

**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 Brothers of Charity Southern Services
Centre ID:	OSV-0002298
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Ruadhan Hogan
Support inspector(s):	Susan Geary
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 19 August 2015 08:30 To: 19 August 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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management

Summary of findings from this inspection

This inspection was the second inspection of the centre carried out by the Authority and its purpose was to monitor compliance with the Regulations.

The centre was in existence for almost three years and was located in one section of a single-storey premises, the other section of which was used as a centre for adults with disabilities. The centre was one of several centres in a congregated setting in the suburbs of a city.

According to its statement of purpose, the centre provided residential care to two children with intellectual disabilities/autism however the centre had capacity for a maximum of three children. Each of the two children had their own separate apartment within the centre and their own secure garden to the rear and side.

As part of this inspection, the inspector met with the sector manager, the area manager, who was the person in charge, the house parent and with two members of staff. Inspectors met briefly with the two children and spoke with one parent and also inspected the premises, viewed policies, procedures, personal plans and a range of records in the centre. The areas of major non-compliance from the previous inspection were considered on this inspection.

Inspectors found that the children received good quality, person-centred care from an experienced staff group. The environment also reflected this person-centred approach. The children's parents and professionals from a number of disciplines were involved in care planning and both children were attending a special school in the area.

Improvements were required in a number of areas. Some aspects of the premises including accessibility, recreation and privacy are highlighted in this report. Some actions from the previous inspection have been completed however there were still a number outstanding. These include health and safety risk management, medication management and governance. These improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The rights of children were protected and their dignity was promoted. The entrance to the centre had a child friendly version of the UN declaration on the rights of the child. The charter of human rights and responsibilities was also placed on the wall.

The personal plans used a rights based approach. For example, significant issues such as access to: possessions, privacy, choices and consultation were answered in simple, clear language. The children did not have access to an independent advocate as staff said that their families acted as their advocates. However, children and their families did have access to a residents guide that was in a child friendly format. This guide contained information on how to access the National Advocacy Service.

The centre was proactive in involving the children and families in decisions about their lives. During interviews with inspectors, parents noted that the centre always invited and included them in meetings including multi disciplinary and school meetings. The centre used appropriate ways to offer choice and listen to children in the centre. Staff outlined how one child in the centre was now offered choice at certain times, through the use of PECS (Picture Exchange Communication System) and non verbal cues. Following advice from multi disciplinary team, they intended to expand this child's picture vocabulary. Staff outlined other practices such as supporting children to pick the clothes he wanted to wear that day. The centre team acknowledged that these small changes had a positive impact on children.

The centre facilitated developments in promoting independence for the children living in the centre. The personal plans had realistic objectives that outlined incremental changes, which influenced care practices. Practices and routines were based around the

children's choice. Inspectors observed practice where staff members waited with a child until he was ready to leave for a day trip, offering gentle reminders "On the Bus?" and acknowledging "Taking our time". Staff noted that they were very flexible with the children's routines. It is evident from the files that, over time, children in the centre have become more independent as a result.

Children had opportunities to engage in activities that were meaningful to them. Children's files contain a section on leisure activities and participation in the community. This section outlined trips to playgrounds, picnics, coffee and other examples with the support required. The children were engaged in specific activities outside of the centre, for example, the social care leader noted that the centre takes the children to weekly equine therapy. The personal plans outlined the likes and dislikes for each child and were structured with a large number of pictures individual to each child. Children had opportunities to participate in play however aspects of the premises could be improved to facilitate greater opportunities. This is covered under outcome six, safe and suitable premises.

Children's privacy and dignity in the centre was respected. Staff said they followed the children's cues for private time when asked. Individual staff members noted that they knocked on the child's door before entering and if a signal to stay out was given, they followed this. The language used throughout the files was respectful.

There were intimate and personal care plans in place which protected their dignity and rights. The goals were clear and identified realistic and relevant objectives, for example: To use the toilet by myself. These plans were signed off by all staff. There were some issues in relation to the premises that impacted on the children's privacy, dignity and independence. These are covered under outcome six, safe and suitable premises.

