

**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 St Michael's House
Centre ID:	OSV-0002339
Centre county:	Dublin 13
Type of centre:	Child Care Act 1991 Section 10 Assistance
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Una Coloe
Support inspector(s):	Orla Murphy
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

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 un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 December 2015 10:00	10 December 2015 19:00
11 December 2015 09:00	11 December 2015 18:00

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

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

Summary of findings from this inspection

This was an 18 outcome inspection, carried out for the purpose of registration. It was the second inspection of the centre. As part of the process, inspectors viewed documentation, policies and records and reviewed the children's care files. Inspectors interviewed the centre manager, the service manager and staff in the unit. Inspectors spoke with one child and a child's representative and reviewed questionnaires returned from family members. There were five children in the centre and they were observed during the two days of the inspection.

The service provided residential services for children up to 18 years of age who presented with a range of abilities and medical needs. The centre had gone through a period of construction work and five children were recently readmitted to the service. The centre was a two storey building, the first floor of which was not in use during the inspection.

The children were well cared for and the staff team interacted with the children in a kind and caring manner. Children's rights were promoted in the centre but further work was required to ensure all of the children's rights were respected, promoted and advocated for. The system for the management of complaints was not robust. The children's communication needs were assessed and there were effective communication plans in place for all of the children. Family members were involved in the review of their children's care. However, there were two children who did not have family contact and documentation to reflect the efforts made to ensure the children had the appropriate representation from statutory agencies was not available in the centre.

The centre had recently introduced a new system to record the children's assessed needs. There was an assessment and a personal plan in place for each child which gave an effective overview of the children's needs but some were fragmented and contained numerous plans to represent the children's needs. The children were safe in the centre but additional safeguarding was required to ensure staff were appropriately trained to manage child protection and welfare issues and additional work was required to ensure the children were not prevented from disclosing if they felt unsafe or unhappy.

The children's health needs were met in the service and there was adequate access to clinical professionals if required for the children. There were good systems in place for the management of medication in the centre. Most of the children had access to education but there was one young adult who had not been discharged as required, who was without a training or educational placement.

There was a dedicated and committed management and staff team however they were shared across two designated centres which meant that there was an over reliance on agency staff to cover the rota. This impacted on the children in terms of consistency. Supervision had been recently introduced and a schedule was in place to ensure the staff team were effectively supervised for their role according to the organisations supervision policy. The staff team had received some of the required training but there were gaps in training such as child protection and fire prevention and response.

These and other findings are discussed throughout the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

Findings:

Children were treated with respect and efforts were made to ensure children's rights were promoted. The children were well cared for in a stimulating and homely environment. The staff members interacted with the children in a kind and caring manner. Staff members were aware of the children's needs and promoted a relaxed and engaging environment.

The children had access to some information about their rights and the centre promoted and facilitated the children to have an external advocate. The centre had recently incorporated a social model of care in the centre and there were daily recording sheets in the children's files to reflect the social aspects of their care. Staff members completed notes on a daily basis which included a section on the young person's voice. Inspectors viewed a sample of these notes and there was a good level of detail regarding the presentation of the child, what activities they engaged in and what aspects of the day they enjoyed. Some of the children had access to an external advocate and inspectors viewed documentation of support provided to the children through the advocate. One child spoke positively about their experiences of advocacy and was supported in expressing issues of concern through this forum.

Children's rights were displayed in the centre and the staff team made efforts to ensure the privacy and dignity of all children was promoted. Each child had their own bedroom and opportunities for personal space and time alone. However, further work was required to ensure all of the children's rights were upheld. Information relating to children's cultural and religious backgrounds were not adequately detailed and there was a risk that children may not attend religious services as the detail contained within their personal plan was vague without formal actions attached. One resident had completed an education cycle but remained without a further placement. Inspectors noted that efforts had been made to source another placement but the young adult

remained without a formal programme for a number of months. Other rights had not been upheld in the centre in relation to the legal status of one child and another child who was not in receipt of the required statutory visits as per the Child in Care Regulations. Although some efforts were made in the centre to advocate on the children's behalf in relation to these issues, further work was required to ensure the children's rights were promoted and upheld.

The children were consulted with and participated in some decisions about their care. Inspectors were told by staff and management in the centre that children's meetings occurred twice a week to ensure children participated in decisions regarding menus and activities. Staff described using pictures and a choice board during these meetings. However, minutes of these meetings were not always recorded and therefore it was not possible to assess the extent of this consultation with the children. There was a detailed description on one file reviewed on how a child participated in the day to day duties in the centre. One child in the centre participated in a care review but opportunities needed to be enhanced to ensure all of the children could participate in a format that was suitable to their needs.

There was a complaints policy and a child friendly information leaflet in relation to complaints but the system for the management of complaints was not robust. There was a dedicated complaints officer for the centre but the recording of complaints was not adequate and not in line with the complaints policy. Although inspectors were advised of a number of complaints made in relation to the service, these had not been formally recorded on the complaints register. Some actions had been taken in response to some of the issues but the documentation was not contained within the child's file. The person in charge provided inspectors with information regarding the follow up on complaints but there was a risk that actions were not taken in a timely manner and information pertaining to the issues was stored on email records as opposed to a centralised system. Inspectors reviewed details regarding one issue and the centre had completed some work to rectify and support the change required but the issue had not progressed sufficiently since May 2014. The complaints procedure was not followed consistently and complaint forms were not completed.

Staff members interviewed by inspectors were not sufficiently aware of the process to follow and presented as unsure as to how to proceed and record possible disclosures. This could impact on the safeguarding of children if issues were treated as a complaint instead of a child protection or welfare issue. The template available in the centre was not sufficient as there was no space to record the outcome of the complaint and if the complainant was satisfied. The child friendly complaints policy contained lots of pictures which allowed for children of various abilities to understand but it did not state who the complaints officer was and it did not have a phone number.

There were opportunities for the children to engage in activities similar to their peers but this needed to be developed further. There was an activities folder which clearly outlined each child's likes and interests and this contained information regarding activities in accessible locations. Some of the children were facilitated to visit local parks, shopping centres and clubs of their choice. However, despite there being a range of local activities the children were not facilitated to participate in these due to resource issues. Inspectors found that some required actions to ensure the children had social

interaction and time with their peers was not optimum. For example, there were actions identified for one child following a care review to support the child to develop friendships in the local area however it was not recorded that progress had been made in this area.

There were adequate procedures in place for the protection of children's finances. Children had access to personal finances through their parents or from their own allowance. The children's money was stored in the staff office and receipts were retained for all expenditure and signed off by one staff member. There were savings taken from one child's allowance to be placed in a savings account but there was no record of this saving on the child's file. Two of the children did not have any pocket money and although they were provided with resources if required, there was no system to support the children in developing life skills such as money management skills.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The children's communication needs were met. There was a policy on communication and there were adequate communication plans in place for the children.

Staff were aware of the communication needs of the children and there were systems in place to meet the diverse needs of the children with input from external professionals when required. The communication plans clearly outlined the children's needs and documented the preferred method of communication including gestures and body language. Additional information was contained within the children's personal plans which referred to how the children communicated. Inspectors viewed a sample of these and found that although the plans contained all of the required information, they were fragmented and methods to aid the communication process were noted sporadically in the plans. This meant that key information to guide staff may have been missed and the centre would benefit from combining the information into one document to ensure there was one plan to guide the care.

