

**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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004030
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Theresa O'Loughlin
Lead inspector:	Caroline Browne
Support inspector(s):	Niamh Greevy
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
20 January 2016 10:00	20 January 2016 18:00
21 January 2016 09:00	21 January 2016 17:30
24 February 2016 14:00	24 February 2016 16:00

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

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

Summary of findings from this inspection

This was the third inspection of the centre by HIQA and the purpose of inspection was to inform the registration decision. The centre was located on the grounds of a large campus on the north side of Dublin. It had access to many amenities such as public transport, parks and shops and was close to the city centre. As part of this inspection, inspectors spoke with three children, met with the regional service manager, the clinical nurse manager and staff and observed care practice in the centre. Inspectors also reviewed care plans, reports, staff files, policies and procedures.

The centre was run by the Daughters of Charity who provided respite residential care and support to boys and girls aged between five to 18 years with a diagnosis of autism and or moderate to severe learning disabilities who may have complex medical needs and or behaviours that challenge. The centre had capacity for up to six children at any one time, which included one emergency crisis place. However, on both previous inspections, inspectors had found that long term care was being provided to up to three children which was not in line with the centre's statement of purpose and function. This centre was not a suitable placement for these children as there were 19 other children coming in and out of their home as it was a respite service. This arrangement also had an impact on the service available to the 19 other children availing of respite care. Since the last inspection, resources had been secured and transition plans were in place to move these children to a more appropriate centre on a full time basis but this had not occurred in a timely manner.

Children's quality of life had not sufficiently improved. While initial steps were taken to improve the quality of life for children, further work was required to ensure children enjoyed a quality of life similar to their peers. The appearance of the centre had improved as it was more homely and child centred. Children appeared relaxed and happy in the centre and staff interaction with children was positive. There was some consultation with children in order to include their wishes and views, but this was yet to be completed for all children. Meaningful goals were identified for some children who had their personal plans reviewed, but no steps had been taken to implement these goals. Children had some opportunities to participate in activities, such as swimming, walks in the park but the children were not supported to develop their interests and hobbies similar to their peers. In addition, children did not have opportunities similar to their peers to develop links or friendships in the community. Young people approaching adulthood were not sufficiently supported to develop independent living skills.

Children were generally safe. Since the last inspection, the regional service manager took steps to ensure that there were familiar staff in the centre in order to ensure consistency of care to children. Inspectors found that there was a more stable staff team with the necessary skills and experience. As a result of a more stable environment, staff were familiar with children's plans and there was a decline in the number of incidents of behaviour that challenged. Children were provided with emotional, behavioural and therapeutic supports that promoted a positive approach to behaviour that challenged.

The skill mix of the team had improved. While some training needs of the team had been met since the last inspection, not all staff received mandatory training. The clinical service manager was able to provide assurance that agency staff had received the necessary training. Improvement was required in supervision.

The governance arrangements and oversight of the centre had improved since the last inspection. There were improved supports in place for the clinical services manager and the staff team. However, monitoring of the support and care provided to children required improvement.

Other areas identified which required improvement related to the complaints policy and recording of complaints, children's rights, admissions policy and process, social care needs, the statement of purpose and function, risk management systems, fire safety, children's general welfare and development, health care and medication management practices.

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 made aware of their rights and information in relation to children's rights was displayed in the centre. Some of the children's rights were respected and promoted but others were not. Children were facilitated to exercise their religious beliefs and meetings were held with children to develop a plan of what they would like to do while on their stay in the centre. Children's privacy and dignity was respected. Children's plans provided good guidance to staff on how to maintain children's dignity and respect during personal care. Staff were aware of children's right to have their privacy and dignity respected and inspectors observed staff meeting children's needs in a respectful way. Some children liked time on their own and staff facilitated this.

Children had some opportunities to participate in activities, but the activities were not individualised to the interests of the children. Activities included swimming, outdoor play, bus trips, park walks, water play, and play with sensory toys. However, individualised activities which were identified in children's personal plans were not possible due to the lack of familiar staffing. Inspectors observed toys and activities in the centre, but these were locked away due to the behaviours displayed by some children. However, records did not show that the impact of limited access of toys to children had been considered or that appropriate measures were in place. Children went out to the local park with staff on the day of inspection. Parents told inspectors that they would like their children to do more activities.

Children were not supported to prepare for adulthood or given support and guidance in life skills. There were two young people in the centre approaching 18 years of age, but there was no evidence of any life skills programmes to assist them in their transition to adult services or to live independently as possible. Some routines, practices and facilities did not always promote children's independence and preferences, for example it was not evident that children had opportunities to do their own laundry if they wished and it was

appropriate.

Children's personal property was kept safe through appropriate practices and safeguarding. There was a policy in relation to children's personal property, personal finance and possessions. Children's personal property including monies were kept safe through appropriate practices and record keeping. Each child had plenty of space in their bedrooms to store their clothes and personal belongings.

Complaints were generally well managed but records were not complete and the system was not fully compliant with the regulations. There was a complaint policy in place which was also available in a format accessible to the children and their families. There was a nominated person to deal with complaints and there was an independent appeal process outlined in the policy. However, there was nobody identified to be available to children to ensure all complaints were appropriately responded to and that a record of complaints was maintained in line with Regulation 34 (2) (f). Six complaints were recorded in the complaints log in the previous 12 months but none of these had been made by the children. While the log recorded the details of the complaint and the investigation it did not always record of the outcome of the complaint or whether the complainant was satisfied. External advocacy services were made available to children but there was a waiting time of up to 12 weeks. To counteract this, the provider was in the process of developing their own advocacy group and some staff in the centre had attended training in advocacy.