At the time of the inspection, close circuit television (CCTV) was used in the centre. The centres policy on CCTV noted that cameras should be incapable of recording or storing a personal image and will be discontinued as soon as it is no longer necessary. The cameras in the centre were used for monitoring only and did not record or store any images. The Person in Charge noted that the use of CCTV accompanied the use of seclusion and as the use of seclusion would be discontinued, full removal of CCTV would follow.

The children's personal property was maintained within their own section of the centre; only that child and the staff working with them had access to their property. There was sufficient storage for clothes and possessions. A property register was kept for each child, however inspectors found only a few entries on one child's file, specifically relating to an IPAD. A competency assessment regarding children's money was completed which encouraged them to use their own wallet. Inspectors reviewed the children's and house financial records, which were up to date, accurate and signed by two staff members.

There was a policy on complaints which was signed and dated. The policy outlined how staff would support someone to make a complaint and the process of escalation through the local manager, organisational complaints officer and independent appeal (HSE and/or Ombudsman for Children) was outlined. During interviews staff confirmed that they supported and encouraged parents, children and others to make complaints to

improve the service. The complaints policy related to the overall service and did not contain local information about the centre including details on the centre's nominated person. However, a child friendly version of the complaints procedure was placed on the wall in a prominent position. This had a picture of the centres nominated person for complaints and noted how complaints were made and who could make them. Inspectors reviewed the complaints log held in the centre which held details about the complaint, the outcomes, actions taken at local level and if the complainant was satisfied or not. There was one recorded complaint on the log and it was resolved at the first stage - with the local manager and the complainant was satisfied with the outcome.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The communication needs of children were assessed and assistance was provided to children to help them communicate.

The centres policy on communication described a 'Total Communication' system where children would be supported to communicate through different ways. The responsibility for assessment, diagnosing and provision of advice for support staff was with the speech and language therapist (SLT) who also reviewed communication plans and delivered training. The policy said the SLT was also responsible for promoting communication across all environments including school, day centre, residential service and home.

Systems of communication in the centre were specific to the children who currently use the service. From review of the children's files, communication needs were assessed by SLT and an individualised communication approach was developed and used in practice. Meetings with the SLT had clear actions agreed with persons responsible identified and were reviewed regularly. The intervention from the SLT was integrated into the children's files and personal plan with comprehensive and achievable goals to improve overall outcomes. The children's personal files had daily transitioning plans with simple and clear instructions for day to day communication. During interviews, staff noted that the SLT came to the centre and gave seminars so the staff knew what worked and what didn't. The practice was reviewed during regular team meetings that took place throughout the school year.

The communication passports on the children's files were comprehensive. They clearly outlined the children's communication needs and gestures and succinctly explained numerous behavioural scenarios should the child need to interact with a person or system outside of the centre.

On the centre wall were large 'PECS' with different activities and choices that the children could communicate to staff. Inspectors observed staff interactions with children, which used these PECS with simple and clear prompts.

Additional plans on the personal files were in place for the use of IPADs in communication. The social care leader noted that this system was in place in school however it wasn't fully implemented in the children's home environment at the time of inspection.

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 supported children to maintain personal relationships with their families and the wider community. There was a family tree on the corridors of the living areas for each child. This had large pictures of family members and included pictures with the children themselves. The social care leader noted that the centre ensured this family tree was maintained when it had become damaged. There was also lots of family pictures around the centre.

The centre had a policy on visitors which encouraged family members and friends to visit regularly. However the policy did not comprehensively address visiting restrictions as outlined in the regulations. The centre was proactive in facilitating family visits. The personal plans outlined home visits and examples of visits seen on file included a family barbecue. The centre also transported the child to the family home. During interviews with inspectors, the parent of one child said that they had contact at least twice a day either by text or phone call. This parent spoke very positively about the centre.

The centre encouraged the children to make links with wider community. The personal plans outlined community activities such as coffee shops, restaurant visits, swimming and home visits. The social care leader confirmed these community activities and noted

that progress had been made with one particular child who goes to a variety of places for walks.

The centre facilitated family members attending reviews and meetings and parents noted that they were always invited to meetings with the speech and language therapist and school.

