

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0001750
Centre county:	Sligo
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Teresa Dykes
Lead inspector:	Orla Murphy
Support inspector(s):	Bronagh Gibson;
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:
11 November 2015 09:30	11 November 2015 19:00
12 November 2015 09:00	12 November 2015 16:30

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 the fourth inspection of this centre by the Authority, and its purpose was to inform a registration decision. The Authority had concerns about the overarching governance arrangements within the service due to repeated non compliances with the regulations and the impact of these on the children's quality of life. Inspectors found that a number of the actions identified at the last inspection had been addressed and others were in progress.

The centre provided a full time residential service for four children and young adults aged nine to 19 years with profound intellectual disabilities and associated physical disabilities or complex medical conditions. It also provided a part time residential

service to two children on a shared care arrangement with families. The centre was located in a campus style congregated setting outside of a large town. There was a school and a day service also located on the same campus which was attended by the children and young adults.

Inspectors noted significant improvements from previous inspections in the children's care and support, quality of life and range of experiences. Records and procedures also showed improvement. Inspectors also found that the service was person centred and staffing resources had been increased and stabilised.

Children and young adults received a very good standard of care and support and this was essential as all of the residents were additionally vulnerable because of their very complex needs. Staff presented as committed to the wellbeing of the residents, and were observed to be fully attuned to their needs and their non verbal communication. The children and young adults were observed being relaxed and at ease in the centre, and appeared secure around the staff supporting them. Inspectors found that the staff knew the residents well and spoke warmly about each resident's interests and strengths. Robust plans were in place to meet residents' health and social care needs and families were involved in drawing up plans and in their review. A range of disciplines were involved with each child/young adult and these professionals informed the individual's plans. Significant improvements were found in the children's/young adults access to their community and further afield. Parents and staff were very proud of the new experiences their children had participated in, and these experiences were commensurate with that of their peers in a range of areas. Inspectors noted that several initiatives were implemented to ensure children/young adults with such complex needs were supported to have rich and positive sensory experiences in their day to day lives. In addition, the language used by staff to describe their reactions and responses to these experiences was of a very high standard and created a picture of each resident's experience and wellbeing.

There were systems in place to monitor safety and identify hazards in the centre but some aspects of these needed to be more specific. All risks were identified and recorded on a risk register with controls in place. Children and young adults had intimate care plans which clearly outlined the support they required including safe practices by staff. There were systems in place to audit and support safe practices in areas such as resident's safety, risk assessments, measures to reduce risk and fire safety procedures. However, the premises was unsuitable for its stated purpose due to its location, space available and compliance with aspects of building control such as the width of some doorframes.

There had been improvements in training provided to staff and in staff development, but further improvements were required. Supervision had commenced for some staff but the frequency did not lend itself to adequate accountability and it was not underpinned by an effective policy. Staff numbers on shift had improved considerably, and while agency staff were in use, the staff used were regular and covering full time posts and they knew the children and young adults well. Management systems had improved and managers presented as committed to further improvement of the service. However, managers needed to demonstrate

more oversight of records in the centre.

The action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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:

At the time of the last monitoring inspection there were practices identified that did not uphold children's dignity and privacy. This inspection found that children and young adults were cared for sensitively, and their dignity in all aspects of their care was upheld and valued in the centre.

The children and young adults living in the service had a range of very complex physical, medical and intellectual support needs. Formal consultation such as residents meetings were not held due to the resident's level of understanding. However, each child/young adult had a profile in their file which described them, their interests and their preferences in relation to their choices, interests and support they needed. These had been completed in consultation with families and based on the staff knowledge of the children and young adults. Inspectors observed a number of staff interactions and interventions with the residents and found that they identified nuanced indicators of their comfort, happiness and wellbeing, and responded to these. This meant that children and young adults received the support they needed in a way that respected their wishes and preferences, and ultimately ensured they were content in the centre.

Inspectors observed staff offering children and young adults choices and acting on their cues and preferences, such as providing treatment and reassurance to those who were unsettled or unwell. Care records examined by inspectors reflected this day-to-day consultation carried out with residents and daily logs reflected their choices and how these had been well interpreted and upheld. This meant that each resident's right to chose and participate in their care was maximised and evidenced by staff.

A local independent advocacy service was available in the area and inspectors saw details of this on display in the centre. This meant that residents and families had an independent service available to support them if they felt unable to raise concerns within the centre. Inspectors found that managers had formally met with the families of residents and independent advocates two months prior to the inspection to instigate formal consultation with children and families. The families were given an opportunity to share their children's preferences and choices, and influence the care provided to them, and this was clearly identified in records. Parents that spoke to inspectors during this inspection confirmed that they had attended these consultations and they felt assured that there were a number of systems in place for them to air their views and be assured that they were listened to by the service.

Aspects of the management of complaints had improved since the previous inspection. However, further improvements were needed in informing families about the procedure, and in the recording of outcomes. A centre specific complaints process had been introduced since the last inspection to address the deficits identified at that time, and inspectors observed that this was on display in the centre. This was an addendum to the Health Service Executive complaints procedure which the service followed. The policy identified the person in charge as the complaints manager and the director of services as the person to oversee that complaints had been managed in line with the regulations. The nurse manager told inspectors that all families had been given copies of the centre specific procedure. However, one family that spoke to inspectors stated they had not received the information. Other families who provided feedback for this inspection knew how to make a complaint. Inspectors found that the children and young adults who attended the service would have a limited ability to raise concerns due to their non verbal communication and complex needs. However, inspectors observed staff accurately interpreting residents' moods and wellbeing and responding to this. Staff used sign language and observation of children's and young adult's expressions and body language to gauge if they were dissatisfied with their activities or other aspects of their care. There was a log which recorded complaints, the action taken and whether the complainant was satisfied. There had been one complaint raised since the last inspection and while the log outlined the action taken, the outcome of the complaint was unclear. There was a pictorial version of the complaints procedure in place in the centre and there were pictures of signs to represent moods/wellbeing from a picture exchange communication system (PECS) on display throughout the centre to support children to express their feelings.

Children and young adult's privacy and dignity was valued and promoted by staff team. Records examined by inspectors showed that children and young adults preferences in activities of daily living and in routines such as feeding, self care, medical and personal care were identified and implemented. Residents plans clearly identified the manner in which they wished to be supported and identified indicators that would show when each child or young adult may be uncomfortable, unwell or unhappy, and require additional support and attention. Inspectors observed this being implemented during the inspection as a number of the residents were unwell and they were cared for with considerable empathy and attention. Inspectors also observed staff arranging to attend to their personal care in a discreet and sensitive manner, and staff respected residents' privacy and time alone by supervising from a distance in areas such as the sensory room and in knocking before entering rooms. Children and young adult's intimate care needs

were attended to frequently through daily showers and other full support in their intimate care needs. Inspectors observed that the residents were well presented in their hygiene and clothing. Inspectors observed that doors were closed when receiving personal care and when relaxing in their bedrooms, and each bedroom was private to each child. This meant that children and young adults were afforded some independence and privacy, but had access to discreet but significant support when it was needed.