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

Findings:

Children's communication needs were adequately assessed and met but not all staff were trained in communication techniques. There was a communication policy in place. Children were assessed on admission to the centre by a speech and language therapist. Arrangements for children's assessed communication needs were outlined in their personal plans and individual communication passports. Some children attending the centre were non verbal but communication passports gave good guidance to staff on how to communicate effectively with the children.

Inspectors observed how children's communication needs were implemented in practice. Staff communicated with children through the required communication aids identified in personal plans. There were pictorial exchange communication system (PECS) displayed in the centre. Inspectors observed staff using this communication tool with children to

choose activities they wished to do for the day and food choices. Inspectors also observed staff using sign language as a method of communication. Staff interacted positively with children and were aware of their communication needs. Staff involved children in discussions when speaking with inspectors about activities in the centre. However, not all staff had received training in identified communication methods for children.

Children had access to the television and radio, but some other media devices for example the internet was not available in the centre.

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:
Children were supported to maintain personal relationships with family members. There was a visitor's policy which identified that there were no restrictions placed on visits to children. There was a child friendly family room available in the centre where children could receive visits from family and friends.

Families were kept informed of their child's wellbeing. There was positive communication between staff members and parents to keep them updated on their child's progress. Parents told inspectors that they made telephone contact with the staff team regularly who kept them informed of their child's day. Inspectors saw some photos of children with their families while in the centre.

However, children were not encouraged to develop and maintain friendships in the community. While children were involved in some activities with the assistance of staff, for example, children used public transport and going out to shops in the community, most activities did not support children to make links with the wider community. As a result, children were not provided with appropriate opportunities to develop friendships external to the centre.

Judgment:
Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

Findings:

Children's admissions were not in line with the centre's admission policy or statement of purpose and function. There were three children residing in the centre on a long term basis but this was not an appropriate placement for these children as this was their home and other children were coming in and out of the centre as it was a respite service. As a result, the number of respite nights available to other children had been impacted. Alternate arrangements were under consideration for the three children living there.

There had been no new admissions since the last inspection. There was a policy and procedure in relation to the admission, discharge and transfer of children. However, the policy did not provide sufficient guidance for staff in relation to transitioning a new admission into the centre or how staff should take account of the need to protect residents from abuse by their peers. A central admissions panel reviewed applications and made a decision on admission based on criteria. The clinical nurse manager showed inspectors a template for a proactive risk assessment for new admissions and an assessment of the impact of an admission on other children attending the service which they would roll out for any new admissions but it had not been used to date. The clinical nurse manager told inspectors that this information would also be used when children's respite nights were being scheduled. However, inspectors found that these tools were not being used when planning schedules as on the third day of inspection two children were in the unit for a short time and inspectors were told there was a need to segregate the two children from each other due to compatibility issues and the rights of the children had not been considered.

Children had a signed contract of care on file but they were out of date and did not contain all of the relevant information. For example, the services to be provided to children were not specified nor was it specifically outlined whether additional charges were applied.

There were no children discharged since the last inspection.

Judgment:

Non Compliant - Major

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:

At the time of the last inspection, children's needs were not comprehensively assessed and plans did not provide guidance to staff or outline arrangements to meet children's needs. Three children continued to live in the centre though it was not suitable for the purposes of meeting their assessed needs.

While all children had an assessment of need, some were out of date and others were not comprehensive. Since the last inspection one child had a comprehensive assessment of need undertaken due to a change in circumstances. Reviews of the other children's needs remained outstanding though there were some tentative dates identified. There was a new assessment template developed since the last inspection which should assist the team to ensure a more comprehensive assessment was completed.

The quality of personal plans was poor. While some plans had been updated using a new planning template they reflected the older assessment of need and therefore were not up-to-date. For the one new assessment completed the plan developed as a result was multidisciplinary and set out the child's needs and plans to address their needs. The child's family also attended this meeting. However, not all children were consulted in the development of personal plans. The personal plan review template used included the rationale for proposed changes, the names of those responsible for agreed objectives and the agreed timelines. However, other reviews did not include this detail and personal plans were not provided to children in an accessible format.

Goals were developed through the personal planning process. Some goals were developed based on consultation with children and considered the wishes of some children. Inspectors saw goals which were focused on the child's personal development, for example to bring a child to the hairdressers and to go horse riding. However, inspectors found that these goals had not been implemented.

Some children were supported when moving between services but others were not. Transition plans were in place for the three children who were living in the centre on a full time basis as an onward placement has been identified. The three children and their families had visited the new placement and a social story had been developed to help the children understand the proposed move. A multidisciplinary meeting had been held to ensure a coordinated approach to the transition and families had attended.

For other young people approaching 18 years of age there were no plans in place to support their transition to adult services.

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 layout of the centre was suitable for its stated purpose and function. The centre was clean and well maintained with suitable heating lighting and ventilation. It comprised of a bungalow with six bedrooms, two bathrooms, a kitchen, dining area, laundry room, sensory room, family room and a staff office. Rooms were of a suitable size and layout to meet the needs of the children. Children's bedrooms were suitably decorated in a child friendly way. Children kept their personal belongings and toys in their rooms. There was sufficient private and communal space in the centre.

The centre was located on a campus with facilities such as a school, green areas and a swimming pool. There were facilities for play in the back garden with a slide and sand box available to children.

Children had access to appropriate equipment which supported staff to move and transfer children safely. This equipment was serviced and maintained appropriately.

There were suitable arrangements in place for the disposal of general and clinical waste but the centre did not generate clinical waste.

Judgment:

Compliant

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:

At the time of the last inspection there were no systems in place for the assessment, management and on-going review of all hazards in the centre. Infection control measures were not adequate and there were not adequate precautions against the risk of fire. Inspectors found that some of these issues had been addressed, but other significant risks were identified including fire safety issues.

