centre will seek regular access to the child's educational assessment and attainment targets. The respite centre will endeavour to have contact with the school in question.

**Proposed Timescale:** 18/12/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The children's personal plans were not sufficiently updated and the centre did not ensure appropriate health care for each resident was provided.

**18. 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:**

The team leader will ensure that all relevant and up-to-date documentation is available in the individual's personal profile.

**Proposed Timescale:** 18/12/2015

**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 provider nominee did not ensure that an unannounced visit to the designated centre was carried out at least once every six months.

**19. 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 visit was scheduled for Friday 9th October and was deferred due to the registration inspection. An unannounced visit is expected. The provider will ensure that two unannounced visits to the Designated Centre are carried out on an annual basis.

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

**Theme:** Leadership, Governance and Management

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

The person in charge did not demonstrate sufficient oversight of the centre to ensure that the service provided was effectively monitored.

**20. Action Required:**

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

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

1. Following the return to work from maternity leave of the Children's Services Programme Manager the Provider intends to nominate the Children's Services Programme Manager to be the Person in Charge of the designated centre.
2. In the interim the Acting Children's Services Programme Manager will support the Person in Charge in oversight of the centre.

**Proposed Timescale:** 31/01/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The person in charge did not have training needs analysis in place to ensure staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

**21. 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:**

A training needs analysis will be completed on an annual basis, at each team meeting

and in conjunction with new admissions, to highlight specific training needs to support the children attending the respite centre.

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

**Theme:** Responsive Workforce

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

The person in charge did not ensure staff were appropriately supervised.

**22. 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:**

The team leader works frontline in the respite centre and is on the ground with staff on a daily basis. In this way supervision of staff is ongoing. The organisation is currently developing a more formal and individual staff support and supervision system which will be implemented by the team leader and documented accordingly.

**Proposed Timescale:** 31/03/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The centre did not ensure that the guide prepared in respect of the designated centre included how to access any inspection reports on the centre.

**23. Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The centres respite guide will be amended to include information for families on how to access previous inspection reports for the centre

**Proposed Timescale:** 29/02/2016

**Theme:** Use of Information

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

**the following respect:**

Children had a number of records in different locations and this resulted in records being fragmented and staff could not be assured that all necessary information was known to them.

**24. Action Required:**

Under Regulation 21 (6) you are required to: Retain records related to children in care in perpetuity and transfer these to the Executive not later than 7 years from the date on which the child ceased to reside in the designated centre.

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

(a) A multi-disciplinary meeting will be held annually, to review personal profiles and assessments of each child attending the respite centre. This will ensure that all up-to-date documentation and information on the child is available within the centre.

(b) A medical report will be obtained for all new applicants prior to their admission to the Children's Respite Service

**Proposed Timescale:** 31/05/2016