Some of the children had their own assistive technology and inspectors were advised by both staff and management that additional equipment was purchased recently. However, there was no internet access for the children which would promote further

opportunities for children to engage with staff especially for the children who could not communicate verbally. One child told inspectors that they had a tablet and there was an effective plan in place to support the child around the use of this device. Inspectors saw a radio in one of the children's room and observed staff playing music for the children on a CD player.

Judgment:
Substantially Compliant

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

Theme:
Individualised Supports and Care

Findings:

The children were supported to develop and maintain personal relationships and links with the wider community but issues regarding staffing levels and access to transport limited the activities for children outside of the centre. Families were encouraged to get involved in the lives of the children however this needed to be documented more clearly in the children's files.

There was a visitor's policy and a dedicated space in the centre for children to receive visitors. Inspectors were shown the dedicated visitors room and this was appropriate for children to meet with their family or friends. There was information contained within the children's care plans to document how contact was maintained with the children's families and peers. This was very detailed for some children but additional information was required for other children in relation to the actions required to meet the needs. Some of the children in the centre had regular contact with their family members which was supported by the staff team.

Family members were involved in their children's care and attended care reviews. Some of the children did not have family members involved in their care however parents, if available and the child's representatives were invited and attended meetings to review the child's care. The monthly overview reports completed by the children's key workers contained details regarding the children's contact with their families, for example, during access visits. Staff members told inspectors that there was regular contact with some of the children's family members but there were minimal records of these telephone conversations.

Each child had a plan to support their access to the wider community. One child had opportunities to engage in local groups but the opportunities for some other children was limited at time due to staffing resources and access to transport. Inspectors saw records of children visiting local parks and shopping centres but opportunities to engage in clubs, groups and local amenities was at times restricted.

Judgment:
Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

Findings:

There was an overall admissions policy for the organisation but there were no centre specific procedures to guide the admission process if required. All admissions were in line with the statement of purpose but the statement of purpose was very broad and catered for a wide range of needs and abilities. This will be discussed further in outcome 13.

Although the children living in the centre had lived together for a number of years, the mix of children was not ideal to ensure each child's needs were promoted fully to ensure better outcomes for each child. There was no policy to guide the temporary absence of a child from the centre and inspectors were advised that a discharge policy was in the process of being developed which would include guidance on temporary absences.

There was no documentation to review in relation to the recent discharge of one child to another centre. It was not apparent if this child had been formally discharged or if the child's placement remained open. This impacted on the capacity of the centre and whether there was capacity for a new admission.

There were contracts of care in place for the children but these were not contained within the children's files. Two of the contracts needed to be updated to reflect the current centre that the children were residing in. The dates of admission on some contracts was incorrect. Contracts contained minimal information in relation to the conditions attached to the residency such as participation in an educational setting and they did not outline the arrangements for discharge from the service to adult services. The contracts contained information about possible financial charges for aspects of care. This needed to be clarified in the contracts as inspectors could not determine if the children were charged for the personal care items.

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

Findings:

Each child's wellbeing and welfare was maintained and an assessment and personal plan were in place for each child. Some of the children were supported to develop life skills but the documentation to reflect and support this was not adequate. Discharges from the centre were not carried out in a timely way and there was no policy to guide the staff in this area.

There was an assessment in each child's file which gave an overview of their personal, health and social care needs including home life, personal care, safety, leisure and access to the community, communication and routines. The assessments gave a good overview of the children's needs however it was not always documented who participated in the assessment and some were not signed by staff, parents, children or health care professionals involved in the care. The person in charge told inspectors that a new system was being implemented in the service to assess and document children's needs. This had been implemented for one of the children and there was plan to have the new system fully implemented for all of the children by February 2016.

The quality of personal plans in place for the children varied. Inspectors viewed a sample of personal plans and found that there was sufficient detail contained to guide the care of the children. A new system was implemented for some of the children which gave an adequate overview of the child's care needs but some of the plans for other children were fragmented. For example, there were a number of plans to guide staff in relation to the communication and intimate care needs of the children and this could lead to inconsistencies in the team's approach.

The children's care was reviewed in two ways, through personal plan reviews and through multi disciplinary meetings. Personal plan reviews occurred for the children and were attended by parents, if possible, teachers and key workers. A number of actions were devised during these meetings but some were not specific or measurable. For example for one child the action required, was to "offer opportunities for social exposure" but there were no decisions listed regarding how and when this should happen or who was responsible. It was not evident that the reviews assessed the effectiveness of the previous plan and in some cases actions required were not followed up. For example, in one case a child had expressed a desire to socialise with other children in the area but this had not been facilitated due to a lack of available staff.

Some of the children were supported to develop life skills but the documentation of these goals in the files was not always adequate. Inspectors reviewed daily notes for some of the children and the staff were actively working with one young person in developing some life skills. Staff discussed this with inspectors and there was visual guidance to support the child in this area. However, this was not reflected in the child's personal plan and there was a risk that there may not be a consistent approach by all staff in promoting these skills. Another child was involved in developing independence and life skills but these needed to be focused on the individual child, for example, having responsibility for their own finances. Staff members recorded daily notes about the children however inspectors found that the quality of recording varied between staff members.

There were no child friendly personal plans in place for the children. One child had signed the personal plan but was not provided with a copy of this.

The planning for the discharge of residents when they turned 18 was not effective. There was no policy to guide temporary absences or discharges from the service and the service manager told inspectors that this was being developed. There was one young adult living in the centre and a discharge plan had not been developed. The service manager and the person in charge advised inspectors that there was a plan to reconfigure children's service within the organisation but in the mean time, the centre was operating outside of the statement of purpose.

Inspectors viewed temporary absence management plans which could be used if a child had to be admitted to hospital for example. These were of good quality and gave a sufficient overview of the child's needs in the area. There was no documentation to review regarding a recent discharge from the service and it was not evident if this had been a temporary discharge or if the centre had capacity for a new admission.

Judgment:
Non Compliant - Moderate

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

Findings:
The design and layout of the centre was in line with the statement of purpose and was well ventilated with sufficient lighting. The children had recently moved back into the centre following a period a construction work and there were some issues that the centre were continuing to work on. For example, the garden and outdoor play area had

not been fully finished but overall the centre was clean, homely and well maintained.

There was a kitchen and large sitting room and an additional room to facilitate visitors or private space for the children. There was also a sensory room which inspectors observed the children using throughout the inspection.

Each child had their own bedroom but there was inadequate storage space for some of the children. This was confirmed during interviews with staff, management, children and a child's representative.

Most of the radiators had protective covers in place which ensured the safety of the children but inspectors found that there were two radiators in the centre that did not have a cover. Inspectors tested the temperature of the radiators and the temperature was above the recommended range and posed a risk to the children. Management in the centre acted on this issue immediately and precautions were put in place on the day of the inspection. The service manager confirmed that the two radiators had protective covers fitted following the inspection. The temperature of the water was within the acceptable range. There were suitable arrangements in place for the safe disposal of general and clinical waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Findings:

There were policies and procedures in place for risk management and emergency planning. The centre had policies and procedures relating to the health and safety and there was an up to date safety statement in the centre.