Risk management systems remained ineffective. While the staff team had recently received training in risk management, the risk management policy was not fully implemented as some risks had not been identified and some control measures had not been implemented. Inspectors found some hazards, for example latex gloves within the reach of children that potentially posed a significant risk of choking. The manager moved these to a safe height at the time of inspection but had not identified the risk as part of her regular health and safety checks. There was a risk register in place but it did not contain all the risks within the centre, for example the latex gloves, and the three children living fulltime in the respite house though the centre could not meet all of their needs. All identified risks had appropriate control measures in place and were rated low to medium.

The health and safety of children, visitors and staff was promoted through an up-to-date health and safety statement and policies and procedures. The centre had policies and procedures in relation to health and safety, emergency planning and guidance for staff when a child goes missing. There were reasonable measures in place to prevent accidents. Staff were proactive in highlighting and recording maintenance issues. Maintenance records showed that maintenance issues were responded to in a prompt way.

Infection control measures in the centre had improved and satisfactory procedures were in place for the prevention and control of infection. The centre was clean and tidy. There were sufficient hand washing facilities available to staff, children and visitors. There was a colour coded cleaning system and a comprehensive cleaning schedule in place which was completed by staff members and was overseen by the manager.

Not all fire safety measures were effective. The mobility and cognitive understanding of residents was adequately accounted for in the evacuation procedures. There were personal evacuation procedures available on children's files and within the fire register. There was one fire drill since the last inspection. The fire drill report recorded the names of the six staff members and four children were present for the drill. This report recorded that staff knew what their role was in the event of a fire. The record also identified the time it took to evacuate children and any issues identified which promoted learning within the service. Fire drill records were signed by the clinical nurse manager.

There were some precautions against fire, including fire fighting equipment, regular checks and servicing of equipment, and appropriately trained staff. However, monitoring of fire checks was not effective as inspectors found that there were some gaps in the records, for example, weekly checks of emergency lighting and fire doors had not been monitored on a number of occasions. In addition one escape route was obstructed on the day of inspection due to building work. This was brought to the attention of the clinical nurse manager who identified that they would use the other two escape routes.

However, this had not been tested with a fire drill.

On the day of inspection the fire alarm was sounded and inspectors found that not all doors identified as an escape route door could be exited. Ten doors required the use of a swipe card to exit. Subsequent to the inspection, the clinical nurse manager told inspectors that there was a fault in the system and all escape doors should have automatically opened when the fire alarm was sounded. Inspectors went back to the centre to sound the fire alarm and found that all escape doors were automatically opened when the fire alarm was sounded.

Vehicles used to transport the children were road worthy and adequately insured.

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:

At the time of the last inspection, safeguarding and management of behaviour that challenged was not at an optimum. On this inspection safeguarding measures had improved. Children were generally safe. The designated liaison person (DLP) had briefed the team on safeguarding measures and staff were better placed to identify signs of abuse and who to report it to. Staff were more aware of the safeguarding policies in place.

Some intimate care plans that had been reviewed were more child friendly and included the wishes of the child, but not all intimate care plans were reviewed to include the wishes of the child. Plans provided good guidance to staff when providing intimate care in a wide range of intimate care needs which included showering, bathing and toileting. Staff told inspectors that they encouraged children to maintain their own privacy and dignity in line with intimate care plans. Inspectors observed staff treating children with dignity when meeting children's personal care needs. There was a booklet available to children on their right to feel safe, the different types of abuse and how to stay safe. However, further work was required with children, on an individual basis to ensure their self awareness, understanding and skills were developed around self care and protection.

Child protection concerns were appropriately responded to. There had been one concern since the last inspection (outside of the placement) which had been referred to the Child and Family Agency (Tusla) by the DLP. This concern had been acknowledged by the Agency, but this concern did not meet the threshold and Tusla had closed the referral.

Children's behaviour was well managed and good quality behaviour support plans were in place. All staff had received training on a behaviour support model since the last inspection and a behaviour support therapist had provided a briefing for all staff on behaviour that challenges. Behaviour support plans were in a place for children and they identified the behaviours, triggers, contributing factors and support measures required. These plans provided clear guidance to staff in relation to actions to take when a child was displaying behaviour that challenges. Staff were aware of children's individual support plans and were aware of underlying causes of behaviour that challenged. Episodes of behaviour that challenged had reduced in recent weeks. Managers and staff identified a calmer environment and said that additional more consistent staff had influenced this. Not all behaviour support plans were reviewed on a quarterly basis in line with policy.

Some restrictive practices were used in the centre but some practices were not recognised as such. There was a policy in place but it did not recognise a seat belt guard as a restrictive practice. Inspectors found that risk assessments were completed prior to using a restrictive practice and that staff endeavoured to use the least restrictive practice. Some restrictive practices have been discontinued as a result of this, for example, exit doors were unlocked on a trial basis. However, staff were not trained in the use of restrictive practices. The policy identified a number of templates to be used when reviewing the use of a restrictive practice but these were not being used.

There was a system in place to monitor the use of restrictive practices but it did not occur on a regular basis. A multidisciplinary team met to review individual risk assessments and make recommendations to the team on the appropriateness of their use for individual children. However, the group did not meet regularly and so not all restrictive practices had been reviewed.

Judgment:

Non Compliant - Moderate

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:

At the time of the previous inspection, inspectors found that not all restrictive practices were notified to HIQA in line with regulation 31(3) (a).

There was a system in place to record all incidents and accidents which occurred in the centre. Inspectors found that all incidents were notified to HIQA in the most recent quarterly notifications submitted.

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

Findings:

Children's educational needs were not comprehensively assessed on admission, particularly for the three children living in the centre. As a result, children's personal plans did not set out the arrangements for meeting children's educational needs. There was a policy in relation to access to education and training in place. Children attending the centre were attending the school or the education centre for special needs which was located on the campus. Staff supported children to attend school and inspectors observed children returning from school and staff enquiring what had happened at school that day.