Judgment:

Substantially 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 location and layout of the premises were suitable for the stated purpose and was in line with the statement of purpose. The premises met the needs of the children and was homely and well maintained however one of the two back gardens was bare and impersonalised.

The house was located on a 30 acre campus outside an urban area. The centre itself was divided into two separate areas linked by a central living room/corridor with interlocking doors. In total the centre contained three bedrooms, three bathrooms, a dining room (with some kitchen appliances), a kitchen/dining room, three living rooms, relaxation room, sensory/seclusion room, TV room, utility room and entrance lobby. Children were able to access their respective areas however there were some issues in relation to access to a toilet and laundry room.

While the central living/corridor and corridor in one part of the house did not have any natural light, the rest of the rooms and corridors were well lit and personalised. The rooms were of adequate size and there was enough storage space for personal use. The premises was clean and free from hazards. There was enough private communal areas with several spaces for children to engage in activities that they liked and the centre had enough furniture and fittings. The statement of purpose noted that the centre supported two children however did have the capacity to support three residents. As the premises was set up to accommodate only the children who lived there at the time of inspection, the safety and well being of these two children could be compromised should another child be placed in the centre, as the centre had not been set up to accommodate a third

child.

The kitchen/dining room had enough cooking equipment. One child did not have access to a full kitchen. The personal plan for the child noted that a gradual process of introduction to kitchen equipment was to be implemented with the long term plan to convert this dining room into a kitchen. This process was underway as the dining room in that part of the centre had a fridge and microwave introduced. The kitchen/dining room in one part of the premises looked out onto a garden which was part of an adult residential service. While the social care leader noted that the adults didn't use the garden, there was a risk that should anybody use the garden, they would be able to look into the area where the children eat, undermining his/her right to privacy.

The outside areas for children to play needed some attention. There were two separate gardens attached to the sides of the unit which were secure. One garden had a sturdy swing for one child to use while the other garden did not have anything and was bare.

Overall there were sufficient showers and toilets. For a child in one part of the house, his/her assessment highlighted that he/she will need space to facilitate toilet training and a referral to an occupational therapist (OT) to assess any adjustments to the premises would be needed. This referral remained outstanding since July 2014 when plans for toilet training were identified. At the time of the inspection, the toilet was not changed nor had a referral to OT been made. There were also some issues in relation to the location of the laundry room as this child did not have any access to this room. The toilet and laundry room would not support long term plans for independence for this child.

For the child in the other part of the centre, the use of a seclusion room was being gradually discontinued. The social care leader noted that while the practice of seclusion had stopped, the child liked to sit in this room and relax. The person in charge noted that they intended to change the handle on the door so the he/she could have the option of using the room and leaving when he wished. At the time of the inspection, the handle had not been changed however inspectors were informed prior to the end of the inspection that a date in September had been confirmed for this to be changed.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

A full inspection of the Health and Safety and Risk management was not carried out during this inspection however the centre's response to the action plan from the previous inspection was followed up to monitor progress since the last inspection.

During the previous inspection, the centres risk management policy was not compliant with several aspects of the regulations. The person in charge noted that a revision of the risk management policy was still at draft stage and may need further revisions. A copy of this risk management policy was provided to inspectors. The policy was specific to adult services and didn't mention child specific risks or arrangements and it was not clear that risk control measures were proportional to each risk identified. The risk management system was not yet in place in the centre and a risk register was not in use.

The fire alarm panel had been changed and was now placed in the centre and there was evidence that daily visual checks were undertaken in the centre. These checks noted that emergency lighting in two of the rooms in the centre were not working properly and this remained outstanding on the day of the inspection.

The inside doors in one part of the house had the self closing mechanisms removed. The reason given by the person in charge was that, in the event that staff needed to exit the room quickly the self closing mechanisms may prevent a quick exit. This could result in a significant increase in the risk of fire spreading, and the removal of the door closers could have compromised the effectiveness of the fire doors.

Judgment:

Non Compliant - Major

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported to participate in school and were provided with opportunities to socialise with peers where appropriate.

There was a policy on education which did comply with relevant legislation however did not mention educational assessments or indicate how educational targets would be

incorporated into the child's assessment. However from evidence on files, practices in the centre ensured this happened.

