Centre name: Suzanne House
Centre ID: OSV-0001466
Centre county: Dublin 24
Type of centre: Health Act 2004 Section 38 Arrangement
Registered provider: St John of God Community Services Limited
Provider Nominee: Clare Dempsey
Lead inspector: Maureen Burns Rees
Support inspector(s): Julie Pryce
Type of inspection: Unannounced
Number of residents on the date of inspection: 3
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.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 September 2016 09:30</td>
<td>27 September 2016 17:30</td>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 09: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 10. General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
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**Summary of findings from this inspection**

**Background to the inspection:**

This was a 10 outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on 31 March and 1 April 2016 and as part of the current inspection the inspectors reviewed the actions the provider had undertaken since the previous inspection.

**How we gathered our evidence:**

As part of the inspection, the inspectors met with three children availing of respite in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the person in charge, two staff nurses, student nurse on placement and a child’s relative. The inspectors reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.
Description of the service:
The service provided was described in the providers statement of purpose. The centre provided respite care for up to 15 children with a diagnosis of intellectual disability, life limiting conditions, palliative and complex nursing requirements up to the age of 13 years. All of the children availing of respite in the centre had high medical needs and support requirements.

The centre could accommodate up to four children per night but on the day of inspection there were three children present. The centre was located in a two storey house on its own enclosed grounds in a town in county Dublin. There was a good sized garden for the children’s use.

Overall judgement of our findings:
Overall, the inspectors found that children were well cared for whilst availing of respite in the centre and that the provider had arrangements in place to promote their rights and safety. The inspectors was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. Of the 10 outcomes inspected on this inspection, minor non-compliances were identified in three outcomes as outlined below.

Good practice was identified in areas such as:
- The location, design and layout of the centre was suitable for its stated purpose and met the children's individual and collective needs in a comfortable and homely way. (Outcome 6)
- The health and safety of children, visitors and staff were promoted and protected. (Outcome 7)
- There were appropriate measures in place to keep children safe and to protect them from abuse. (Outcome 8)
- Children's healthcare needs were met in line with their personal plans (Outcome 9)
- There was a clearly defined management structure (Outcome 14)

Areas for improvement were identified in areas such as:
- A small number of children's personal plans did not reflect the recommendations of the multidisciplinary team. Personal plans were not made available to the children and their families in an accessible format (Outcome 5)
- The end of life care plan for one child had not been reviewed in line with best practice.(Outcome 9)
- The frequency of staff supervision was not always in line with the frequency set out in the centres policy or in line with best practice in this area (Outcome 17)
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 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident’s assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Each child's wellbeing and welfare was maintained by a high standard of evidence-based care and support. The arrangements to meet each child's assessed needs are set out in a personal plan that reflects his or her needs, interests and capacities. However, in a small number of the plans reviewed inspectors identified some areas for improvement.

Each child's health, personal and social care needs were fully assessed before each admission for respite. There was documentary evidence to show that children's parents were involved in assessments to identify their children's individual needs and choices. In addition, there was a multidisciplinary input into assessments.

Each child had a personal plan in place which detailed their assessed needs and choices. There was a local operational procedure in place to guide practice on personal planning. At the time of the last inspection, inspectors found that multidisciplinary (MDT) input was not consistently incorporated into each child's personal plan. On this inspection, inspectors found that overall multidisciplinary input was incorporated into each child's personal plan by the child's keyworker following all yearly planning meetings and on receipt of updated MDT reports. There was evidence that the person in charge tracked changes to care plans on an overarching tracking system, in consultation with each child's keyworker. However, on the day of inspection, inspectors identified a small number of children's files where recommendations of the multidisciplinary team were not reflected in personal plans. It was identified that personal plans were not made available to the children and their families in an accessible format.
There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on improving the lives of the children. Inspectors reviewed a sample of plans and found that they had been fully implemented to meet the support needs of the children.

**Judgment:**
Substantially Compliant

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**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**
Effective Services

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

**Findings:**
The location, design and layout of the centre was suitable for its stated purpose and met the children's individual and collective needs in a comfortable and homely way. There was appropriate equipment in place to meet children's healthcare needs which was being maintained in good working order.

The design and layout of the centre was in line with the centres statement of purpose. Overall there was adequate private and communal accommodation. At the time of the last inspection, inspectors found that private accommodation was not provided for some of the children and that storage arrangements for records and files was not adequate. Subsequent to the last inspection, the centre had been refurbished with the addition of a bedroom and additional secured units for the storage of records. At the time of this inspection, each child availing of respite had their own bedroom. One of the rooms had a cot and a bed in place but records showed that only one child availed of respite in the room at any one time. Despite, storage requirements for children's required medical equipment and supplies, there was enough space and suitable storage facilities for children's personal use. Inspectors observed that rooms were of a suitable size and layout to meet the needs of the children.