There was insufficient focus on children's educational attainments. There was no record of staff advocating for children in relation to educational outcomes. While personal plans identified where the child went to school and what class they were in, there was no guidance to staff in what their level of ability was and what their educational goals were. Therefore, there was no educational work completed with children who had been living in the centre for over a two year period. While there were some posters on one child's bedroom relating to a star student, it was not evident that children's educational level or achievements were noted.

There was a communication book which facilitated the communication between the school and centre staff, but it was not evident that this book was used consistently. Young people, who were approaching school leaving age, had no plan in place to support this transition nor were there arrangements in place to access training or further education.

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:

Each child's health needs were assessed on admission to the centre and met in line with their personal plans. Children could attend their own general practitioner (GP) if they wished or there was a specific GP associated with the centre. Children had timely access to a range of healthcare staff including nursing staff, occupational therapist, speech and language therapist, psychologist, physiotherapist, social worker and a behaviour specialist. However, there was no dietetic input though some of the children had specific dietary needs. Children's files had information relating to medical conditions, allergies and medications, but no immunisation records were on files for the children living in the centre. Staff monitored children's conditions and recorded any changes in their symptoms.

Children were encouraged to make healthy living choices. Inspectors found that children had choice in the food they ate. Breakfast and snacks were prepared in the centre but the main evening meal came from the main campus kitchen. A menu planner was displayed in the centre and children chose from the options displayed. Staff told inspectors that children often chose different food based on their own preferences and this was facilitated.

Inspectors observed children being offered a meal when they returned from school. While staff provided assistance to children in a sensitive and appropriate way, mealtimes were not sociable events as children were assisted to eat their meal on a one by one basis and not together. There was no evidence that children assisted or were involved in the preparation of meals.

There was no monitoring of children's intake of food. This was particularly important as two children had specific dietary requirements and their daily food intake required monitoring. There were no eating plans in place for these children. Dietary intake was sometimes recorded on the schools communication book but this was not consistent.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

Findings:

Improvements were required to address deficits identified at the time of the last inspection. There was a medication management policy relating to the ordering, prescribing, storing and administration of medicines. However, prescribing and administration were not in line with this policy.

Transcribing practices had not improved since the last inspection. All medications were transcribed onto a medical prescription and administration log. This log included the child's name, address, date of birth, general practitioners name, the route of administration and the GP's signature which were all complete. However, it was unclear what the nurse transcribed from as prescription sheets were not on children's files and a second person did not always sign the transcription chart in line with policy. Inspectors did find that the organisations GP had signed each of the prescribed medicines log. Staff told inspectors that a medication had been discontinued for one child but this was not adequately recorded in the log.

Staff administered medication as per the transcribed prescription and administration log. Nursing staff administered all medication and there were guidance documents available to staff in relation to the specific drugs being administered. However, not all staff signature sheets were signed on individual files.

There was an effective medication reconciliation process in place. Stock control forms were completed for children's medication on admission and discharge to the centre.

The processes in place for handling medication were generally safe. All medication was stored in a locked cabinet. Inspectors saw as required (PRN) medication protocols in place providing guidance to staff. Children had their own PRN medications which were labelled appropriately. However, as found at the time of the last inspection not all liquid medication recorded the date the medication was opened.

There were no controlled drugs in the centre.

There was a system in place to monitor and review safe medication management practices. Medication errors were reported through the incident reporting system. There have been no medication errors since the previous inspection. The clinical nurse manager undertook a weekly audit of medication practices, but this was not always effective as the deficits identified during this inspection had not been identified in the audit. There had also been an independent audit of medication practices conducted in December 2015 and the manager had addressed the deficits identified in the audit. Inspectors found that the findings of the audit had been shared with the staff team at a recent meeting.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose and function had been reviewed since the last inspection but continued to be in breach of the regulations. Practice within the centre did not reflect the statement of purpose as three children continued to live in the centre on a fulltime basis though not all of their needs could be met.

In particular, the statement of purpose and function did not include:

- the total staffing number.
- the supervision arrangements for all therapeutic practices.
- the arrangements in place for residents to engage in social activities, hobbies and leisure activities.

Inspectors saw evidence that the revised statement of purpose and function was provided to parents and guardians and there was a statement of purpose and function accessible in the centre for children.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the time of the last inspection, governance arrangements were not effective to ensure that the children received safe quality care and support. There have been some improvements in the governance arrangements and inspectors found that a number of management systems were evolving. However, while a number of steps have been taken to implement agreed actions following the last inspection, some agreed actions had not been put in place in a timely way and this had not been identified by the provider.

There was a clearly defined management structure that identified lines of authority and accountability for the service. The centre was managed by a clinical nurse manager who was the nominated person in charge. There was also a deputy clinical nurse manager who provided support to the role of the manager. The clinical nurse manager was suitably qualified and skilled and since the last inspection her knowledge and understanding of relevant legislation, standards and her responsibilities under the legislation had improved. The clinical nurse manager reported to the regional services manager who in turn reported to the director of client services. There was a 24 hour on call system should staff need support in the absence of the clinical nurse manager. There were also appropriate arrangements in place for a deputy in the case of the absence of the person in charge.

Management systems were evolving to ensure the centre operated effectively. There were comprehensive organisational policies and centre specific procedures which provided detailed guidance in relation to the operation of the centre. Inspectors found that staff were familiar with the policies and procedures and they were accessible to them should they need to refer to them.

Communications systems had improved. There had been two team meetings since the previous inspection which were well attended by the staff team, the clinical services manager and the children's service manager. Items on the agenda included the children, fire drills, medication practices, risk management training and a child protection and welfare presentation. The most recent team meeting minutes reflected agreed actions, timelines and person responsible to ensure accountability for decisions made among the staff team. There were also monthly meetings between the regional manager and the clinical nurse manager and minutes of these meetings reflected that the children, staff, training and audits were discussed.