The risk management policy was reviewed in March 2015. The policy contained good guidance on the management of risk and set out responsibilities and the steps in the risk management process. However, it did not contain all of the requirements of the Regulations. The measures and actions to control the risk of the unexpected absence of a resident was not specific to children. This information referred to adults which was not appropriate for a children's service. The information contained within the policy relating to accidental injury and self harm described the actions to take in the event of an accident/incident but it did not outline what control measures were in place to prevent this risk. There was some guidance for the control of aggression and violence but this was not adequate. The risk management policy did not include the arrangements for the learning from serious incidents or adverse incidents involving residents.

There was a risk management system in the centre which included the completion of risk assessments and maintenance of a risk register. Inspectors found that risk assessments had been completed in relation to the centre, the children and discharges from the centre but the risks were not appropriately placed on the risk register. Inspectors reviewed the centre's risk register and there were three live risks relating to specific risks for some of the children. However, inspectors found that there were risks identified in a previous risk register which had been taken off the current risk register, yet, the risk remained. This related to for example, staffing issues, health risks and some issues of non compliance. The impact of the risk may have reduced with appropriate control measures put in place but inspectors found that these issues remained as a risk for the service. Inspectors reviewed the minutes of team meetings and there was insufficient evidence that risks and incidents were discussed regularly and opportunities to promote learning in this area were minimal.

There were satisfactory procedures in place for the infection control. The majority of staff members had completed training in hand hygiene and some team members completed training in food safety. The centre was clean and well maintained during the inspection and there were adequate hand washing facilities in place. Inspectors observed signage relating to infection control and there were child friendly pictures for hand washing in the children's bathrooms. There was sanitising gel available in the centre and pedal operated bins.

Manual handling risk assessments were contained in the children's files and there was sufficient equipment provided to support this aspect of care. Inspectors viewed manual handling management plans in the files which were of good quality and contained pictures as an additional guide to staff. Most of the team had completed training in manual handling. Inspectors viewed the servicing dates for the equipment and aids that the children required and found that these were completed in a timely manner.

There were adequate procedures in place for the prevention of fire. Fire equipment was serviced regularly including the emergency lights which were tested in April 2015 and the fire alarm which was tested in December 2015. The fire exits were clearly labelled and accessible in the centre. Each child had a personal emergency evacuation plan which gave a sufficient level of detail regarding the plan for a evacuation if required. However, the plans did not outline if a varied approach was required during a night time evacuation and there was no guidance to outline the child's comprehension in such instances. An evacuation plan was devised for the centre by the person in charge with the support of a fire marshal and there was an appropriate number of fire extinguishers which were accessible in all areas of the centre. There were floor plans on display in the centre which clearly outlined the evacuation routes. There was fire retardant furnishings including bed linen and duvets and fire doors were in place throughout the building.

Fire drills were completed regularly in the centre and each child had completed at least two drills during a 12 month period. There was evidence that the person in charge was monitoring the outcomes of the drills but there were some gaps identified in the overview of the drills. Inspectors reviewed the documentation and found that the drills were completed at similar times during the day, when there was more staff than normal to assist in the drill. All of the children had high support needs and therefore the time it had taken to evacuate the children was not reflective of the reality should fewer staff

members conduct a drill. There was no evening or night time drill completed when there were less staff on duty.

There was an adequate emergency plan for the centre which included procedures for a number of issues including for example the loss of electricity or flooding. There was a maintenance log maintained in the centre. The log comprised of one page of identified issues but some of the dates were from 2012 and some from 2015 and it was not clear if the centre had recently introduced the log or if there were limited issues over the last three years.

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

Findings:

There were some measures in place to protect and safeguard the children but these needed to improve to ensure the effective protection of children. The staff team were kind and caring in their approach and treated the children with respect however not all staff were trained in the National Guidance for the Protection and Welfare of Children (2011).

There were policies and procedures in place to guide the safeguarding of residents. Inspectors reviewed the safeguarding policy and found that this contained detailed information to guide practice but this needed to be updated to reflect the current statutory agency for the protection and welfare of children. The staff team had completed training in safeguarding vulnerable people but there were significant gaps in the training provided to the staff team in relation to child protection and welfare including training in Children First, National Guidance for the Protection and Welfare of Children (2011).

Not all staff were aware of what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Through interviews with staff it was not evident that staff had adequate knowledge in managing potential allegations or disclosures from children and it was not evident that staff had sufficient knowledge to deal with issues regarding child protection and welfare should they arise. There were programmes completed with some of the children to develop their understanding of

safeguarding. There were plans in place, where appropriate, regarding internet safety, safety in the community and road safety. However, programmes to support all of the children regardless of their ability needed to be improved, to ensure that there were no barriers to any child reporting an issue that they felt unsafe about.

Staff members interviewed were not aware of what constituted a protected disclosure and there were limited forums for staff to highlight issues of concern.

The system to monitor incidents was not robust. There were no incidents formally recorded in the centre. Inspectors were advised that although there was a computerised system to record incidents, there had been no incidents recorded in this manner and any issues were documented in the children's files. Inspectors found that there were a number of incidents of self injurious behaviour but these were not formally recorded as incidents. Inspectors also viewed body charts and there were some incidents of a minor nature however there was no documentation to reflect how these issues were followed up with or tracked. The annual review completed in the service referenced significant issues regarding behaviour that challenged but there was no documentation to review in relation to this. Inspectors reviewed temporary care plans in the children's files which were used to document any issues arising for the children but inspectors were not satisfied that all incidents were managed and escalated in the centre as required. There was a risk that the issues would not be managed appropriately or adequate follow up completed as there was no system to track or trend issues relating to behaviour or child welfare.

There had been no referrals to the statutory agency for child protection and welfare however two of the children had allocated social workers from the Child and Family Agency. There was one child who needed significant input from professionals from this agency regarding legal status. Inspectors viewed recent correspondence between the centre and the Child and Family Agency social workers. Inspectors found that there was a significant delay in advocating for this child. There was a second child in the care of the Child and Family Agency and s/he had an allocated social worker as required. However, inspectors found that this child had not received visits in line with the Child in Care Regulations and there was no documentation on the child's file to evidence that the centre had advocated on the child's behalf in relation to this issue.

There was a policy in place for the provision of behavioural support to children. Inspectors reviewed behaviour support plans in the children's files which provided guidance for staff to follow if required. Inspectors saw good guidance and plans in place which were up to date and specific to the relevant children. There was input from clinical specialists in some of the plans reviewed.

There were a number of restrictive practices in place for the children. Inspectors reviewed the use of restrictive practices and found that they had been reviewed by clinical specialists and implemented for the children for health and safety or therapeutic reasons. There was good guidance in the files on the techniques for using the practices and there was evidence that the use of the practices were required and for the shortest duration. However, there was no log to record length of time the restriction was used. One child was required to sleep in a bed with cot sides but inspectors found that the child and the child's representatives and advocate had requested an alternative bed for

the child. The person in charge and the service manager told inspectors that this issue was being addressed but inspectors found that progress made in relation to the request was not timely.

There was an intimate care policy to guide staff in the provision of personal and intimate care to the children. There was also intimate care plans in the files reviewed which gave adequate guidance for the delivery of the care. However, inspectors found that there were a number of plans in one child's file which varied in quality and there was a need to put all the required information into one plan to guide the child's care.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Findings:

A record of all incidents occurring in the centre was not maintained as required by the Regulations. As discussed previously in the report, incidents were not formally recorded on the centre's incident reporting system. There had been some appropriate notifications provided to the authority regarding notifiable incidents and restrictive practices however there were other incidents of a self injurious nature for example, which had not been notified in the quarterly notifications as required.