The children's files contained an Individual Education Plans (IEP). These outlined what supports were available in school including psychology, nurse and speech and language therapist (SLT). The education assessment had summaries of the child's strengths and needs and included appropriate short term learning objectives that mostly focused on integration with peers in addition to other social skills. These objectives were linked with the goals in the personal plans. The children attend a day programme during the summer months to maintain some routine in their lives.

The centre supported the work that was carried out in school. Transport was arranged by the school and communication books between the school and centre were one of the ways in which the centre and school communicated. The social care leader advised that they attended meetings with the school that included the professionals identified as supports. During interviews with inspectors, social care staff at the centre noted that the goals outlined in the plans and methods of implementation were discussed at team meetings. Inspectors saw evidence of this practice upon reading the team minutes for these meetings. The impact of this approach was that there was a coordinated response from both staff at the centre at and school which had improved outcomes for children.

There was evidence of a plan to transition the children to adult services which was signed by their parents.

Children were supported to engage in new experiences and social activities, internal and external to the centre. Both children had arranged activities on the day of the unannounced inspection. Daily activity logs were reviewed and a range of activities were seen on file including sensory activities such as a smell box, shredding, musical toys and sensory toys. External activities were also identified on the activity log. These arrangements were balanced with the child's choice to engage and were clearly recorded when he/she refused.

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):
No actions were required from the previous inspection.

Findings:

Children were provided with good healthcare while living in the centre. The centre ensured the children's healthcare needs were met.

Healthcare needs were assessed and set out in the personal plans. The social care leader said children were seen by a GP and nurse who were based in the organisation and had experience in working with children and adults with intellectual disabilities. Children's files were reviewed and these had comprehensive records covering allergies, medical card numbers, management plans for physical or mental health, consultant, audiology and dental information.

The systems used in the centre to meet the children's health needs were very good. For example, the files contained examples of meetings with professionals that had summaries of actions, named persons responsible and incorporated the use of visual schedules and a choice board into the actions. Review meetings were held six months later to review progress.

The children had access to other allied health services. The centre planned for and responded appropriately to potentially difficult medical situations. For example, there was evidence on file when dental treatment requiring general anesthetic was required for one child, a plan was drawn up to limit distress; the plan came into effect three days before the procedure and continued until the child returned back to the centre.

There was a policy on food and nutrition which is in line with the regulations. Children's nutritional needs were assessed by a dietician, their nutritional intake was documented and monitored by the centre and the implemented support plans included advice from professionals. Coupled with exposure to new walking experiences, this improved the health outcomes for one child in particular.

Social care staff noted during interviews with inspectors that depending on how a child responded, staff would share their meal times with children. Staff supported children if required when eating and drinking.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:

A full inspection of the Medication Management was not carried out during this inspection. The centre's response to the action plan from the previous inspection was raised with the Person in Charge to monitor progress since the last inspection. A number of issues remain outstanding from the previous inspection.

During this inspection, the Social Care Leader confirmed that almost all staff had been trained in medication management and only trained staff administered medications. A relief worker, who had not received the appropriate medication training was always rostered with staff who had been trained.

For one child, the PRN charts had maximum dosages on the three entries however for a number of others, the dosage was not clearly noted.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

A full inspection of the Governance and Management was not carried out during this inspection however the centre's response to the action plan from the previous inspection was raised with the person in charge to monitor progress since the last inspection. A number of issues remain outstanding from the previous inspection.

There was evidence that the person in charge carried out regular visits to the centre often twice a week. There was a system for annual review of quality and safety in the centre and the review was made available to inspectors. This review was carried out by the coordinator of safety and quality and the person in charge. The review inspected the centre using outcomes in line with the standards. Checks were carried out and areas for improvement identified. Previous action plans from a monitoring inspection were also checked. Action plans were formulated from all data gathered, however the review did not provide for consultation with residents or their representatives.

The person in charge noted that informal audits were carried out by the person in charge and the social care leader however there was no evidence of formal and systematic audits.