Risk management systems continued to require improvement. While health and safety incidents and trends were discussed at a health and safety meeting, not all risks/hazards had been identified as such within the centre and not all control measures were implemented. While the risk register was updated it did not reflect all risks in the centre and as outlined in outcome 7 fire safety measures were not effective.

Monitoring of the quality and safety of care and support to the children was in the early stages of development. There were some auditing tools in place in relation to finance, medication management and incident reviews. Staff told inspectors that a comprehensive audit system was in the process of being developed in line with the previous agreed action plan. The clinical nurse manager identified that she monitored

practice on a daily basis by observing care practices, speaking with children and staff and reviewing care files and the handover communication book. The regional service manager regularly visited the centre but there was no record of what she monitored or reviewed as part of these visits.

Effective arrangements were not in place to support, develop and performance manage staff to ensure they exercised their professional responsibility for the quality and safety of service being delivered. The clinical nurse manager has not completed any performance management reviews, though some were scheduled.

The provider had undertaken two unannounced visits to the designated centre and a written report was available on the safety and quality of care and support to children. The centre had two annual reviews which occurred in November 2014 and September 2015. Inspectors saw evidence that the findings of the most recent annual review were made available to children's representatives, but children were not consulted as part of the annual review.

An up to date service level agreement had been signed between the service provider and the Health Service Executive since the last inspection.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Findings:

There has been no absence of the person in charge since the last inspection which required notification to HIQA.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

Findings:

The centre was resourced to ensure the effective delivery of day to day care and support. The centre had a designated budget for the year which was under the responsibility of the regional service manager. The regional service manager was responsible for ensuring that the centre was resourced to ensure the effective delivery of care to children. Since the last inspection the regional service manager had taken appropriate steps to adequately staff the centre in order to ensure a consistent workforce and a quality safe service was provided to children.

The clinical nurse manager was responsible for the day to day budget of the centre and was provided with a monthly budget for costs of activities amounting to €100. However, inspectors were concerned that this may be the reason that the children, particularly those living in the centre on a fulltime basis, were not accessing interests and hobbies similar to their peers. The clinical nurse manager said she could request additional funding if required from the regional services manager.

There was an effective system in place should more expensive items be required to meet the needs of the children. The clinical nurse manager told inspectors there was no delay in the past and that requested additional funding was provided. The regional services manager told inspectors that a purchase order system was in place for more expensive items.

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

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

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

Findings:

At the time of the last inspection, the numbers and skill mix of the team was not sufficient to meet the needs of the children. Inspectors found that the provider had taken steps in relation to the numbers and skills of the staff team which had improved the quality of service provided to children. However, other deficits identified on the last inspection remained outstanding.

The skill mix and numbers of staff were not appropriate to meet the assessed needs of children. Inspectors observed staff providing care to the children in a respectful and timely manner. Since the last inspection the provider had run a successful recruitment campaign and was in the final stages of the recruitment process. In the interim, in order to reduce the reliance on agency staff, two staff nurses and two care staff members were redeployed from another area of the service to provide continuity of care. There were a small number of agency staff on the roster, but these staff were working with the service for a sufficient period of time and were familiar with the children's needs. While the increase in staffing promoted a more stable environment for the children, some staff were more familiar with the children's needs. This resulted in an overreliance on particular staff members to complete certain activities with children and impacted on children's abilities to participate in meaningful activities, interests and hobbies. Staff spoke about newer staff lacking confidence in meeting individual children's needs.

The roster reflected that there were eight full time staff and four agency staff with a one-to-one child staff ratio when children were present in the centre. The clinical nurse manager ensured that there was always one full time staff member on the rota on each shift. A shift leader was also identified for shifts when the manager, or her deputy, was not on duty. There was an actual and planned rota in place which identified staff who had worked on each shift. Five staff were on duty during the day but some children required a 2:1 ratio when going out on community activities and the roster did not accommodate these requirements on a consistent basis.

The quality of information in staff files had improved. All documents required under schedule two of the regulation were contained in staff files. Inspectors also found that there was a comprehensive induction programme in place.

The frequency and quality of supervision remained poor. No supervision had taken place since the last inspection. The clinical nurse manager told inspectors that training in supervision was scheduled and the deputy manager was attending supervision training on the day of the inspection.

At the time of the last inspection, staff had not received all mandatory training and there had been limited professional development provided to staff. Inspectors found that there had been some improvements in training for staff relating to supporting children with behaviour that challenged, risk assessment, and child protection and welfare. However, not all staff had received mandatory training, for example manual handling. Deficits were also identified in communication, food safety and restrictive practices training. A training needs analysis was in place for 2016 but there was no training plan. The analysis identified training requirements in documentation, personal plans, suctioning and supporting children with peg feeds.

Inspectors saw copies of regulations available to staff and an information session was provided to staff in relation to regulations and standards.

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:

Records were accurate and up to date and easily retrievable. The majority of records listed in the Schedule 4 of the regulations were maintained in the centre. However, there was no record maintained of food provided for residents.

There was a record kept in respect of each resident in the directory of residents in line with Schedule 3 of the regulations. There was a resident's guide provided to children on admission outlining information and details about the service in a child friendly format. However, this guide did not refer to the name of complaints officers.

The majority of policies as outlined in Schedule 5 were available in the centre. Staff understood policies and inspectors observed policies and procedures being implemented in practice. However, inspectors found that some policies required more detailed guidance.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

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:

Caroline Browne
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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004030
Date of Inspection:	20 January 2016
Date of response:	22 March 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:

Not all children were consulted in relation to their care and support.