Children and young adult's possessions and finances were respected and cared for appropriately. The centre had a policy in place to ensure that possessions and finances within the centre were safeguarded through procedures to record possessions, income and expenditure, and audits of this were carried out. Children and young adults funded their individual activities and bought their personal possessions but the service funded transport costs, staff costs for activities and resident's food costs. Inspectors found that appropriate records were maintained for this expenditure and these records were audited by qualified financial personnel annually. The most recent audit seen by inspectors was detailed and found that residents' finances were managed well and it made recommendations for minor improvements in practices.

The children and young adults had varied interests inside the centre such as music, audio/video, relaxation treatments, sensory sessions, cookery and crafts. Residents were observed choosing to listen to their music, cooking, experiencing different tastes, smells and sensations in sensory play and spending one-to-one time with staff. Staff were very alert to their needs that could not be verbalised, and inspectors observed the children and young adults being confident in expressing their needs with staff, which meant that they determined their own routines and activity while in the centre.

Children had engaged in a number of meaningful activities that maximised their participation in the community and as a result had significantly improved social outcomes. Outside the centre children had enjoyed attending concerts, outdoor events, a social club, a fleadh, restaurants, cafes, the cinema, the circus, hydrotherapy, the beach, funfairs, and exhibitions in the local community and further afield. This meant that children were maximising their participation in the community and experiencing opportunities similar to that of their peers. Since the last inspection additional staffing at evenings and weekends had been provided to support this, as had dedicated funding for suitably adapted transport. Inspectors found that the children and young adult's experiences in the community were marked in records and in photographs in the centre. In addition, each child had a scrapbook that was recording their experiences and preferences with pictures and memories such as ticket stubs, menus and mementoes. Resident's financial records reflected their activities and parents told inspectors that they were very happy with the significant increase in their children's experiences outside the centre.

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:

Children and young adults' communication needs were very well assessed and understood to a high standard. None of the children or young adults used language to communicate with staff and their needs and wellbeing were communicated through gestures, body language, expressions, touch, pictures and sign language. Inspectors found that residents' methods of communication were recorded comprehensively in communication passports for each individual. These passports outlined each individual's method of expressing a range of emotion and needs such as happiness, discomfort, tiredness, enjoyment, fun, distress and many others. For example, a passport described one child's gestures that would indicate if s/he was happy listening to certain music or wanted a different choice. Another passport described arm movements and facial expressions that indicated that a young adult was anxious or distressed. Inspectors observed staff using tactile sign language with children/young adults to communicate with them. Inspectors also observed children and young adults visibly reacting positively to staff members and becoming relaxed and assured in their presence. The service area manager told inspectors that the passports were developed with the multidisciplinary team and families to reflect the nuances of non verbal communication specific to each child/young adult. Records showed that all staff had undergone a number of training workshops training in communication, a recognised sign language system and in the picture exchange system used by some children. Staff that spoke to inspectors were fully aware of each resident's gestures and were observed responding openly to these gestures throughout the inspection. Staff could describe resident's communication traits to inspectors and parents that spoke to inspectors said that their children were understood and listened to by the staff team.

The internet was available in the centre but, due to the residents' needs, none of them utilised this or any hand held devices due to the motor skills required for their use. However, staff had taken the children and young adults to an assisted device exhibition to gauge their interest. Records of team meetings focussing on communication showed that the speech and language therapist attached to the service had given advice on assistive devices and had identified that while they may be used by the children and young adults for leisure purposes, the devices would not aid their communication.

A recognised sign language and a picture exchange system were in use in the centre, in addition to gestures and body language. There were signs and pictures on display throughout the centre, signposting communal facilities, activities and menus, personal plans and key policies such as complaints. Each resident's bedroom had their name displayed on the door painted in bright colours with their preferred characters from books and cartoons. Inspectors found that the communication between residents and

staff was intensive and nuanced, and saw how reassured children and young adults were when staff understood them. This led to them being at ease and feeling secure. This meant that despite the barriers faced by the children and young adults in communicating, they were listened to, understood and responded to with the empathy and support they needed.

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/young adults and families through a number of different ways and made significant efforts to maintain family ties. Records of communication between the centre and parents were maintained in each of the resident's files. Families were consulted with regarding their child's care from the admission stages of their placement through to their planning and reviews. Families were kept informed of their child's wellbeing regularly and staff were observed providing updates to parents during the inspection. Families were invited to, and in some cases provided with transport to attend events and celebrations in the centre. For example, one family visited weekly and spent every Christmas day with their child in the centre. Families that spoke to inspectors and returned questionnaires as part of the inspection highlighted how welcome they felt in the centre.

Two children/young adults stayed in the centre on a shared care arrangement and therefore were at home for half of each week. The other four children and young adults lived in the centre on a full time basis. Families and friends visited their child in the centre and some children/young adults also went home for stays.

Private space to receive visitors was restricted due to the lack of overall space in the centre. Residents could receive visitors in private in their bedrooms but this was not appropriate or in line with regulations. There was a family room elsewhere in the main building that the centre was attached to which was seen by inspectors and found to be comfortable. However, if residents and families utilised the sitting room area in the centre for visitors, this restricted other residents' use of that area. As such, the facilities for seeing visitors in private in the centre were not adequate.

The centre promoted the rights of children and young adults to meet with friends, and

the records and interactions seen by inspectors showed that their closest peer relationships were with school friends and each other. Inspectors saw evidence of residents' friendships with each other being promoted through activities during the inspection. Staff that spoke to inspectors were aware of the friendships and peers of the children and young adults.

Judgment:

Non Compliant - Moderate

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 an admission and discharge policy and procedures which covered admissions, discharges and transfers to and from the service. The process described was transparent and inspectors found that the procedure was clear, and outlined the need to ensure admissions were in line with the centre's statement of purpose. The procedure also reflected the assessment and planning process in the centre. The policy and procedure described the process used to determine suitability of admissions in respect of their impact on other residents and the need to protect all children and young adults from peer to peer abuse.

Inspectors found that admissions to the service were in line with the centre's statement of purpose and the centres own policy. The described criteria in the statement of purpose were specific. Admissions to the centre were planned and children and families visited the centre prior to admission. A needs assessment and risk assessments were in place for children before staying in the centre overnight. In two cases, a shared care arrangement was in place and this was described in the statement.

The children and young adults living in the centre were well matched in terms of their dependency needs and compatibility. They had also attended school together across a number of years.

The centre did not have any completed contracts of care in place for children or young adults but draft contracts had been sent to families for completion and these were seen on resident's files. The draft contracts outlined the services provided, the charges required and the expectations in the centre for children and young adults using the service.

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):

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

Findings:

On the last inspection assessment and personal planning had improved but was not adequate for children/young adults accessing the centre on a shared care basis. In this inspection, assessments, personal planning and reviews were found to be comprehensive and effective for all children and young adults.

Each child and young adult had a comprehensive assessment of need in place which was carried out by the multi-disciplinary healthcare team involved with them. Inspectors reviewed a sample of residents' files and noted that assessments were in place for children and young adults which described their needs in all aspects of their lives from their medical and healthcare needs to their social and spiritual needs. Staff that spoke to inspectors were aware of all of the residents' assessed needs and the interventions in place to meet these. Minutes of assessment meetings were held on each resident's file which reflected that all disciplines and all families/representatives were involved in the assessment process.