Since the last inspection a new visitor and therapy room had been established on the first floor which was suitably decorated and furnished. All areas in the centre were wheelchair accessible. Sufficient furnishings, fixtures and fittings were observed to be in place. There was a good sized kitchen in the centre, although at the time of inspection children availing of respite in the centre were on enteral feeds. Suitable arrangements for
general and clinical waste were in place. There was a nice sized garden to the rear of the centre but it was observed that there were no suitable play equipment for children in the garden. There was evidence that a proposal for an outdoor vegetable raised bed area, which was wheelchair accessible, had been submitted for consideration by senior management.

**Judgment:**
Compliant

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

**Theme:**  
Effective Services

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

**Findings:**
The health and safety of children, visitors and staff were promoted and protected.

There were policies and procedures in place for risk management and emergency planning which met with the regulatory requirements. The inspectors reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register. There was a safety statement in place dated April 2016, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly.

At the time of the previous inspection, inspectors found that some risks had not been assessed including ligature points, access to windows and disposable gloves and aprons within reach of the children. Since the last inspection, the risk management policy, risk register and risk assessments had been reviewed and updated. All possible ligature points had been assessed and removed where possible. New window blinds had been installed which complied with European standards to protect children from window blind strangulation. Window restrictors had been installed to all the windows in the centre. Gloves and aprons had been placed in suitable holders out of reach of children.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. A computer based incident management system was used to report all incidents which also recorded actions taken. The inspector reviewed track and trend reports that were produced on a regular basis. Overall, there were a low number of incidents reported. The inspectors reviewed staff team meeting
minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. Training records showed that staff had attended infection control and hand hygiene training. There were adequate arrangements in place for the disposal of clinical waste and sharps.

Adequate precautions were in place against the risk of fire. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Fire drills involved children and were undertaken on a regular basis. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

Staff spoken with were knowledgeable about manual handling requirements. A ceiling tracked hoist system was available in three of the bedrooms. Records showed that all hoists (including manual hoist) had recently been serviced. Records showed that staff had attended manual handling training.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a child protection procedure in place dated January 2015. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, National guidance for the protection and welfare of children, 2011. The picture and contact details for the designated person for the centre, (as per Children First, 2011) were observed on display. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. At the time of the last inspection, inspectors found that the intimate care policy was out of date and individual intimate care plans required additional information to guide practice. At the time of this inspection, there was an up-to-date intimate care policy and recently revised intimate care plans on children's files. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of children.

Children were provided with emotional and behavioural support. There was a behaviour that challenges policy and practice guideline in place. The person in charge and staff reported that at the time of inspection, none of the children availing of respite displayed behaviour that challenged. Records showed that staff had attended training on positive behaviour management support.

There were a number of physical and environmental restraints being used in the centre which had been prescribed by individual children's multidisciplinary teams to meet their support needs. All usage was monitored and recorded. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. At the time of the last inspection, a restrictive practice policy was not in place. Since that inspection a local operational policy and procedure had been put in place to guide practice.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
A record of all incidents occurring in the centre was maintained and, where required notified to the chief inspector.

The inspectors noted that the provider had submitted all required notifications to the HIQA as required by the regulations. At the time of the previous inspection, inspectors found that all restrictive practices were not notified to the Authority on a quarterly basis. Since that inspection all restrictive practices were reported to the HIQA on a quarterly basis. The inspectors found that the centre had developed a methodology to ensure compliance with requirements for notifications.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Opportunities for new experiences, social interaction and education were facilitated and supported by the centre for appropriate children whose health limitation, needs and support requirements allowed same.

At the time of the last inspection, a policy on access to education and individual education plans for children were not in place. On this inspection, inspectors found that a policy on access to education had been put in place and that staff had been inducted to that policy. Individual education plans had been put in place for identified children to ensure they are supported while in respite to access education if deemed appropriate.

Judgment:
Compliant
**Outcome 11. Healthcare Needs**  
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**  
Health and Development

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

**Findings:**  
Children’s healthcare needs were met in line with their personal plans and assessments. However, inspectors found that the end of life care plan for one child had not been reviewed in line with best practice.

Each of the children availing of respite in the service had complex medical needs and support requirements. All recommended treatments were facilitated whilst availing of respite in the centre. Each child’s health needs were appropriately assessed on each admission and met by the care provided in the centre. At the time of the last inspection, inspectors found that end of life plans in place were not sufficiently detailed to reflect the wishes of the family. Since that inspection, end of life plans had been reviewed and updated for a number of the children to accurately reflect the wishes of the family in line with current practice of quality for standards for babies and children at end of life. There was evidence that families had signed off on these plans. However, on this inspection, inspectors found that one child's end of life care plan had not been reviewed in more than 24 months.

The centre had a fully equipped kitchen and a dining area. All of the children availing of respite in the centre were on enteral feeds. There was evidence that enteral feeding regimes in place were overseen by children’s GPs and dieticians. The service had nutrition and hydration policy in place and policies relating to the care and management of the five possible types of enteral feeding devices in use in the centre. Staff had attended training in relation to enteral feeding care and management. Records showed that nutritional intake for the children were adequately recorded in the centre.