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 (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:

- A new policy and local guidelines on person centred planning is in place since January 15th.
- Staff have received input on person centred goal planning, completed 28th February.
- The clinical nurse manager has a schedule of reviews in place to ensure that all children will have their personal plans reviewed. 8 children have been reviewed as of 09-03-16, with the remaining reviews scheduled to be completed at the end of May 2016.
- Each keyworker will work with individual children to ensure that they are consulted regarding their care and support.
- Keyworkers meet with children/young people prior to goal setting to discuss goals and record this on PCP document in care plan.
- A template document is in place to record each child's input.

Proposed Timescale: 31/05/2016

Theme: Individualised Supports and Care

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

Children were not supported to manage their laundry in accordance with their needs and wishes.

2. Action Required:

Under Regulation 12 (3) (b) you are required to: Ensure that each resident is supported to manage his or her laundry in accordance with his or her needs and wishes.

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

- The clinical nurse manager will ensure that keyworkers will include supporting children to do their laundry in the daily living skills section of their individual care plan. This action applies to children currently residing in the unit. All other service users availing of Respite service have their laundry sent home as per contract of care.

Proposed Timescale: 15/03/2016

Theme: Individualised Supports and Care

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

Not all children could participate in activities in accordance with their interest, capacities and developmental needs.

3. 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:

- Keyworkers are working with children/young people to develop social goals that are reflective of their wishes, interests and developmental needs. These goals have been set for children/young people who have had their reviews and implementation to commence on next scheduled respite visit.
- The template used to support children/young people develop goals allows for the wishes of the children/young people to be highlighted in a clear way that records time frames for completion and names of people responsible.
- New outcome based activity charts have been developed to reflect the participation and involvement of the child/young person in activities chosen. This will be incorporated into all care plans by 15th March 2016.

Proposed Timescale: 31/05/2016

Theme: Individualised Supports and Care

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

Children were not provided with opportunities to develop life skills and help preparing for adulthood.

4. Action Required:

Under Regulation 13 (3) (c) you are required to: Provide each child with opportunities to develop life skills and help preparing for adulthood.

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

- The format of personal plans was reviewed and new system put in place on 15th January 2016. Goal sheets are now divided and include separate sections for daily life skills and social goals.
- Keyworkers will facilitate children to participate in developing their life skills in accordance with their wishes and preferences.
- A transition plan template is developed for children due to leave children's services and this will be completed in collaboration with the child, their representatives, appropriate MDT and educational placement. This will commence for the 4 young people leaving children's services by 31st March 2016.

Proposed Timescale: 31/05/2016

Theme: Individualised Supports and Care

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

Not all complaint records outlined the outcome of the complaint and whether the complainant was satisfied with the outcome.

5. 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:

- A new complaints documentation record was commenced in September 2015 and highlights the outcomes, the actions taken and whether or not the complainant was satisfied.
- A review of all complaints for the year has taken place and one complaint in September was resolved in November. This was recorded on a follow on sheet rather than on front page of documentation. This is now resolved.

Proposed Timescale: 16/03/2016

Theme: Individualised Supports and Care

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

There was no nominated person to ensure all complaints were appropriately responded to and to ensure complaint records were maintained in line with regulations.

6. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- The clinical nurse manager is the local complaints officer as per policy and her name is now included in the residents guide.
- The clinical nurse manager will include complaints policy and how to support children in making complaints as an agenda item for next team meeting.
- The Quality & Risk Officer is the nominated person to ensure all complaints are responded to appropriately and complaint records are maintained in line with regulations. All complaints are forwarded to the Quality & Risk Officer on a quarterly basis The Regional manager has requested through the CEO that the service policy be amended to include role of the Quality & Risk Officer in the management of complaints.

Proposed Timescale: 21/03/2016

Outcome 02: Communication

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 some media devices such as the internet.

7. 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:

- Internet access is available in the office and children will be supported to access the internet in accordance with their wishes and as appropriate to their needs.

Proposed Timescale: 10/03/2016

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:

Children were not supported to develop and maintain links with the wider community in accordance with their wishes.

8. 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:

- Keyworkers are working with children/young people to develop social goals that are reflective of their wishes, interests and developmental needs. These goals have been set for children/young people who have had their reviews and implementation to commence on next scheduled respite visit.
- The template used to support children/young people develop goals allows for the wishes of the children/young people to be highlighted in a clear way that records time frames for completion and names of people responsible.
- New outcome based activity charts have been developed to reflect the participation and involvement of the child/young person in activities chosen. This will be incorporated into all care plans by 15th March 2016.

Proposed Timescale: 15/03/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions policy did not provide sufficient guidance in relation to taking account of the need to protect residents from abuse by their peers.

The admission process did not take account of the need to protect children from abuse by their peers.

9. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

- The Regional manager will review the local admissions policy in line with regulations and include the need for a proactive risk assessment to be carried out prior to any new admission.
- A new proactive risk assessment tool was developed as per action plan of 18th December and will be commenced with all new admissions to the centre.
- A staff ratio of 1:1 is provided to ensure that children are protected from peer to peer incidents.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was no up-to-date contract of care in place with the terms on which the resident shall reside in the centre.

10. 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 clinical nurse manager has reviewed all contracts of care. 2 contracts were due for review in January 2016 and social worker will review these with parents.
- 5 families had not signed a contract of care. The Social worker will contact families and request that they do so.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The contract of care did not specify the details of services to be provided for that resident and where appropriate, the fees to be charged.

11. 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 Clinical nurse manager and Regional manager will review the contract of care to include details of services provided and statement on fees.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Three children were living full-time in the respite service.

12. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

- An onward placement has been secured from the HSE for the three children with revised transfer date of 31st may 2016
- Once these children transfer to their new placement the centre will work within the statement of purpose as a respite service. In the event that a crisis should occur, the regional manger will inform the HSE and an MDT meeting will be held within 72 hours of admission to assess the situation and develop a supported discharge plan. This will be carried out in collaboration with the child's parent / representative and a new contract of care will be agreed and signed by parent and service provider.