Each resident had a personal plan which was up-to-date, of a very good quality and informed by an assessment of need. Inspectors found a number of support documents in resident's files that underpinned the personal plan. Children and young adults had an 'all about me' profile which clearly outlined their key needs in areas such as communication, nutrition, medical support, education, contacts and preferred routines. This contained photographs of all of the important people in the resident's life and was written in the first person. Inspectors found this document was accessible, person centred and gave a very good picture of the child/young adult. There was a 'listen to me' profile document which was the residents own version of their plan and was made up of pictures and signs with minimal text, as none of the children or young adults read text. Plans examined by inspectors clearly outlined the resident's goals in areas such as

education, risks, safety, health, social, spiritual, cultural, quality of life, nursing care, emotional, transition, relationships, medication and mobility. These goals were appropriate and achievable. Inspectors saw some goals such as cooking and taste testing being implemented during the inspection and records showed that the support provided to children and young adults was in line with the agreed plan. In addition, each child and young adult had an individual living option record which explored appropriate living arrangements for their future. A nursing care plan and a communication plan also underpinned the personal plan. Three of the young adults who were 18 years or over also had detailed transition plans for the purpose of moving on to an adult service. Both nursing and care staff that spoke to inspectors of the purpose of each of these plans and inspectors found that resident's progress was clearly recorded by staff and reflected in their plan. Inspectors also found that the plans were implemented consistently for the children and young adults, and the content of the plans meant that staff could care for each resident effectively.

In the last inspection inspectors found that staffing levels and resources impacted on children achieving their goals. However, this had improved significantly for all children and there were no barriers to achieving goals experienced by the children since August 2015. Plans outlined a number of goals to provide a good quality of life to the children and inspectors found that goals were regularly evaluated by the staff team to measure their progress. All of the children had goals in relation to community participation and new experiences and this was an area where the centre had yielded excellent results for children. Inspectors noted that staff recorded children's reactions to these experiences in detail, and the way in which children's body language, gestures and moods were described was commendable as it gave a very good insight into how children with very complex needs can express themselves without language.

Reviews of personal plans had been carried out for all of the children and young adults in September 2015 and the records of these were seen by inspectors. Attendance at reviews was multi-disciplinary and residents and families also attended and contributed their views. Plans examined by inspectors reflected changes in support and goals (where this was relevant) that were decided at these reviews and named staff were identified to implement the goals. Achieved goals and amended goals were also reflected in both review meeting minutes and the personal plans and children's and young adults progress was clearly recorded in respect of their goals.

Good quality transition planning was in place for all of the children as three young adults were due to move onto adult services, and three children had plans to move from the congregated setting to more suitable accommodation in the community. For one child, the placement had been identified and significant consultation had been undertaken with families. This child's transition plan clearly outlined a schedule of visits and activities to the onward placement for the child and named the staff to support these. Meetings with the staff team in the future placement were also scheduled and progress on the plan was recorded. An accessible version of the plan with signs and pictures of the child, their family, staff and the house was also in place. Transition plans for the three 18 year olds due to transition to an adult service were also in place but the physical location of the future service had not been confirmed for two of these. Where the future placement property had not been identified, the children's needs in relation to visits, supports and facilities were detailed in their plans, as were the wishes of their

families.

Judgment:

Compliant

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 centre was a five bedroom wing of a healthcare setting within a congregated community, in which the organisation operated a number of residential, respite and day services for children and adults with disabilities. The design and layout of the house were in line with the centre's statement of purpose but the physical environment was not suited to its stated purpose. The centre was clean, suitably decorated and well-maintained. The centre's décor was brightly coloured and child friendly, with individual preferences respected. Residents' personal effects were used to decorate their rooms and each bedroom reflected each individual's interests and preferences. The centre had very limited communal space for children and young adults, but it did contain a sitting room and a sensory room. These areas had toy/sensory boxes for each child and access to a television, a stereo, dvd's, books, games, and music for the children/young adults. The centre was not suited for its purpose as it had insufficient private communal areas, some doorframes were not compliant with building regulations for wheelchair users, and it was attached to a large institution. In addition, the centre did not have full cooking facilities or a dining area, and this is addressed further in Outcome 11 of this report.

The centre had storage facilities which were limited and used to capacity. Children stored their belongings in their room and bedrooms had adequate storage. The centre had two bathrooms which were suitably sized and equipped to meet the intimate care and hygiene needs of the children, as well as access to toilet facilities for staff and visitors. The equipment in the centre was well maintained and had been assessed for use by the organisations occupational therapists, with clear guidance for use available to staff. The centre had its own entrance and access to a seating area at the front of the centre.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Risk management procedures had improved since the last inspection but hazard identification still required improvement. Fire drills were completed regularly and, while aspects of the building were not compliant with fire regulations, systems had been put in place to address this. The centre also had policies and procedures in place regarding emergency planning, health and safety, protection against infection and fire. There was a safety statement in the centre which had been read and signed by staff members and was up-to-date. Staff members had received health and safety training, including; manual handling, fire prevention and infection control.

Risk management procedures had improved and were effective, but local hazard identification was not at an optimum. The risk management policy had been updated in August 2015 and complied with the regulations. There was a risk management framework in place with an incident reporting system and systems to learn from serious incidents and adverse events. Inspectors found there was both corporate and local risk registers which had been in place since the last inspection and further developed prior to this inspection. Inspectors viewed the local risk register which contained 12 open risks. These risks reflected the key risks in the centre such as the use of agency staff, issues with fire safety, collective risks posed to children and young adults from their needs (such as tissue viability and risks associated with feeding) and the location of the centre in a congregated setting. These risks were risk rated using a risk matrix and then assigned a value rating which reduced or increased dependent on the controls in place. Inspectors found that detailed controls were implemented in response to all risks and these controls were evident in the centre.

A hazard identification assessment had been undertaken across the campus and included this centre. This was examined by inspectors and showed that the assessment focussed on wider environmental hazards and their impact as opposed to specific hazard identification of the physical environment in the centre which was not adequate.

Individual risk assessments were in place for all children and young adults. These related to aspiration, medical conditions, injuries and their specific vulnerabilities. The control measures to manage the risks were clearly documented and controls such as additional staff numbers and specific training had been implemented to reduce the risks. Manual handling assessments and plans were in place for each child and these were seen by inspectors. The plans clearly outlined the staff support, approach and equipment required to move each child/young adult safely for a range of tasks, such as

personal care.

Measures to control the spread of infection had improved. The infection control policy had been updated since the last inspection. Children and young adults had their own clothing, bedding, linen, sensory toys and blankets, which were laundered separately in line with procedures introduced in August 2015, and stored for their exclusive use. There was a colour coded cleaning system in place and a cleaning schedule supported the maintenance of this and other equipment. Staff were observed cleaning equipment such as wheelchairs and hoists in an effective way during the inspection. Sanitising hand solution was available throughout the centre and some, but not all staff were trained in hand hygiene. A schedule of further training was in place in the centre.