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

Findings:

The children's general welfare and development was promoted in the centre. Most of the residents in the centre had opportunities for new experiences and to participate in education. There was a policy on access to education, training and development but this

contained minimal information and required review. It was a child friendly document with lots of pictures however there was no policy to guide staff in terms of promoting children's rights with regard to education or to enhance outcomes for children in relation to their educational attainment. This will be referred to in outcome 18.

The children's files contained sufficient information regarding their educational needs. There were individual education plans and other relevant information regarding educational achievements in the files reviewed. Some of the goals identified for the children in their educational plans had been incorporated into their personal plans.

There were three children accessing education on a full time basis and one child who had an arrangement to attend school two days a week depending on his/her health requirements. There was one child who was no longer in formal education and had not been facilitated to enter an adult training programme. Although the centre had made efforts to promote the young person's needs in this area, s/he had been without a placement for a number of months. Another child had access to additional educational supports however this child told inspectors that on occasions, he was not supported adequately to complete his/her homework and this depended on the staff that were on duty.

The statement of purpose was very broad and catered for a range of children with various abilities and potential. As a result there were some children that lacked social interaction with peers within the centre due to the variance in abilities and as a result relied on staff for the majority of interaction within the centre. Alternative opportunities were required for this child to ensure positive peer relationships were promoted for this child.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Findings:

The children were supported on an individual basis to achieve and enjoy the best possible health. Appropriate healthcare was provided to the children, some of whom had complex medical needs.

There was clear guidance on the children's files to guide staff in terms of managing medical conditions specific to the children and to ensure interventions were well researched and appropriate for each child. There was adequate input from health care professionals in the files reviewed and children had timely access to the necessary

services. Inspectors saw guidelines in the files from a speech and language therapist, occupational therapists, a psychologist and dieticians. Children were facilitated to attend the general practitioner if required and there were nurses employed to provide for the health needs of the children.

Food provided in the centre was nutritious, appetising, varied and available in sufficient quantities at times suitable to the children. There was one child who had individual needs regarding nutrition and there were clear plans in place to guide the staff in providing for those needs.

There was sufficient guidance from dieticians for the children in terms food allergies, alternatives and consistency of diet required for some children. There were menu plans in the centre to give an overview of the children's choices in relation to meals which were determined through weekly meetings with the children. The log of the menu plans was adequate to ensure oversight of what meals were provided to the children but there were limited records for inspectors to review and therefore it was not evident how long this system had been in place.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Findings:

There were effective systems in place to ensure there were safe management of medication. There were written policies and procedures in place relating to the ordering, prescribing, storing and administration of medication. A PRN (as required) medication protocol was introduced recently in the service.

There were safe medication practices in the centre and all medication was appropriately stored. There were registered nurses on each shift who had responsibility to administer medication to the children.

Inspectors reviewed the prescription and administration sheets and they contained all of the required information. The prescription sheet contained the name of the medication, the dose and the required route. There was a photograph of the child on the prescription which was an additional safeguard to ensure the correct medication was administered to the appropriate child. Medication was transcribed by a doctor for the organisation and the prescriptions were further checked by a nurse in the centre. There was one prescription sheet reviewed which needed to be reviewed to ensure it was clear and legible. Inspectors found that there was deletions and amendments noted on the

prescription which could lead to errors and inspectors advised management that this prescription needed to be redrafted. The administration sheets clearly outlined the medication administered through a coding system and contained a space to record if the medication was refused. There was a signature sheet and the times of administration matched the prescribed times as detailed on the prescription sheet.

There were regular medication audits completed in the centre on at least a weekly basis which included storage, administration and medication returns. There were some drug errors recorded which included the refusal of one child to take the medication. There was appropriate follow up which outlined recommendations from the person in charge to monitor the issue and follow up with the required professionals if necessary.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Findings:

There was a statement of purpose which had been reviewed in January 2015. Inspectors found that the statement of purpose contained some of the information as required by the regulations however there were some areas that needed improvement.

Inspectors found that the statement of purpose was very broad and the centre catered for children from 0 to 18 years. Inspectors were concerned that the care needs listed on the statement were extensive and the statement of purpose did not set out the level of intellectual disability that could be catered for in the centre. This impacted on the nature of the service provided and inspectors found that there was one child who was living in the centre whose abilities were not consistent with the other children and therefore did not have opportunities similar to their peers.

There was a skilled core staff team which included staff nurses, social care workers and care assistants. From a review of the training records there was no evidence that additional training was provided to the team to cater for the range of care needs that the centre could provide for. The staffing compliment was referred to in two places on the statement but there were some errors in these details. There was no reference on the statement of purpose that there were social care workers employed in the centre. The staff and management team were shared with another designated centre and there was significant use of agency staff to fill the rota on a weekly basis. This was not highlighted on the statement of purpose and the centre were operating outside of the statement in this regard.

The statement of purpose detailed the number and type of rooms in the centre but the size of the room was not present for all rooms in the building. The building had two floors but the first floor of the unit was not in use. However, the statement of purpose outlined the staffing requirements for both floors which reflected a previous arrangement in place at the centre.

The arrangements for the review of the children's personal plans were not clearly described. The statement of purpose outlined that all of the children attended school however there was one young adult residing in the building who was 18 and not in an educational placement. Therefore, the centre was operating outside of their statement of purpose in this regard. There were no details regarding how children would be supported to access education.

The statement of purpose outlined that children would be supported to attend religious services but inspectors found that this was not formalised in practice. The document did not describe the arrangements for contact between residents and their relatives, friends, representatives, or between a child in care and their social worker.

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

Findings:

The children received safe and appropriate care from the staff team but management systems were not in place to ensure that the service provided was safe, appropriate to residents needs, consistent and effectively monitored.

Management systems were in need of improvement to ensure the service was safe and effective. Inspectors were advised that there were no formal auditing systems in the centre to ensure the service was monitored on an ongoing basis. Regular audits of medication were completed and the person in charge had oversight of the fire drills completed in the centre but there were no systems to monitor the safety and quality of care in the centre on an on-going basis. There were no formal auditing systems of the children's care files to ensure compliance with the regulations. The incident reporting system was not used in the centre and incidents and disclosures for example were recorded in the children's logs as opposed to the incident forms in the centre. There was

no formal review of the these notes and there was risk that management in the centre did not have sufficient oversight of the care in the centre.

There was an organisation wide system to manage incidents and accidents but this was not implemented effectively in the service. The person in charge told inspectors that incident reports were not recorded in the service and there was no system to track or trend these issues. The minutes of a team meeting in June 2015 outlined that incident forms were required however this had not occurred. However, the team meeting minutes from September 2015 referred to using temporary care plans to record incidents relating to the children. There was a lack of a consistent approach and there was a risk that key issues were not addressed in line with the organisations policies. Inspectors spoke with children and their representatives and reviewed case notes and found that some goals had not been followed up in a timely manner in relation to the children's care, wellbeing or welfare. For example, details of methods to encourage one child's social interaction with peers in the area was documented in the minutes of a team meeting in June but this had not progressed at the time of the inspection.