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:

Ruadhan Hogan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Southern Services
Centre ID:	OSV-0002298
Date of Inspection:	19 August 2015
Date of response:	29 October 2015

Requirements

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

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

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

Theme: Individualised Supports and Care

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

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

1. Action Required:

Under Regulation 11 (2) (c) you are required to: Ensure that as far as reasonably

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

practicable, residents are free to receive visitors without restriction unless in the case of a child, where the family/guardian or social worker has so requested.

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

The Visitors Policy will be reviewed to ensure that it specifies that children are free to receive visitors without restriction unless the family/guardian or social worker has so requested.

Proposed Timescale: 07/10/2015

Theme: Individualised Supports and Care

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

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

2. Action Required:

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

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

The Visitors Policy will be reviewed to ensure that it specifies that children are free to receive visitors without restriction unless, in the opinion of the Person in Charge the proposed visit would post a risk to the child concerned or other children in the Centre.

Proposed Timescale: 07/10/2015

Theme: Individualised Supports and Care

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

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

3. Action Required:

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

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

The Visitors Policy will be reviewed to ensure that it specifies that children are free to

receive visitors without restriction unless a restriction has been placed on visits under Court Order.

Proposed Timescale: 07/10/2015

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 outdoor recreational areas did not have age-appropriate play and recreational facilities.

4. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The children have opportunities for availing of community activities and the use of playground/recreational facilities on campus and in the community. We will put a plan in place for the design of the garden and complete the necessary works to upgrade it to an age-appropriate play area.

Proposed Timescale: 26/11/2015

Theme: Effective Services

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

The toilet in the centre did not promote independence for one child.

5. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

An O.T. Assessment was carried out on 17/09/15 and recommended a special toilet seat which has now been ordered and will be installed by 31/10/2105.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The kitchen/dining area was not private as other residents could see into the children's eating area.

6. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

A new glazing system has now been put in place.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

The premises are designed and laid out to meet the needs of the two residents who lived there at the time of inspection however the statement of purpose noted the centre could support three residents.

7. 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:

Currently we have two children living in this residence. The statement of purpose has been amended to reflect this.

Proposed Timescale: 09/10/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures in place to control identified risks, including the risks specified in the regulations. Risk identification was specific to adult services and didn't mention child specific risks or arrangements.

8. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Risk Management Policy will be reviewed to ensure that it identifies child-specific risks and arrangements.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

Arrangements for learning from serious incidents or adverse events involving residents were not in place and a live risk register was not implemented in the centre.

9. Action Required:

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

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

The local Risk Register is now in place. A monitoring system of accidents and incidents is also in place.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

For each risk identified, the policy is not clear that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the residents quality of life is considered.

10. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Risk Management Policy will be reviewed to ensure that the control measures identified to manage risks are proportionate to the risk identified and that there is a system in place to review the actions on the local Risk Register in accordance with this procedure.

Proposed Timescale: 30/10/2015

Theme: Effective Services

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

The removal of door closers from fire doors in the centre had the potential to compromise the effectiveness of the fire safety mechanisms in place in the centre.

11. 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:

We are currently taking expert advice on the use of technology to overcome this issue.

Proposed Timescale: 30/10/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Maximum dosages on some PRN charts was not clearly noted.

12. Action Required:

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

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

All charts will be reviewed by Consultant Psychiatrist and General Practitioner to include the maximum dosage of PRN.

Proposed Timescale: 18/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no evidence that audits were carried out by the Person in Charge and no system to evidence children's files were read by managers.

An formal audit of medication management had not been carried out in eight months.

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:

The front line manager and area manager have agreed a system to evidence the oversight of the children's information recorded. The Services require an audit as part of the Safe Administration of Medication. Audits are completed every six months. A system has now been put in place in the Centre to ensure that the audit is complete. A formal audit of medication management was carried out on 2nd September 2015.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The annual review did not provide for consultation with residents and their representatives.

14. Action Required:

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

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

An annual review of the Centre was carried out in 2015 and parents were consulted. However, the PIC and Co-ordinator Service Quality Systems were in the process of collating the information received at the time of the Monitoring Visit and the information was not available on-site. This information will be available from 16/10/2015.

Proposed Timescale: 16/10/2015