A system in use in the centre captured data on accidents, medication errors and incidents in the centre. Inspectors found there was a clear process in place to monitor, manage and trend near misses, adverse incidents and no harm events through this National Incident Management System (NIMS). Incidents were risk rated using a scoring system. Inspectors found that there was a clear process in place to ensure that risks were notified to the relevant personnel. All incidents were reviewed and signed off by the CNM2 and reviewed by the service area manager who monitored reports on a weekly basis. These were also reviewed by the nursing team at their monthly meetings. Records of the NIMS reviews were examined by the inspectors, and these showed that the learning from incidents was discussed and appropriate action was taken where required.

Progress had not been made in relation to specific identified fire risks but there were improved controls in place. Fire prevention systems were in place and were serviced regularly. Fire extinguishers and emergency lighting were also serviced as required. A fire safety assessment report completed by an external service in March 2015 had identified that works were required to ensure the building was compliant with fire safety requirements. The service area manager advised that capital funding had been recently agreed and work was scheduled to commence following the inspection. Controls were in place regarding the fire risks which pertained to the width of doorframes on two bedrooms. These controls in place included specialist evacuation equipment, an increase in night staffing, monthly fire drills, daily visual checks of equipment and exit plans and all staff participating in drills. Staff that spoke to inspectors could describe the controls in place and the exit procedures and told inspectors that due to the increase in fire drills the procedures had become more effective. In addition, the service area manager had met with the local fire authority and timelines of the despatch of a fire service had been established and agreed.

Fire drills were completed at least monthly since June 2015 and all staff had participated in at least one fire drill. For example, records on one child's file reflected that they had been involved in 13 drills since March 2015. Records of fire drills included an evaluation of the event and those seen by inspectors also highlighted improvements in staff use of evacuation aids. Two night time drills had occurred since the last inspection. Inspectors reviewed fire safety instruction records and found that the records included all staff who worked in the centre.

Detailed and effective personal emergency evacuation plans (PEEP's) were in place for

all of the children and young adults. The evacuation plans gave an overview of the requirements to evacuate a resident safely should the need arise. The plans detailed separate procedures to follow during day time and night time hours, and if a child/young adult was using the bathroom or the sensory room. The night time fire drills undertaken in the centre followed the protocol in place and the clinical nurse managers covering the campus attended the centre to assist the two staff on duty to evacuate, which was successful.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The centre had safeguarding and child protection procedures in place but aspects of these needed to be more robust. Inspectors found that there was an up-to-date procedure for the welfare and protection of children. This policy was consistent with the requirements of Children First: National Guidance for the Protection and Welfare of Children (2011). There was a designated liaison person (DLP) for the organisation to whom all child and adult protection concerns were reported. Inspectors observed that the contact details for the DLP were on display in the centre.

Staff that spoke to inspectors demonstrated appropriate knowledge and understanding of what constituted abuse, the types of abuse and demonstrated and described appropriate actions they would take when made aware of suspected abuse of children and young adults with a disability. Staff were cognisant of the specific vulnerabilities of the children and young adults in the centre due to their dependency. They could also identify the designated liaison person (DLP) who receives child/adult protection concerns within the organisation.

There was a system in place for concerns to be reported and screened internally and reported externally to the Child and Family Agency within agreed timeframes. The DLP confirmed with inspectors that there had been no child or adult protection concerns reported since the last inspection in July 2015 and records examined by inspectors

confirmed this. Inspectors found that marks or bruises found on children or young adults were routinely recorded on body maps and followed up with families and other professionals as required. However, for children and young adults in shared care who were regularly moving between home and the centre, inspectors found that body maps were not routinely completed on their admission and discharge where there were no marks or bruises. This practice was also not featured in the centre's policy. This meant that it may be more difficult for staff to track the original cause of any bruising that did occur, as children and young adults were living across two locations.

Inspectors found that children's and young adults' safeguarding needs were assessed, monitored and managed through assessments, individual risk assessments and intimate care plans. From an examination of a number of personal profiles, interviews and observations inspectors determined that all of the children and young adults attending the centre had very high dependency needs, and as such, had a negligible ability to protect themselves from abuse. Inspectors found that the assessments and plans in place provided very clear guidelines to support staff to deliver safe support to individual children and young adults. Intimate care plans outlined that intimate care should only be provided to residents by staff known to them and who had undergone child/adult protection and safeguarding training. Communication passports for children and young adults were also examined and these described the indicators of resident's non verbal cues and wellbeing. Inspectors observed that staff care practices during the inspection safeguarded children and young adults effectively and the residents were observed being relaxed and secure within the centre.

The provision of training in child protection and safeguarding had improved, and all staff had received child protection and safe care training. Staff meeting minutes seen by inspectors reflected that safeguarding practices were discussed periodically by the team and nursing staff interviewed told inspectors that they had oversight of all practices in the centre when on duty. The DLP for the organisation was also the person in charge for the centre. The DLP told inspectors that they felt this dual role was a potential conflict and as a result another manager had been identified to take over the DLP role. Inspectors were told that three managers in the organisation had just completed DLP training and one would take up that role in coming weeks while the others would deputise in their absence.

The children and young adults in this centre required very few behaviour support interventions, as their behaviour was not significantly challenging. The centre had implemented a policy on positive behaviour support which was effective. The policy on behaviour support was up to date and outlined a positive approach to managing and reducing behaviour that challenged. However, there were restrictions to keep children/young adults safe and some expressed their frustration through self injurious behaviour on occasion. Inspectors found that these residents had support plans in place which were drawn up by the multidisciplinary team involved with them. Inspectors observed that the interventions were positive and were applied consistently by the staff. Records were maintained of the interventions carried out based on the behaviour support plans and plans seen by inspectors were reviewed when required. Records also showed that efforts were made by the team to alleviate the causes of behaviours and to try different interventions to address these.

Restrictive practices were underpinned by a policy and inspectors found that the least restrictive procedure was used for the least amount of time. However, the review of the records relating to restrictions was not always clear. There was good knowledge of restrictive practices in use in the centre by the service area manager and the staff team, as they could describe all restrictions in place and their purpose and effectiveness. The children and young adults in the centre had very complex medical needs and several of the restrictions in place such as lap belts, moulded chairs and bed sides were prescribed by their multi-disciplinary teams to meet their medical or safety needs. Restrictions were recorded and were the subject of monthly multi-disciplinary meetings. The service area manager told inspectors that he reviewed these regularly. However, this oversight was not clearly recorded in the restrictive practices log. Senior managers told inspectors that a newly introduced rights committee would review all restrictions going forward but no referrals had yet been made from the centre. Inspectors found that each restrictive practice implemented was contained within children's and young adults individual risk assessments.

Inspectors found that all restrictive practices in use in the centre had been notified to the Authority in quarterly notifications.

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 was maintained of all notifiable incidents in the centre and the Authority had received these within required timescales.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents' educational and occupational needs were well met. Four of the residents living in the centre were in full time education in the school attached to the service. They were taken to and from school by centre staff and school staff also visited children in the centre at times. They got to school on time, except on the occasions that they were unwell, in which case they remained in the centre. Their education was valued by the staff team and staff told inspectors that there was very good communication and joint working between the centre and the school. For children receiving shared care, education was jointly managed between their home, the staff team and school. One parent told inspectors this was well co-ordinated by the staff team. Each child had a communication record that was completed by all parties to ensure all were informed of the child's wellbeing and achievements on a daily basis. This meant that all aspects of the children's education and progress was shared with the people in their lives and could be followed up and acted upon promptly. Transition plans for children showed that the location of future placements and the impact of journeys to school were key considerations in determining a suitable residential centre for the children.