Unannounced visits to the centre were completed, as required by the Regulations, but it was not a comprehensive review. Inspectors were provided with reports of the unannounced six monthly review of the safety and quality of care and support provided in the centre which were completed in March and December 2015. There were a number of items covered in this review such as safeguarding, medication, health and safety and training but inspectors found that there was limited detail recorded about the findings and the corrective action plan attached did not clearly outline the required actions. There were some deficits that were not adequately recorded and there were a number of items not covered in depth in this review. For example, the report outlined that all complaints were recorded on the complaints management form, but inspectors found that this practice did not occur in the centre. The report highlighted that there had been one incident in the centre but this did not include the incidents in the centre which had not been formally recorded. The report did not highlight the gaps in the training needs of staff and the supervision of the team.

The annual review was completed in December 2015 and inspectors found that although consultation occurred with key stakeholders, it was not a comprehensive review of the quality and safety of care and support in accordance with the standards. The annual review referenced that there were a high number of incidents of challenging behaviour resulting in injuries to staff but the report from the unannounced visit did not report on this and there was no documentation in the centre for inspectors to review in relation to this.

The person in charge met with the service manager formally and records were maintained of these discussions. Both the person in charge and the service manager described regular informal contact by telephone and email. There were no formal reports escalated by the person in charge to the service manager in relation to incidents, complaints, risks, issues of a safeguarding nature or general updates on supervision and performance in the centre. Inspectors reviewed the minutes of the management meetings and found that although there were discussions about the children, staffing and organisational issues, key issues such as risks, incidents and safeguarding were not discussed. There was no evidence that the performance of the person in charge was

reviewed during this process and progress regarding the action plan issued from a previous inspection was not reviewed. Inspectors found that a number of actions had not been completed within the stated timeframes.

The person in charge was engaged in the governance, operational management and administration of the centre however this was not on a regular and consistent basis. He was appropriately qualified for the role and had significant management experience and experience working with children with a disability. The person in charge had good knowledge of the regulations and standards and had oversight of the children's needs in the service. He was responsible for another designated centre and assisted in the delivery of care to the children and worked a number of shifts on the rota on a weekly basis. The person in charge told inspectors that he spent most of his hours in another designated centre.

There were some arrangements in place for staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering through team meetings and supervision. However, supervision was recently introduced in the service and although there was a schedule for supervision of the team going forward, this had not been implemented in line with the required actions following a previous monitoring inspection by the Authority. This will be discussed further in outcome 17. Some staff members interviewed were not aware of what a protected disclosure was.

Team meetings were not consistently completed on a monthly basis to facilitate the provision of leadership, direction and support and for staff team to be held to account. Inspectors reviewed the minutes of team meetings held in November, September and June 2015. There was a good overview of the children regarding their health and medical needs recorded in the minutes but there was limited details regarding risks, incidents, staff interactions or specific behaviours. Inspectors did not find that policies were discussed regularly and there were no documented discussions regarding overall planning for the children. The person in charge told inspectors that team meetings did not take place during the summer months and inspectors found that there was no record of a meeting for March, July, August or October 2015.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:
Leadership, Governance and Management

Findings:

There were suitable arrangements in place for the management of the centre during an absence of the person in charge. The person in charge and the service manager were aware of the need to notify the Authority should this occur. The identified person was a nurse, who was a person participating in management. She was on leave during the inspection but inspectors had met with her during other inspections. There was a planned and expected absence of the person in charge due to occur imminently. Although the date was not formalised for this leave, the Authority had not been formally notified within the required timeframes.

Judgment:

Non Compliant - Moderate

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

Findings:

The centre was not sufficiently resourced to support residents in achieving their individual personal plans. There was an adequate financial management system in place in the centre. The person in charge had responsibility for the centre's budget and provided monthly reports to the finance department of the organisation. There were sufficient financial resources on a day to day basis to provide for the children however there were difficulties ensuring staffing budgets were within planned budgets.

Staff and management highlighted difficulties in staffing levels and this impacted on the activities that children could engage in outside of the centre. Inspectors saw records of some children who were engaged in clubs and activities which were facilitated by representatives of the child. However, this was not the case for all of the children. Staff members told inspectors that due to lack of staffing and access to transport, some children did not avail of activities in the community as often as identified in their personal plan. Inspectors reviewed children's files and found that there was limited access to community clubs and facilities for some of the children.

The centre had adequate toys and facilities within the centre for the children to utilise. There were ample toys, books and play areas for the children. However, some children did not have sufficient storage space and one child required a new bed which at the time of the inspection had not been provided.

Judgment:

Non Compliant - Moderate

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

Findings:

The staffing rota was comprised of nurses, care assistants and social care workers which allowed for a varied range of skills to provide for the children's needs. However, the staffing compliment for the centre was shared with another designated centre and as a result there were insufficient staffing levels to provide for the needs of the children on a consistent basis. There was an over reliance on agency and relief staff to provide care and support to the children. There was a service level agreement in place with the staffing agencies used by the service to ensure the appropriate qualified and vetted personnel were provided to the centre but children did not receive consistency in their care due to the numbers of agency staff required. Inspectors were provided with an overview of the use of agency staff. They found that approximately 700 hours were covered in September and October by agency and relief staff and some shifts were covered by the centre's own staff on an overtime basis. Inspectors were advised that the staff and management team were shared with another designated centre which was not outlined on the statement of purpose.

Staff files contained most of the required information as per Schedule 2 of the Regulations. Inspectors viewed a sample of staff files and found that each file reviewed contained appropriate Garda Vetting. There was an employment history in each file and registration details for the required staff members. Medical declarations had been completed for each staff and there were contracts in place. Each file reviewed had references for the staff members but inspectors found that these were not dated and had not been verified.

A supervision policy was introduced for the service in 2015 which outlined the process required and detailed that each employee should be supervised on a monthly to six weekly basis. Inspectors found that supervision had recently commenced for the team and had not been implemented in line with the required timeframes following a previous monitoring inspection. Inspectors reviewed some supervision sessions that were completed in November and December 2015. There was a good template to provide an overview of the performance of the staff member, training required and general issues. The supervision records contained some detail regarding work with the children but this could be enhanced to cover programmes completed with the children and general performance. The duration of supervision session was not recorded.

A training needs analysis was completed since the last inspection which gave an overview of the training needs of each staff member. There were significant gaps in some of the core training needs of the staff team. The entire team required a refresher

in fire safety training as this had expired in September 2015 for the majority of staff members and there was no record that this training was provided to newly recruited staff members. The staff team had completed training in safeguarding service users but there were no records to evidence that the team had been trained in Children First, National Guidance for the Protection and Welfare of Children (2011). Inspectors noted gaps in some staff's members knowledge in this area as discussed previously in outcome 8. Some but not all of the staff team had completed training in hand hygiene and some of the team needed refresher training. A refresher course in manual handling was provided for most of the staff team but there was one staff nurse who required this training. Some, but not all of the staff had completed training in a positive behavioural support approach and there was risk that behaviour may not be consistently managed by the full team.

There was a policy and procedure for the recruitment of staff and an induction checklist to complete with new staff employed by the service which included probation reviews. Inspectors reviewed a copy of one probation review and found that this contained general comments and lacked a comprehensive review of performance.

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

Findings:

The records maintained in the centre required improvement. There was a filing system in place and a satisfactory system for archiving the required documents but some records were only maintained in the centre from November 2015 as the service had recently moved back to the centre. There was insufficient recording of accidents, incidents and issues of a safeguarding nature. Inspectors found that records of incidents and accidents were merged in the children's daily notes, which meant they were difficult to extract.

The centre had a suite of policies and procedures to guide care and practice in the centre, a number of which had recently been reviewed in 2015. However, there were some policies that required by Schedule 5 of the Regulations which were not in place.