**Judgment:**  
Substantially Compliant

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**Outcome 12. Medication Management**  
*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**  
Health and Development
Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems in place to ensure the safe management and administration of medications.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of all medicines, including controlled drugs. There was a medication fridge in place and records showed that the temperature was recorded on a daily basis.

At the time of the last inspection, inspectors found: that some medications were not labelled adequately; some prescription sheets did not contain all the required information and inappropriate transcribing of medication was undertaken in the centre. Since that inspection, the person in charge had liaised with each child's pharmacy and general practitioner. On this inspection, inspectors found that medication was correctly labelled and that each prescription and drug administration record contained all required information. The practice of transcribing in the centre had ceased since the last inspection.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. It was not appropriate for any of the children in the centre to be responsible for their own medications. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. Inspectors reviewed a medication audit undertaken in July 2016 which showed a good level of compliance and were issues were identified appropriate actions had been taken.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.
Theme:
Leadership, Governance and Management

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

Findings:
There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. A relative spoken to as part of the inspection described the person in charge as supportive and committed to the well being of the children. Children were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. she also had a clear insight into the health needs and support requirements for children availing of respite in the centre. The person in charge was in a full time post and did not hold responsibility for any other designated centre. The person in charge reported to the director of service. On call arrangements were in place and staff were aware of these and the contact details. At the time of the last inspection, inspectors found that the systems in place to support, supervise and monitor performance of the person in charge were not adequate. Since that inspection, appropriate supervision arrangements had been put in place. There was evidence that performance development and review meetings had been undertaken between the provider nominee and person in charge.

At the time of the last inspection, an annual review of the quality and safety of care and support in the designated centre had not been undertaken. Since the last inspection the provider had undertaken an annual review for 2015. An unannounced inspection of the safety and quality of care in the centre had been undertaken by the provider in January and July 2016. There was an action plan in place to address issues identified in these audits. The person in charge had put in place a schedule for a range of internal audits in the centre. Examples included, medication, hygiene, epilepsy management, social goals, restrictive practice and fire safety. Actions identified from these audits informed an overall quality enhancement plan. The person in charge was supported by a quality advisor who attended a monthly quality and safety meeting to review progress against the quality enhancement plan. Good progress was being made in monitoring and addressing issues identified.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility.

Judgment:
Compliant
### Outcome 17: Workforce

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

#### Theme:
Responsive Workforce

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

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

#### Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and the safe delivery of services. However, staff supervision arrangements required some improvements.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children availing of respite in the centre. Nursing care was provided on a 24 hour basis whilst the children were in respite. At the time of the last inspection, the number of staff on the rota was not sufficient to accommodate the maximum number of five children as outlined in the statement of purpose at that time. Since that inspection the statement of purpose had been amended to reflect a reduction in the maximum number of children supported each night from five to four children. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers. At the time of the last inspection, inspectors found that there was an over reliance on relief workers to cover core shifts in the centre. Since that inspection, arrangements had been put in place whereby two regular relief staff nurses were assigned on the off duty to cover occasional shifts. It was noted that these staff were not used on a regular basis but when used they were rostered on duty with a permanent member of staff.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that all staff were up to date with mandatory training requirements. A training needs analysis had been undertaken. Staff interviewed were knowledgeable about policies and procedures in place. The inspectors observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place but the frequency of supervision was not in line with the centres policy. There was a supervision policy in place which stated that staff should be supervised every 8 to 12 weeks. The inspectors reviewed supervision records for four members of staff and found that they were of a good quality but not always undertaken within the timelines proposed in the centres policy.

There were a number of volunteers working in the centre at the time of inspection. Appropriate arrangements were in place for the supervision, recruitment and vetting of these individuals in accordance with best recruitment practice.
Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
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 identified that personal plans were not made available to the children and their families in an accessible format.
1. 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:
Personal plans will be made available to children and their families in accessible format.

Proposed Timescale: 22/12/2016
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors identified a small number of children's files where recommendations of the multidisciplinary team were not reflected in personal plans.

2. 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:
All personal plans within the designated centre were reviewed by Key-workers and have been updated to reflect recommendations of the Multi-disciplinary team.

Proposed Timescale: 05/10/2016

Outcome 11. Healthcare Needs
Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that one child's end of life care plan had not been reviewed in more than 24 months.

3. Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
1. Paediatric consultant will review the child’s advance treatment agreement (ATA), with parents. 15/12/16
2. Keyworker will update end of life care plan following review of advance treatment agreement (ATA). 20/12/16

Proposed Timescale: 20/12/2016
Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were staff supervision arrangements in place but the frequency of supervision was not in line with the centres policy.

4. 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:
1. The policy on supervision of staff in the designated centre to be reviewed. 2/11/16
2. Schedule of supervision to be updated by person in charge in line with centre’s policy on supervision of staff. 7/11/16

Proposed Timescale: 07/11/2016