Two of the young adults in the centre had left school and were attending a day service attached to the organisation. They were also taken to and from the service by centre staff, and the staff team told inspectors that they received daily reports from the day service staff regarding the young adult's wellbeing.

Each child had their educational needs comprehensively assessed and the centre held copies of children's individual education plans (IEP's) that set their learning goals. The assessments reflected that all of the children had very complex learning needs but there were a range of learning goals for each child. Staff from the centre attended IEP review meetings in school to provide reports on children's progress in the centre and nursing staff confirmed that the centre was provided with a range of school reports and plans from schools. Inspectors saw evidence of joint actions between school and the centre in children's files and evidence of educational work and achievements in the centre. This meant that children were fully supported to achieve their potential in a consistent way by the centre and the school.

Judgment:

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):

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

Findings:

Children's and young adults' healthcare needs were well met through timely access to multiple services and a high standard of healthcare provided in the centre. Many of the children and young adults had very complex needs such as multiple medical conditions/diagnoses and restricted mobility. This meant they were unable to attend to their own health and medical needs without full support from the staff team, their families and medical personnel. A qualified, registered nurse was on duty in the centre for each shift and children and young adults had access to either their own general practitioner (GP) or a GP attached to the centre. All of the residents were also under the care of a regional paediatrician and their records showed that staff attended meetings with external medical teams regarding their on-going care. Inspectors found that children's and young adults' health needs were appropriately assessed by the multi-disciplinary team and these needs were met by the care provided in the centre. There were a range of care plans in place to support individual's specific medical needs, such as tissue care, seizure management and tube feeding, and these were fully overseen by the nurse on duty. Any changes in treatment were updated in the relevant care plan for each child/young adult. This meant that their care needs were assessed, planned for and were delivered by qualified personnel. Parents who participated in this inspection felt that their children's medical needs were well met in the centre.

The centre had insufficient space available to host communal dining as social occasions. However, the staff team had made efforts within the confines of the physical building to address this. Four of the children/young adults in the centre required support to eat and drink and a number of these used tube feeding systems such as Percutaneous Endoscopic Gastrostomy (PEG) feeds. PEG feeds were administered by the nurse on duty. Two of the children/young adults who ate solid food were involved in preparing their meal and they utilised the main building's canteen or in another kitchen/dining area in the main building for mealtimes. These residents were provided with choices of meals in picture formats, and inspectors observed one young adult supporting staff to cook their meal of choice in the area in the main building. A record of all meals and snacks for these residents was maintained and showed that there was a range of healthy and nutritious meals provided to the children. They also had their own food cupboards in the centre and chose what foodstuffs they wanted from the pictorial choices. Inspectors also found that specialist diets such as dairy and gluten free diets were supported for the children/young adults.

A number of good practices were noted in relation to allowing children/young adults with complex nutrition needs, to experience the tastes and sensations associated with food. Families were supported to join their children for meals and special occasions such as birthday parties, and pictures of these events were on display in the centre. All of the residents were involved in a sensory taste programme developed by staff and members

of the multi-disciplinary team. This involved children/young adults tasting minimal amounts of a wide range of sweet/sour/savoury/spicy foods such as chocolate, citrus, curry, candy floss, ice cream, dips and snacks. Their reactions to these foods were recorded to reflect their experience. Inspectors found this was an excellent programme that ensured all residents, whether tube fed or not could experience food sensations and enjoyment.

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):

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

Findings:

At the time of the last inspection there were deficits in the medication procedure and in some records. Inspectors found that practices had improved and the policy and procedure for medication management had been updated and contained all the required information.

The medication management system was effective and safe. Inspectors examined children's and young adults' medication records and found that the prescription sheets for them contained the required information such as name of their GP, and the name, dose and route of medication. All prescriptions were signed by the resident's GP and transcribed onto administration records. The maximum dosage of "as required" (PRN) medication was also recorded on all prescriptions. All medication was prescribed, even non prescription items such as supplements and pain relief. Resident's name, date of birth, address and photograph were recorded on each administration sheet and those examined by inspectors were signed and co-signed by staff administering medication. A record of all staff signatures and their roles were maintained in each resident's medication folder. Four of the children/young adults received their medication via their PEG feed and it's administration and after effects were monitored by nursing staff and recorded in resident's records.

Inspectors examined the content of the medication cabinet and found that medication was labelled appropriately and a shelf was allocated to each child/young adult. All of the medicines examined were in date and medication moving in and out of the centre (such as shared care or to day services) was reconciled in each resident's record by the nurse on duty. A controlled drugs register and appropriate storage for these medicines was also in place and was found to be up-to-date. There were no controlled drugs in use at

the time of this inspection. Medication audits were undertaken internally by the nurse manager on a monthly basis and by a pharmacist on a quarterly basis, and these were seen by inspectors. Audits had identified some errors such as a small number of gaps in co-signatures and where staff had signed the wrong column in the administration record in error. Errors were addressed by the CNM2 and staff nurse on duty directly following the audit and copies of audits were sent to the service area manager and discussed in monthly nursing meetings by him and nursing staff. Additional actions, where required were then implemented.

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:

There was a written statement of purpose in place which set out the aims, objectives and values of the centre and this was reviewed by inspectors. The statement did not fully comply with Schedule 1 of the regulations. It set out the facilities and services provided to children/young adults and described the skills and experience of the staff team and the numbers of staff on duty. The statement reflected the needs of the children/young adults attending the service currently but inspectors found that this description was too specific to individual residents. In addition, areas of the statement dealing with day-to-day operations such as nutrition, activities and religious arrangements required more detail to reflect the arrangements in place to meet children's/young adults' needs. For example, the section relating to activities did not outline transport arrangements to support activities and the section on nutrition did not describe the facilities in place or children's involvement in preparing meals on occasion. The floor plan outlining the size and location of rooms and the layout of the centre was also not included. The statement was available in a format that was accessible to children/young adults and families, and was on display in the centre. Staff that spoke to inspectors were aware of the purpose and function and the statement had been reviewed annually by the provider.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the time of the last inspection inspectors identified on-going deficiencies with the governance and management arrangements. There had been improvements in this inspection, and inspectors found that manager's accountability and clarity in their roles had progressed. In addition, a number of aspects of the management and operation of the centre had improved. However, improvements in the manager's oversight of and accountability in records and actions from meetings remained in need of further development.

There was a clearly defined management structure that identified the lines of authority and accountability in the centre. As part of this inspection, inspectors examined the service's organisational structure and spoke to the person in charge, the service manager, the clinical nurse manager (CNM2) for the centre and the staff nurse on duty to examine the operation and management of the centre and found that managers were clear about their roles and reporting structure. Care staff were supervised on shift by the staff nurse on duty and s/he reported to the clinical nurse manager, who reported to the service area manager. He reported to the director of services. Staff identified the CNM2 as their overall line manager and were clear about the roles of the service area manager and the director of services.