The policy on resident's personal property, personal finances and possessions and the policy on the provision of behavioural support required updating to ensure compliance with the regulations. There was no policy provided on staff training and development and on the creation of, access to, retention of, maintenance of and destruction of records. The education policy was not sufficient and there was no policy on access to education, training and development which was particularly relevant for one young person in the centre. The safeguarding policy required updating to reflect changes in the statutory agency for children.

The records as required by Schedule 3 of the regulations were in place but some required improvement. The resident's directory together with the children's file contained all of the required information about the children but there were gaps in the recording of restrictive practices and incidents for the children. The duration of when a restrictive practice was used was not recorded and incidents were not recorded on the formal system in the centre. There was some correspondence missing on children's files which related to complaints or matters the centre were due to follow up upon. Some information contained on the residents register was incorrect specifically in relation to the next of kin details for one child. This was a significant issue should the need arise for the next of kin. The register did not detail the date of admission the centre.

There was a residents guide for the centre. This was child friendly with lots of pictures and short descriptions of the centre, the services provided and conditions relating to the centre. It also included arrangements for the child to be involved in the running of the centre.

Some records as required by schedule 4 of the regulations were in place but improvements were needed in some areas. There were records of fire drills, staff training and incidents that required reporting to the Authority. However, complaints were not formally recorded on the complaints register and there was no record of the discharge of one child from the service.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002339
Date of Inspection:	10 December 2015
Date of response:	9 February 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There was limited detail in some of the children's files to reflect their cultural and religious backgrounds and actions to meet these needs were not clearly documented.

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

1. Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The Provider is launching a Person Centred Plan by the end of April 2016.

The planning tool will facilitate the collation of documentation which reflects each child's cultural and spiritual support plan, it allows for documentation of goals and actions to enhance required supports in this area. The Person in Charge will oversee the implementation of the plans as part of each child's annual review.

Proposed Timescale: 30/04/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all children were facilitated to participate in the reviews of their care.

2. Action Required:

Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

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

Each child will be facilitated to participate in reviews of their care in a way that acknowledges their diverse needs. Decision making, which is done in the best interest of the child, is led by those who support the child and know them very well, Parents, Advocates, Person in Charge and staff from the house and the child's school.

Augmentative and alternative means of communication will be used as appropriate.

On 10th February at the staff meeting the PIC will inform staff to ensure this process is used at Personal Centred Planning meetings.

Proposed Timescale: 10/02/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Children's meetings occurred in the centre but there was no documentation to review in relation to this consultation.

3. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

A record will be kept of all house meetings to reflect consultation and participation of the children in decisions about menus and activity plans.

Proposed Timescale: 07/02/2016**Theme:** Individualised Supports and Care**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was insufficient storage for the children to store and maintain personal property and belongings.

4. Action Required:

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

Works are complete on one bedroom. The Technical Services Department will have bedroom furniture designed and fitted for the storage of personal property in a second room.

Proposed Timescale: 19/02/2016**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

One child had money withdrawn from their pocket money but there was no record of the savings account.

5. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

The children have records of their money on site as per Organisational Policy. Daily checks are carried out by staff and audits are carried out by the Person in Charge and the service manager.

A financial audit will be carried out by the Person in Charge and service manager on February 11th 2016.

Proposed Timescale: 12/02/2016

Theme: Individualised Supports and Care

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

Opportunities to engage in activities according to the child's interests, capacities and developmental needs were limited due to resource issues.

6. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

The separation of the rosters will facilitate a dedicated Person in Charge and staff team to plan and engage in meaningful activities with the children. Families, Host Families and friends are also committed to ensuring this participation.

The Person in Charge will ensure this is done at weekly planning meetings with the children present and that as far as possible the roster reflects the supports required. Where additional resources are needed the Person in Charge and Key Workers will engage with families and friends to seek support.

Proposed Timescale: 11/02/2016

Theme: Individualised Supports and Care

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

The child friendly complaints leaflet did not document the name of the complaints officer or their contact details.

7. Action Required:

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

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

The child friendly complaints poster now documents the name of the complaints officer and their contact details.

Proposed Timescale: 05/01/2016

Theme: Individualised Supports and Care

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

Some complaints were not resolved in a timely manner.

8. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

The Complaints policy will be brought to the attention of all staff. The PIC will keep a log of complaints to ensure that they are followed up in a timely manner, as per organisation policy.

Proposed Timescale: 10/02/2016

Theme: Individualised Supports and Care

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

The management and recording of complaints was not robust.

9. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Person in Charge will manage complaints in line with the Complaints Policy and discuss this with staff at the staff meeting on February 10th 2016.

The Person in Charge has requested staff training for the full team from the organisations Training Department in relation to awareness and understanding of complaints.

The management and recording of complaints will be monitored as part of the six monthly unannounced visits by the service manager; this will be reflected in the Annual Report.

Proposed Timescale: 11/02/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The personal plans were fragmented for some of the children with regard to their communications needs.

10. Action Required:

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

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

The newly developed Person Centred Plan which includes communication, when launched will ensure that there is one document to guide care. This will be reviewed annually and more often as necessary. Out of date documents will be archived.

Proposed Timescale: 30/04/2016

Theme: Individualised Supports and Care

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

Children did not have access to the internet.

11. Action Required:

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

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

The Organisation are working on a system which will allow for public and private internet use with appropriate levels of security and governance.

In the interim, internet use will be available through use of a dongle.

Proposed Timescale: 04/03/2016

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

Theme: Individualised Supports and Care

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

Opportunities for the children to make links with the wider community were often restricted due to resource issues.

12. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

The separation of the rosters will facilitate a dedicated PIC and staff team to plan and engage in meaningful activities, chosen by the children, in the wider community. Social Support Plans will facilitate the development of plans and goals with named persons responsible, a recording system, review dates and actions required post review. In the meantime the Person in Charge will ensure that as far as possible the roster reflects the supports required. Where additional resources are needed the Person in Charge and Key Workers will engage with families and friends to seek support.

Proposed Timescale: 11/02/2016

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:

The admissions policy was not specific to the centre.

13. Action Required:

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

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

The PIC and service manager will amend the admissions policy to make it unit specific and reflect the Statement of Purpose.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The contract of care did not contain all of the terms attached to the residency.

14. 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:

The PIC and service manager will review the Contract of Care to ensure it contains all the terms attached to residency.

Proposed Timescale: 16/02/2016

Theme: Effective Services

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

The charges to residents in relation to personal care items was not clearly documented on the contract of care.

15. Action Required:

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

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

The Provider issued clarity in relation to personal items and related charges on 11th February 2016. Based on this information the Person in Charge and service manager reviewed the Contract of Care on 16th February and made changes with immediate effect.

Proposed Timescale: 16/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

It was not documented who participated in the assessment of the children's needs.

16. Action Required:

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

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

The names of those who participated will be documented on the Assessment of Need Document. The PIC will delegate to Key workers at a staff meeting.

Proposed Timescale: 10/02/2016

Theme: Effective Services

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

Some of the personal plans were fragmented and did not clearly identify all of the children's assessed needs.

17. Action Required:

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

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

The new Person Centred Planning tool will reflect more detailed information and will support improvement in the standard of the personal plans. For plans that are current and in date the Person in Charge has requested that each child's key workers would review the plan to ensure they reflect the child's assessed needs.

Proposed Timescale: 04/03/2016

Theme: Effective Services

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

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

18. Action Required:

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

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

The Provider is launching a Person Centred Planning system for the child and their family/representatives. Children will have an "All About Me" initiative which is meaningful to them and reflects the aspects of their support which is valued by them. This will be launched by the Provider before the end of April and will be used for each child at their 2016 annual review.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Personal plan reviews did not assess the effectiveness of the previous plan.

19. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The PIC will delegate to key workers the responsibility for ensuring the child's plan is up to date and any review will take into account changes in circumstances and developments. The new Person Centred Planning Tool will facilitate improved assessment the effectiveness of the previous plan and the setting of goals with agreed actions post review, dates for new actions and names of those responsible. The Person Centred Plan is to be launched by the Provider at the end of April.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Actions required following the personal plan review did not outline the names of those responsible for pursuing objectives in the plan and there were no recommended timeframes.

20. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All sections of personal plans will be completed to reflect this information.

Proposed Timescale: 04/03/2016

Theme: Effective Services

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

Goals for the children to develop life skills were not clearly documented.

21. Action Required:

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

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

Current Plans will be reviewed by key workers to clarify current life skill goals and the current provision of training as young people prepare to transition between residential services. As plans are updated they will clearly document the supports as required by regulation.

Proposed Timescale: 04/03/2016

Theme: Effective Services

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

There was no plan in place to discharge an adult residing in the centre.

22. Action Required:

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

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

A young person over the age of 18 years has an identified onward placement. It is expected that the transition will have happened by the end of April 2016.

As part of the reconfiguring of children's houses, the transition plan will be updated on February 11th by the key worker to ensure the transition will happen in a planned and safe manner.

Proposed Timescale: 11/02/2016

Theme: Effective Services

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

There was no documentation to review the process involved in the discharge of a child from the service recently.

23. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

Information regarding a recent transition of a child is held in the new centre. The PIC will ensure that copies of documentation in relation to all future absence and/or discharges from the centre will be maintained at the centre for inspection.

Proposed Timescale: 04/02/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some maintenance issues required attention following the recent construction work in the centre.

24. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

There is a plan in place for the completion of works to the garden, the upstairs living areas and for final works for one bedroom.

The Technical Services Manager will oversee these works to completion.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Some of the children did not have adequate storage facilities.

25. 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:

Works are complete on one bedroom, final works on a second bedroom will be carried out by 19th February, this will ensure adequate storage for personal items and belongings.

Proposed Timescale: 19/02/2016

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:

The measures and actions to control the risk of an unexpected absence of a child were not adequate.

26. Action Required:

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

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

The measures and actions to control the risk of an unexpected absence of a child have been reviewed. The information is now specific to the children in this house.

Proposed Timescale: 05/02/2016

Theme: Effective Services

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

The measures and actions to control the risk of accidental injury to a child were not adequate.

27. Action Required:

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

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

The measures and actions to control the risk of an accidental injury to a child, staff or visitor have been reviewed and updated.

Proposed Timescale: 05/02/2016

Theme: Effective Services

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

The measures and actions to control the risk of aggression and violence were not adequate.

28. Action Required:

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

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

The local risk management policy includes the measures and actions in place to control aggression and violence.

Proposed Timescale: 05/02/2016

Theme: Effective Services

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

The measures and actions to control the risk of self-harm were not adequate.

29. Action Required:

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

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

The local risk management policy includes the measures and actions in place to control self-harm.

Proposed Timescale: 05/02/2016

Theme: Effective Services

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

The risk management policy did not contain the arrangements for learning from serious incidents or adverse events involving children.

30. Action Required:

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

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

The local risk management policy contains the arrangements for learning from serious incidents or adverse events involving children, including discussion with service manger, reflection and identification of trends.

This is scheduled for audit by the PIC and service manager.

Proposed Timescale: 16/02/2016

Theme: Effective Services

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

The risk register in the centre was not effective.

31. 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:

With support from the PIC of another designated centre the risk register is complete, accurate and deemed effective.

This will be reviewed as a fixed item on the agenda at regular management support meetings.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

Fire drills were completed in the service but were not reflective of the normal staffing quotas in the centre.

32. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Fire drills will take place at a time that is reflective of normal staffing quotas in the house at any given time, day and night.

Proposed Timescale: 22/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A restrictive practice was in place for one child who did not want this and progress to source an alternative was not timely.

33. Action Required:

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

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

The PIC has been informed by the manufacturers of the required equipment that it will be available on February 12th 2016, which will ensure the current restrictive practice is no longer in place.

Proposed Timescale: 12/02/2016

Theme: Safe Services

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

The children were not consistently supported to develop the knowledge, self awareness, understanding and skills need for self-care and protection in a manner that was suitable to their needs.

34. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

The introduction of the new Person Centred Plan will document the supports needed for self care and protection and the goals and actions required for each child. These plans will name the person/s responsible and review dates.

Proposed Timescale: 31/05/2016

Theme: Safe Services

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

Incidents in the centre were not adequately recorded and there was no system to track or trend issues which may impact on the child.

35. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Person in Charge has informed staff that all incidents are recorded in the child's green file to enable the PIC, service manager and designated person to track trends which may impact on the child.

The organisations system of e-forms is also used for this purpose however this system is not available at present due to technical difficulties with Information Technology services.

Refresher training for staff in Safeguarding with emphasis on reporting and recording information is arranged for staff on March 9th and 14th 2016

Proposed Timescale: 14/03/2016

Theme: Safe Services

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

Some staff members were not aware of the correct procedures to follow should they receive an allegation or disclosure of abuse.

36. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

The PIC has issued the Policy and Procedure for the Protection of Children from Abuse and Neglect (January 2016) for all staff members to be aware of the correct procedures to follow should they receive an allegation or disclosure of abuse – 5th February 2016. Safeguarding will be a set item on the agenda at staff meetings – next meeting 10th February 2016.

The Principal Social Worker will provide refresher training in safeguarding on March 9th and 14th for all staff.

The PIC has completed on line Children First training.

Proposed Timescale: 14/03/2016

Theme: Safe Services

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

The recording procedures in the centre were not adequate.

37. Action Required:

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

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

The Person in Charge will put in place a system to record, track progress and trend any issues of concern in relation to child protection. This will include actions to inform statutory bodies and reference to any confidential file.

Proposed Timescale: 24/02/2016

Theme: Safe Services

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

There were a number of plans in one child's file to guide the intimate care process.

38. 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:

Key workers will collate all necessary information on one support plan, with former plans archived.

Proposed Timescale: 10/02/2016

Theme: Safe Services

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

The staff team had not received training in the protection and welfare of children.

39. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

All staff have received training in Safeguarding children from Abuse and Neglect as per Organisation Policy. The Organisation continues to liaise with the HSE in relation to Children First training.

Refresher training in safeguarding will be delivered by the Principal Social Worker to all staff.

Proposed Timescale: 14/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Incidents of injuries to children were not notified to the Authority.

40. Action Required:

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

All staff have been made aware of incidents of injuries to children that require to be notified to the Authority. The Person in Charge will comply with this requirement.

Refresher training for staff in Safeguarding with emphasis on reporting and recording information is arranged for staff on March 9th and 14th 2016.

Proposed Timescale: 31/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was one adult in the centre who did not have access to educational or training programmes.

41. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

This young adult now attends an identified day-service appropriate to his needs five days each week.