The service area manager was the nominated person in charge, and he was also the person in charge for one other designated centre on the campus. He was employed on a fulltime basis and was located on site, close to the centre. Inspectors found him to be a suitably qualified person with knowledge and experience commensurate to the role. He had worked on the campus for a number of years and had been a manager within the service for over ten years. He was knowledgeable regarding the needs of the children/young adults and demonstrated good leadership skills and a commitment to person centred care during this inspection. He demonstrated an adequate knowledge of his responsibilities and legislative requirements and had participated in the improvement of the quality of systems and standards of care in the centre. He had undertaken training to ensure he had ongoing continuous professional development and he demonstrated a commitment to adding to his skills and knowledge. Records in the

centre reflected that he was present in the centre on a daily basis.

Management systems had improved and the care provided to children and young adults was effective and of a good standard, but these required further development in order to ensure that the service was effectively monitored. There was good communication between the managers and staff through team meetings, day-to-day interactions and guidance, and inspectors observed a lot of informal supervision in the centre which was effective. Inspectors examined a range of staff meetings at different levels. There were regular team meetings which included the resident's wellbeing, safety, training, evidence based practice and policy updates. Monthly nursing meetings were held with the nursing staff and service area manager and inspectors were told by staff and the CNM2 that the meetings were effective in ensuring actions were progressed and practice was consistent in the service.

Some systems had been introduced to monitor the quality and safety of the care and support to children and young adults. The senior management team met fortnightly and an action plan was produced from these meetings. Inspectors could see the progress of the service through the meeting minutes. However, inspectors found that the description of some actions and the person identified to implement actions was not always detailed enough, which meant it was not fully accountable. Additional recording systems had also been introduced since the last inspection and there was evidence of some oversight by the service area manager in some records. However, this oversight was not consistent in all records which meant that the service area manager may not be aware of all events in the centre. Managers completed daily and monthly quality and safety visits to the centre. Inspectors examined the records for these and found that managers had identified areas that needed to be improved as part of these visits. Staff then signed off on these once completed. However, inspectors found that these were too varied in the detail recorded and as such, may not effect change, as in some instances, the deficits needed to be clearer and more specific.

There had been some good oversight of the operation of the centre through unannounced visits, an annual review and audits. However, not all regulations were complied with as six monthly unannounced visits had not been undertaken. Inspectors found there had been an annual review of the quality and safety of the centre since the last inspection which was of a good quality and outlined actions in response to deficits and improvements in the centre. Some of these actions had been completed and others were in progress. Inspectors found that residents' families had been consulted with regarding the operation of the centre and their satisfaction with the care provided following the last inspection in July 2015 but these views were not reflected in the annual review report. The six monthly visits by the provider had not yet been undertaken and while monthly unannounced visits were undertaken to the centre by nominated managers, the details in these reports were not adequate to inform the six monthly report on quality and safety.

There were improvements in systems in place to ensure that staff and managers exercised their personal and professional responsibility for the quality and safety of the service. There was a protected disclosure policy in place and staff that spoke to inspectors were aware of the policy and their obligations regarding this. Inspectors observed that the process to make disclosures and the contact details of a confidential

recipient for the service were on display in the centre. All staff that spoke to inspectors also identified senior managers as people they would report concerns to and they felt confident to do this. Inspectors saw evidence where staff reported concerns about issues such as agency staff and induction to managers and these issues were acted on.

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:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the service area manager the nurse manager was the designated person to manage the centre. The service area manager had not been absent for 28 days or more, and therefore no notifications were required to be made to the Authority. Inspectors found through interviews that the service area manager and the service manager, they 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:

In the last inspection there were inadequate staffing resources to ensure residents' needs were fully met in the support they required and in their quality of life. This had improved significantly in this inspection. Inspectors found that the centre was adequately resourced to ensure that the care and support delivered to children and young adults was in line with the statement of purpose. However, as described in outcome six of this report, the centre was not suited to its purpose due to its location and layout. Records seen by inspectors showed that significant resources had been acquired to support children and young adults in the centre to move to community based services in the near future.

The service area manager had a budget for the centre which he reconciled quarterly and reviewed with the external line manager of the centre. Annual audits of expenditure were undertaken and budget expenditure was reviewed annually. The centre was adequately staffed to support residents in the centre and for activities outside the centre. Dedicated funding for transport had been put in place and inspectors found that this was accessed regularly to support residents in accessing the community.

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):

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

Findings:

Staffing levels had improved significantly since the last inspection. While a number of staff members were up to date with mandatory training requirements, some remained outstanding. Staff supervision of some grades was in progress but required further development to ensure it was regular and accountable. All staff files did not contain up to date vetting.

There were a sufficient number of staff in place to meet the needs of the children and young adults. There were four staff on duty in the morning and from mid afternoon to night. Staffing levels at night time had increased from one staff, to two on waking night duty. These two staff comprised of a registered nurse and a care staff. In addition, as the centre was located in a congregated setting, two clinical nurse managers (CNM3)

provided additional nursing cover at night if required. The nurse on duty was required to leave the centre once (late evening) for 30 minutes to administer medication in a neighbouring unit, and the care staff remained in the centre. The person in charge and nursing staff described a protocol in place to ensure the nurse returned in the event of an emergency. However, this was not formalised, and this meant that one staff member was alone with five children with complex needs. Inspectors found that there was a risk that staffing would be insufficient and all staff may not be aware of the process, which was not sufficiently robust.

The staff were an experienced team but this included some agency staffing. The staff on duty across the two days of the inspection comprised of a permanent staff nurse, two permanent care staff and one agency care staff who had worked full time in the centre for a number of months. The staff nurse was the identified shift leader. The rota reflected that there were three permanent staff nurses and six permanent care assistants on the team. In addition, two agency care staff who were trained in social care worked full time hours in the centre. A further three agency care staff worked regular part time shifts each week to provide social support during evenings and weekends. Inspectors spoke with the team and found that they had a very good knowledge of the children/young adults and their care and support needs.

There was a planned and an actual rota in place. Inspectors reviewed the rota for a four week period and found that it reflected there were sufficient staff with an appropriate skill mix on each shift. The rota showed that there was one staff nurse and three care staff on duty from early morning until 9:30 am when two care staff left and the staff nurse and one care staff remained in the centre. Two further care staff came on duty from 3pm. Staff told inspectors that the improvement in staffing numbers and skill mix had made a significant difference to children's quality of life.

The centre had an effective induction and orientation programme in place for all new staff. Inspectors examined completed inductions for agency staff and found a range of areas covered and signed off by the inductee and the staff nurse responsible. Staff told inspectors that the previous induction system was inadequate, and as a result all new staff (agency or permanent) were required to undertake a one week induction which included shadowing staff members and reading policies, procedures and care files.

Training provided to staff had improved, and was more up-to-date, but still required further development. Core refresher training had been provided to several staff in line with the centre's policy, but not all staff were up to date with this training. All staff were up to date with child protection and safeguarding training and shift leader staff had also completed all refresher training. Two to three care staff were out of date with manual handling, behaviour support, fire safety and hand hygiene refresher training. The service area manager told inspectors that these staff were scheduled to attend a rolling programme of refresher training and some staff leave and commitments for increased numbers of staff on duty had impacted this. A programme of training across the service was open to staff to attend and this was examined by inspectors. While staff had access to continuous professional development through this, it was not based on the specific needs of children/young adults in the centre. Nurses had completed an online training course on medication management and certificates of completion were in place. The service area manager had completed a training needs analysis. This listed dates for core

training but was not a comprehensive overview of the training needs that took account of the needs of the children/young adults and the staff team.

Inspectors found that staff files did not contain the required information as set out in Schedule 2 of the regulations and the information on file was not adequately robust. This had been identified across the three inspections of the centre. Inspectors examined a number of staff files and found that recently employed (2014-2015) staff had up-to-date garda vetting in place but other staff only had original garda vetting which was over ten years old for some staff. The service manager told inspectors that the organisation had commenced the process of seeking updated vetting but this had not progressed due to union concerns and this was currently under discussion. However, inspectors found that where staff had been promoted within the centre or organisation, they were not vetted for their new role. Inspectors found that this standard of vetting was not adequately robust. Most staff had the required references on file. However, many references seen by inspectors were undated, as the pro-forma document issued to referees did not have the facility to date the reference. Again, this was not adequate.

Care staff were not formally supervised and the systems in place to support supervision were not adequate for all staff. Inspectors examined a procedure introduced to guide formal supervision in the organisation and found that while it described the process as performance development, its guidance in respect of supervision was inadequate. As in the two previous inspections, supervision of care staff had not commenced, although the supervision of managers and staff nurses had commenced. The service area manager told inspectors that the supervision of care staff was due to commence and this would be carried out by staff nurses. However, staff nurses had not received training in providing supervision, and the policy in place did not adequately guide staff and managers regarding supervision. Inspectors examined records of manager's supervision and found that the quality of supervision and frequency was not adequately accountable and required improvement. Staff did tell inspectors that staff nurses and the CNM2 and service area manager provided good guidance and support to them in their roles.

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/young adult were maintained securely. Detailed records on each of the residents were maintained and their files were stored securely in locked facilities in the centre. All records on each resident were signed and dated by staff and children's or young adults' representatives, as appropriate.

All of the policies and procedures required under Schedule 5 were in place, up-to-date and the majority complied with the regulations. However, the procedures relating to recruitment and vetting, and a relevant and robust procedure regarding supervision of staff were not adequate.

The records required under Schedule 3 and 4 were also in place and examined by inspectors. Many records were completed to a good standard but some required improvement. For example, complaints records did not clearly record the outcomes of complaints. Adequate protocols were also not in place for issues specific to the centre, such as the movement of children between home and the centre and the night staffing arrangements.

The resident's guide was in a format accessible to children and young adults. However, it did not include adequate detail on how residents and their representatives could access previous inspection reports by the Authority. In addition, there was inadequate detail regarding the complaints procedure contained in the guide.

The centre held a directory for residents and their insurance was 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:

Orla Murphy
Inspector of Social Services

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0001750
Date of Inspection:	11 November 2015
Date of response:	

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:

Not all families were aware of the complaints procedure.

1. 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.

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:

- Your Service Your Say is the guide to the Health Service feedback Policy.
- Each family have received a copy of the "Your Service Your Say" leaflet explaining the process & the steps in which their complaint or compliment will be handled.
- An easy to read version is available in this designated centre to all residents & their families.
- The Speech & Language Therapist has carried out a number of communication workshops for staff in relation to exploring the communication pathway for residents.
- The process of communication for residents with HSE Cregg Services and the communication styles is laid out within the Speech & Language Therapist Document.
- Protocol in place for dealing with complaints in a timely manner
- Complaints process reviewed - form updated and includes complainant satisfaction section. Complaint closed out when completed.
- Report form for returning complaints to Local Consumer Affairs office monthly updated Jan 2016.
- Presentation at Senior Management meeting on 14/1/2016 from Consumer Affairs Officer HSE on "YOUR SERVICE YOUR SAY" Policy

Proposed Timescale: 30/01/2016

Theme: Individualised Supports and Care

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

The outcome of complaints was not clear from the complaints record.

2. Action Required:

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

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

Complaints Log to be included in front of Complaints folder to identify outcome of complaints.

Complaints Log Form has being updated to determine if complainant is satisfied with the outcome.

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Proposed Timescale: 02/12/2015

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:

There were insufficient facilities available in the centre for children to receive visitors in private.

3. Action Required:

Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

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

At present we are transitioning residents from this designated centre.

Room on main corridor will be developed into a sitting room/visiting room for residents to see family members or visitors in private.

We have a number of areas outside of this designated centre within campus where visiting & socialisation can take place between family & friends The "SUNSET area & restaurant are available to all families & residents at all times for social & recreational time with their family member. The Sunset area & restaurant is used by families on a regular basis with their family member.

The Spiritual needs are very significant for 1 resident within this designated centre & family like to use the Church for visiting time with their son. All residents are to be vacated from this designated centre by end Quarter 1 2016.

Proposed Timescale: 31/03/2016

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:

No completed contracts of care were in place for children/young adults residing in the centre.

4. 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:

Contracts of Care have been forwarded to all families on 9/11/2015 in this centre for signing.

Proposed Timescale: 31/01/2016

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 physical environment and facilities in the centre were not suited to meet the needs of the children and young adults.

5. Action Required:

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

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

Meeting with Section 39 Agency held in Oct 2015 in relation to future accommodation for remaining children in this designated centre.

Profiles of children in this designated centre outlining accommodation needs was forwarded to this Section 39 agency on 13/1/15. Meeting scheduled for Tuesday 19th January 2016 to discuss profiles & future placements.

Local Implementation Group is actively seeking suitable accommodation for young adults of this service- this group consists of family representatives, estates, properties, Assessment & Placement coordinator & OT input.

Inclusion Ireland met with families of this designated centre in Oct 2015 to discuss advocacy for their son/daughter. Further meeting to be held in February 2016 to progress the issue of advocacy and discuss community living.

Transition plans are in place for children in this designated centre.

Proposed Timescale: 31/03/2016

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:

A specific hazard assessment of the centre had not been undertaken.

6. 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 risk Management policy for the designated centre contains Hazard Identification & Assessment of risk.

All Residents have a completed risk assessment.

Local Risk Register is in place within the designated centre.

Local Health & Safety Statement to be updated for this designated centre to include specific hazards to be identified & controls put in place.

Emergency Plan to be formalised to be site specific to the designated centre.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The remedial works in respect of the external report on fire safety had not yet been carried out.

7. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

There is an external Fire Company FCC appointed to carry out structural changes to this centre from Fire Risk Assessment completed by an external stakeholder. This is to commence in the 1st Quarter of 2016

Proposed Timescale: 31/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The restrictive practices log did not clearly reflect managerial oversight.

8. 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:

Families are aware of restrictive practice procedures within this designated centre.

Restrictive practice folder is reviewed by the Clinical Nurse Manager & PIC within this designated centre on a monthly basis.