Proposed Timescale: 18/01/2016

Outcome 12. Medication Management

Theme: Health and Development

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

There was one prescription sheet which contained handwritten amendments and deletions which required review.

42. 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 Medication Administration sheets (prescriptions) have been reviewed, and are accurate.

Proposed Timescale: 05/02/2016

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 statement of purpose did not contain all of the requirements of Schedule 1 of the Regulations.

43. 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:

In line with the reconfiguration of children's services the PIC and service manager will review the Statement Of Purpose to reflect the service provided, containing all requirements of Schedule 1 of the Regulation.

Proposed Timescale: 26/02/2016

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 person in charge was managing two centres and due to time constraints did not ensure effective governance, operational management and administration of the centre. Documentation to outline the support provided to person in charge was not comprehensive.

44. Action Required:

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

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

A dedicated PIC is now in place in each centre to ensure the effective governance, operational management and administration of the centre. This will be monitored by the service manager with the support of the Provider Nominee.

There is an initial plan in place for weekly meetings with the PIC and service manager, these meetings will be documented. This will be reviewed in one month.

Proposed Timescale: 04/02/2016

Theme: Leadership, Governance and Management

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

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

45. 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:

Management systems are in place to ensure the service is safe, appropriate to the residents needs, consistent and effectively monitored. This includes adequate staffing of an appropriate skill mix and a nominated shift leader on every shift who is clearly identified on the roster.

The development of Person Centred Plans for children will be in place by the end of April and will replace the current plans. Weekly house meetings are recorded to inform the Person in Charge of support needs and resource issues identified in relation to the needs of the children.

The Person in Charge and service manager will have monthly meetings to discuss management issues and to agree actions and timeframes. These meetings are currently on a weekly basis as there is a new Person in Charge in place.

All audits in relation to safety of the children and the service provided will be kept on file for inspection. A new filing system is in place for this purpose.

Audits of finances, medication, risk assessments, childrens files and staff training records were carried out on February 11th and 16th. Further audits will be carried on a monthly basis and as part of the six monthly audit of quality of care and safety. Monthly staff meetings will have set agenda items and also allow for training, support and development of the team.

There is a schedule for coaching in place for the Person in Charge with the service manager and/ or other Persons in Charge.

All staff will have supervision on a 4 to 6 week basis in line with Organisational Policy for the Supervision of Staff working with Children.

The Person in Charge has requested training for staff from the organisations Training Department in relation to awareness and understanding of complaints, awaiting a date. The management and recording of complaints will be monitored as part of the six monthly unannounced visits by the service manager; this will be reflected in the Annual Report.

Proposed Timescale: 16/02/2016

Theme: Leadership, Governance and Management

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

The annual review was not a comprehensive overview of the quality and safety of care and support in the centre in accordance with the standards.

46. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Organisation has provided a template which supports a comprehensive Annual Review which is in keeping with regulation, this will be used in future annual reviews.

Proposed Timescale: 31/10/2016

Theme: Leadership, Governance and Management

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

The report following the unannounced visit was not comprehensive, there was limited comments and actions listed were not adequate to drive improvement in the service.

47. 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:

The 6 monthly unannounced Quality of Care and Supports audit will include comments, action plans and date for completion of actions. This will inform the Annual Report with a view to a more comprehensive document which will drive improvement to the

Standard of service provided.

Proposed Timescale: 11/02/2016

Theme: Leadership, Governance and Management

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

Effective arrangements were not in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

48. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

On a day to day basis there is a shift leader on every shift. The Person in Charge has protected management hours in order to observe, performance manage and support staff in their professional development.

The training department have agreed to provide training in Staff Supervision for the Person in Charge. The Person in Charge will provide supervision on a 4-6 weekly basis to all members of the team.

The service manager will provide supervision to the Person in Charge on a 4- 6 weekly basis.

Proposed Timescale: 16/03/2016

Theme: Leadership, Governance and Management

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

Staff members were not aware of protected disclosures.

49. Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

All staff members have been made aware of protected disclosures, the up to date Policy and Procedure for the Protection of Children from Abuse and Neglect (January 2016) is available in the house.

Information on the Confidential Recipient is available in the house.

Proposed Timescale: 05/02/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The Authority had not been notified of the proposed absence of the person in charge.

50. Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

Going forward, the Authority will be notified of all proposed absences of the PIC.

Proposed Timescale: 05/02/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The children were limited in their access to the community due to staffing and transport issues.

51. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

In line with the reconfiguration of children's services, staffing is being reviewed by the service manager and Administration Manager.

Children will be supported to access the community through use of the unit bus and public transport.

Proposed Timescale: 19/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff and management team were shared with another designated centre and there were insufficient staffing levels to provide care and support to the children on a consistent basis.

52. 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:

In line with the reconfiguration of children's services the PIC, service manager and Administration Manager are reviewing rosters with a view to facilitate the consistent provision of safe and effective care to all children.

Proposed Timescale: 19/02/2016

Theme: Responsive Workforce

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

Children did not receive consistent care due to the high use of agency staff.

53. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

With the reconfiguration of children's services and on-going recruitment, agency staff numbers will decrease. The PIC will monitor this situation and report concerns to the service manager.

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:

References were not dated or verified.

54. Action Required:

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

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

The Human Resource Department will ensure that going forward all references are dated and verified.

Proposed Timescale: 05/02/2016

Theme: Responsive Workforce

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

The mandatory training needs of all staff had not been met.

55. 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:

Mandatory training of staff is ongoing, planned dates as follows:

Fire Safety Training - January 14th and February 16th.

Food Safety Training - 10th February.

Safeguarding Training is scheduled for March 9th and 14th.

First Aid Training - February 12th and 26th.

Proposed Timescale: 16/02/2016

Theme: Responsive Workforce

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

Supervision was not provided on a consistent basis to the team as the procedure had recently commenced.

56. 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:

Supervision will be provided to staff on a 4-6 weekly basis by the Person in Charge and for the Person in Charge by the service manager as per organisational policy. There is a template in place to support this practice.

The service manager will monitor the consistency and effectiveness of supervision during 6 monthly audits.

Proposed Timescale: 30/05/2016

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 policies as required by Schedule 5 of the regulations were not in place.

57. 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:

The PIC will ensure that all policies as required by schedule 5 of the Regulation will be in place.

Proposed Timescale: 16/02/2016

Theme: Use of Information

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

Some policies had not been reviewed within the three year period as required by the Regulations. Some policies had not been updated to reflect required changes.

58. Action Required:

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

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

The overdue reviewing of policies at an organisational level is on-going. In the interim, local policies have been developed to meet the needs of this unit. These will be reviewed and updated as required.

Proposed Timescale: 16/02/2016

Theme: Use of Information

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

Some information regarding the children was incorrect and there was some information missing on the register.

59. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Directory of Residents has been updated and accurately reflects the profile of the residents of the unit.

Proposed Timescale: 05/02/2016

Theme: Use of Information

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

Not all of the records as required by Schedule 3 of the Regulations were in place.

60. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

All records as required by Schedule 3 of the Regulations will be put in place by the PIC and service manager.

Proposed Timescale: 04/03/2016

Theme: Use of Information

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

Not all of the records as required by Schedule 4 of the Regulations were in place.

61. 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:

All records as required by Schedule 4 of the Regulations will be put in place by the PIC and service manager in line with the reconfiguring of the childrens and young adults houses.

Proposed Timescale: 30/03/2016