All restrictive practices are reviewed and used on a minimal basis where appropriate – i.e therapeutic massage used for service user on his hands rather than a prescribed glove by OT to prevent injury during stages of agitation.

Guidelines for staff on the use of restrictive procedures for the management of behaviours of concern are in place.

Proposed Timescale: 31/01/2016

Theme: Safe Services

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

- Body maps were not routinely completed for children/young adults when transferring between the centre and home on a shared care arrangement where no marks were noted
- The centre's child protection policy did not require routine body maps where no marks were noted for those children and young adults receiving shared care

9. 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:

Intimate care assessment have been updated for this designated centre.

All residents have an up to date intimate care assessment completed which includes all intimate care needs.

All families have being involved in updating the intimate care assessment.

Body maps will at all times accompany children and young adults when transferring between home and centre even when no marks are noted on children and young adults receiving shared care.

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Proposed Timescale: 31/01/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were inadequate facilities in the centre to support communal meal preparation and dining.

10. Action Required:

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

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

Kitchen area available within this designated centre for preparing & cooking some foodstuffs. The Sunset area & restaurant area are used to support resident prepare meals also with more cooking facilities being available.

Communal area available for meal times for residents within this designated centre with portable table available in this designated centre.

All residents are wheelchair users within this designated centre.

Taste programme is in place for residents on PEG regime. This programme is used

both in the designated centre and on social outings. Food box is in place for 1 shared care residents.
Residents are supported to buy food items as required for tasting programme or as part of the normal foodstuffs for 1 resident.

Proposed Timescale: 31/03/2016

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 description of the needs catered for in the centre was too specific to individual children/young adults currently in the service rather than the type of needs the service was in a position to meet.

There was inadequate detail regarding the arrangements in place to cater for resident's needs in nutrition, activities and spirituality

There was no floor plan in the statement.

11. 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:

- Statement of Purpose will be amended to take into consideration to have detail regarding the residents needs in Nutrition, activities & spirituality.
- Floor plan will be an attachment to the statement of purpose.
- Statement of purpose will be made specific to the service provision.

Proposed Timescale: 31/01/2016

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 reports from unannounced visits were not adequately detailed to reflect the quality and safety of care in the centre.

12. 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 to the centre will be completed on a 6 Monthly basis. Visits and reports will have adequate detail to reflect quality and safety.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

- Manager's oversight of children's records was not adequately reflected in the centre
- The details and actions in some meeting records were not adequately accountable

13. 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:

- PIC visits the designated centre each day when on duty.

Walkaround in the designated centre by PIC to review the overall records of the designated centre to include financial, care planning, intimate care, HIQA action plan, medical safety alerts, complaints, IR matters, congregated setting report.

CNM1 appointed to oversee the management of this designated centre from 1/10/2015.

Regular meeting with CNM1 in relation to updates for designated centre are held fortnightly.

Supervision Performance Management has commenced within this designated centre for all grades of staff- completion of same by 27/2/16.

Regular minuted meetings with team in designated area – every 2-4 weeks.

Quality & Safety of Care report for designated centre will be updated in March 2016 and completed 6 monthly thereafter.

Actions of meetings will be clearly defined with responsible person and time frame attached.

Best practice in Minute taking to be shared with staff team. All minutes to be reviewed for accuracy by PIC or CNM 2 prior to circulation. All minutes will be recorded on template (Appendix1).

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The protocol regarding the absence of the nurse on duty from the centre for a period was not formalised and did not address the sufficiency of the staffing arrangement for that period of time.

14. 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:

- A protocol is to be put in place in relation to the Nurse on night duty having to leave the centre for a specified period of time to complete Medication round at 10pm . There is a constant & Familiar care staff in this centre who works the Night roster also.
- A protocol will be written up in the event of the Nurse being required during this absence.

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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:

Updated vetting was not sought for existing staff who were promoted or commenced in a new post in the organisation.

Reference documents were not robust as they were undated.

15. 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:

- All staff in this centre will be required to have updated Vetting in place.
- All staff will have upto date reference in this centre which will be dated.

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Proposed Timescale: 29/04/2016

Theme: Responsive Workforce

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

Not all staff were up to date with core training.

A training needs analysis reflecting the needs of children/young adults and staff had not been undertaken.

16. 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 carried out for this designated centre by 31/3/16. Identified gaps in CPD highlighted by TNA will be addressed by provision of appropriate training and through journal club.

A journal club has been established in Cregg Services.

Online journals are available to all staff

Centre for Nurse Practice & Midwifery Education here in cregg services will be involved with staff from this designated centre when we identify gaps in the training needs analysis.

Training schedule for 2016 course is in place for staff in this designated centre in relation to Mandatory Training—Moving & Handling, CPR, Buccal Madazolam, Epilepsy awareness training ,Childrens First, Studio 111 and Fire Training.

Communication Workshop by Speech & Language Therapist completed with staff in this designated centre.

On line Medication Training completed by all Nurses in this designated centre.

Safe administration of medication training for care assistants is scheduled for the 15th Feb 2016 – members of care staff from this designated centre will attend same with external company.

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

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

Not all staff received formal supervision.

Not all supervisors or proposed supervisors had been trained in supervision.

There was no effective supervision policy in place.

The quality and frequency of managers supervision meant it was not adequately accountable.

17. 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:

Performance Management Framework document (updated) presented at Startegic Planning meeting in relation to supervision for all staff across the Learning Disability Services. Continue implementation of supervision for all staff across this designated centre by 31/3/2016.

Supervision Policy will be in place by 31/3/16 in relation to this framework.

PIC to carry out training & discussion with Nurses in relation to commencing supervision document with all Care Assistants within designated centre.

All Staff will have 3 Monthly supervision carried out with them by use of the Performance Framework document & targets set.

The supervision will follow the lay out of the document with main headings for discussion – Monitoring Inspections, Regulatory requirements, Incidents, Complaints, Risk, Absenteeism, Budget control & staff training & development.

Managers & staff nurses have had supervision document completed with them to year end 2015.

Proposed Timescale: 31/03/2016

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 of the policies required by schedule 5 were not adequate.

18. Action Required:

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

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

All regulatory policies will be reviewed and updated.

Proposed Timescale: 28/02/2016

Theme: Use of Information

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

The resident's guide did not contain adequate detail on how residents and families

could access inspection reports.

19. 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:

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Residents Guide will be amended to include details on how families can access Inspection reports along with previous reports.

Families will be informed that a copy of the Inspection report when published can be obtained from the designated centre.

The PIC & Nurse Manager in the designated centre will inform all families when report is published & sit with families to discuss this report.

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

The resident's guide did not contain adequate detail regarding the complaints procedure.

20. Action Required:

Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

Residents Guide will be amended to include all details regarding complaints procedure.

Proposed Timescale: 31/01/2016

Theme: Use of Information

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

The outcome of complaints as required by Schedule 4 were not clearly recorded.

21. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

- Complaints will be documented as clearly stated in Schedule 4.
- Complaints Log to be included in front of Complaints folder to identify outcome of complaints.
- Complaints Log Form has being updated to determine if complainant is satisfied with the outcome.

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Proposed Timescale: 26/02/2016