Proposed Timescale: 31/05/2016

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:

Comprehensive assessments were not consistently carried out to reflect any change in circumstances or on an annual basis.

13. 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 Regional manager has developed a local policy on person centred planning to reflect regulatory requirements to have a comprehensive assessment carried out on an annual basis to reflect changes in need and circumstances.
- The clinical nurse manager will ensure that all service users will have a comprehensive assessment to include their personal, social and health care needs carried out by the MDT on an annual basis or as required to reflect the changes in need or circumstances.
- A template has been agreed by the MDT for this assessment and was commenced for one service user in December 2015.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The centre was not suitable to meet the needs of some children.

14. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- There are 3 young teenagers living on a long term basis in this centre and is not appropriate to their needs. The following plan is in place:
- An onward placement has been secured from the HSE for the three children with revised transfer date of 31st May 2016.
- Once these children transfer to their new placement the centre will work within the statement of purpose as a respite service. In the event that a crisis should occur, the regional manager will inform the HSE and an MDT meeting will be held within 72 hours of admission to assess the situation and develop a supported discharge plan. This will be carried out in collaboration with the child's parent / representative and a new contract of care will be agreed and signed by parent and service provider.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Not all personal plans were in a accessible format for children and their representatives.

15. 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 clinical nurse manager will work with relevant team members and staff of the centre to develop personal plans in an accessible format which will be made available to children and their parents /guardians.

- Accessible formats will include both audio and or visual formats that is appropriate to the needs and preferences of individual children.
- This has commenced in line with schedule of annual reviews of personal plans for 2016

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

Not all personal plans were reviewed annually by a multidisciplinary team.

16. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Regional manager developed a new policy and guidelines on person centred planning in line with regulatory requirements with effect from 15th January 2016.
- The clinical nurse manager has a schedule in place to review all personal plans for the 22 service users by end of May 2016. Multi – disciplinary team members will review the personal plans in line with this schedule.

Proposed Timescale: 31/05/2016

Theme: Effective Services

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

Not all personal plans were conducted in a manner that ensured participation of each resident in accordance with the child's wishes age and nature of their disability.

17. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- The Regional manager has developed a local policy and guidelines on person Centre planning in line with regulatory requirements.
- The regional manager has engaged the clinical instructor from the Education department to provide training to all staff of the centre on developing person centre plans through a person centred approach. This commenced on 26th November 2015 and was completed on the 28th February 2016.
- Each keyworker will assist each service user to have maximum participation in their personal plan. This will be done in accordance with their wishes, age , and nature of his/her disability.
- A new template to incorporate maximum participation is included in the personal plans.
- This process has commenced in line with schedule of annual reviews and will be completed by may 2016

Proposed Timescale: 31/05/2016

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:

Systems in place to assess risk were not effective and did not identify all risks in the centre.

Not all measures identified to control risks were implemented.

18. Action Required:

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

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

- The Risk register was updated on the 29th January 2016 to include storage of latex gloves and to include the impact of three children living fulltime in the centre.
- In- service training on Risk management was provided to staff of centre on 13-01-2016
- The clinical nurse manager will ensure that all risk assessments will be reviewed as per policy.

Proposed Timescale: 10/03/2016

Theme: Effective Services

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

Adequate arrangements were not in place to maintain all means of escape.

19. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

- The Regional manager referred this to the Director of Logistics and the fence surrounding the building works was moved to ensure that exit from bedroom door was not blocked.
- The clinical nurse manager will ensure that weekly fire checks will include all exit doors to ensure that they are free from obstructions.
- A new system was installed on bedroom doors on 19th Jan 2016. The system is now programmed and fully operational so that doors will open automatically in event of fire.

Proposed Timescale: 10/03/2016

Theme: Effective Services

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

There were gaps in fire record checks.

20. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

- The clinical nurse manager will ensure that assigned staff carry out weekly checks of fire equipment and same is logged in fire register.
- The clinical nurse manager will ensure that the fire alarm system is tested on a weekly basis and logged in the fire register.
- Reminders for weekly fire checks have been placed in the centre diary to the end of December 2016.
- A new system was installed on bedroom doors on 19th Jan 2016. The system is now programmed and fully operational so that doors will open automatically in event of fire.

Proposed Timescale: 10/03/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all behaviour support plans were reviewed in line with policy.

21. 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 clinical nurse manager will request the clinical nurse specialists in Behaviour/ Autism and relevant staff / team members to review all behaviour support plans on a quarterly basis.

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Restrictive practices were not reviewed regularly.

22. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- The clinical nurse manager will set up MDT meetings to review all restrictive practices on a three monthly basis.
- The regional manager will forward a request to the chairperson of the restrictive practices service committee to provide training to staff on the restrictive practices policy and role of newly formed restrictive practices monitoring committee.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

Children were not sufficiently supported to develop knowledge, self awareness, understanding and skills needs for self care and protection.

23. 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 Regional Manager has made a referral to the MDT to develop appropriate guidelines for keyworkers to support them in assisting children to develop the knowledge, self awareness understanding and skill needed for self care and protection.
- An accessible booklet on self care and protection has been developed and is available to service users.
- All service users accessing the centre will be supported by their keyworker in developing skills for self care and protection in a format appropriate to their needs and level of ability.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

Not all intimate care plans included the wishes of the child.

24. 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:

- The clinical nurse manager will ensure that all intimate care plans will be reviewed to incorporate the wishes and preferences of each child. Any changes will be clearly documented.
- The clinical nurse manager will include children's intimate care guidelines and required documentation at next centre meeting 06-04-2016

Proposed Timescale: 30/04/2016

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:

Assessments did not include children's appropriate educational targets.

25. Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

- The clinical nurse manager will request a copy of each child's IEP or ICEP from the school principal.
- The child's class teacher is invited to attend each child's personal plan review meeting.
- The regional manager to confirm with the school principal regarding the keyworker attending the child's IEP meeting within the school if it is appropriate to do so as per child/family's wishes and preferences.
- Goals to be worked on whilst the child is availing of Respite will be prioritised in accordance with child / parents wishes and preferences.

Proposed Timescale: 31/05/2016

Theme: Health and Development

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

Young people who were approaching school leaving age had no plans in place in relation to relevant training programmes, or third level education, as appropriate.

26. Action Required:

Under Regulation 13 (4) (d) you are required to: Ensure that children approaching school leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests.

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

- Each child/young person will have an MDT report that highlights appropriate supports required to access relevant training programmes or 3rd level education as appropriate.
- A transition pathway is identified with agreed timelines for transition process to take place.
- Each child/ young person will have a transition plan in place. The centre staff will work with the children, their representatives, MDT and child's educational placement in supporting the transition process.
- Where a child/young person requires additional funding for new adult day service programmes, a request is submitted to the HSE by the Director of Client services in the October preceding the transition date.

Proposed Timescale: 30/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

A dietician was not available to children with special dietary needs

27. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

- For children living in the centre the services of a Dietician will be privately funded to review the dietetic needs of children in the centre.
- Where a child has special dietary requirements and is availing of Respite the clinical nurse manager will advise parents to forward a copy of recommendations from a Dietician if and where a child is availing of this service from either acute or primary care services. The recommendations will be included in the child's care plan

Proposed Timescale: 31/03/2016

Theme: Health and Development

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

Children were not supported to prepare and cook their own meals if they so wished.

28. Action Required:

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

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

- The clinical nurse manager will ensure that keyworkers will include this goal in the daily living skills section for children as appropriate to their needs

Proposed Timescale: 31/03/2016

Theme: Health and Development

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

There was no system in place to ensure that children were provided with an adequate diet consistent with a child's individual dietary requirements.

29. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- A three weekly menu is provided in the centre which details all meals provided.
- A log book is now in place in the centre for each child, whereby each child's nutritional and fluid intake is documented by staff and each log is reviewed daily by a named nurse.
- Individual child's dietary needs and requirements will be documented in each child's care plan.
- The clinical nurse manager will audit the nutritional and fluid logs monthly to ensure that all children receive the required nutrition and fluid intake in accordance with each child's dietary plan.

Proposed Timescale: 31/03/2016

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:

Not all signature sheets were signed.

Not all liquid medicines recorded the date the bottle was opened.

It was not always reflected on children's medication log when medications were discontinued.

Transcription practices were not carried out in line with policy.

30. 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:

- The clinical nurse manager will roll out a new medication management system to all children in Respite, this currently has been on trial period.
- With this system parents /representatives will be responsible for taking the medication prescription sheet directly to the named GP who will write the prescription directly on to the medication record.
- As medication prescription and recording charts travel with the child between the centre and their school placement two sign in sheets will be maintained, one for centre staff and one for school staff.
- The clinical nurse manager will request that parents will date when a liquid medication is opened.
- The clinical nurse manager will place medication management on the agenda of the next team meeting to include discontinuation of medications, sign in sheets and labelling of bottles with dates.

Proposed Timescale: 30/04/2016

Theme: Health and Development

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

Up to date prescription sheets were not accessible within the unit.

31. Action Required:

Under Regulation 29 (3) you are required to: Where a pharmacist provides a record of a medication-related intervention in respect of a resident, keep such a record in a safe and accessible place in the designated centre.

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

- The clinical nurse manager will roll out a new medication management system to all children in Respite, this currently has been on trial period.
- With this system parents /representatives will be responsible for taking the medication prescription sheet directly to the named GP who will write the prescription directly on to the medication record.

Proposed Timescale: 30/04/2016

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 and function was not in line with schedule 1 of the regulations.

The statement of purpose was not reflected in practice within the centre.

32. 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:

- The Statement of Purpose has been amended to include a) total no. of staffing and b) supervision arrangements for therapeutic interventions and c) arrangements in place for residents to engage in social activities and leisure activities.
- An onward placement has been identified and funding secured to provide appropriate residential care to the three young teenagers who are currently blocking beds in the centre.

Proposed Timescale: 31/05/2016

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:

Management systems were not fully developed in the centre to ensure the service was safe, appropriate to the needs of the children, consistent and effectively monitored.

33. Action Required:

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

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

- The clinical nurse manager has a written schedule and checklist to ensure that all required systems are monitored within agreed time frames.
- The clinical nurse manager will do weekly spot checks on a different aspect of care delivery including documentation and record keeping, risk register, PCP and goal setting.
- The clinical nurse manager has completed supervision skills training and has a schedule in place to provide supervision for all staff..
- Input was received from the NMPDU on Quality care metrics and auditing of standards will commence in March.
- A meeting is arranged with newly appointed Quality & risk officer on 8th march and audit systems will be agreed.
- The Regional Manager has introduced a system to document what is monitored during regular visits to the centre.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

The annual review of quality and safety of care did not provide for consultation with residents and their representatives.

34. Action Required:

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

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

- The Regional manager met with the newly appointed Quality & Risk Officer on the 8th March. The annual review of quality and safety of care will be carried out by the Quality & Risk officer on the 10th May. This will include consultation with children and their representatives.

Proposed Timescale: 10/05/2016

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 in order 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 they are delivering.

35. 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:

- Input from HR dept. was given to staff on Performance Development reviews on 12th Feb.
- The Clinical Nurse manager has a timetable in place to ensure all staff have a PDR carried out by year end.
- The Training needs analysis has been updated and plan in place

Proposed Timescale: 31/12/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Children living in the centre did not have access to hobbies and interests, similar to their peers.

36. 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:

- Activity sampling sheets are to be completed for all activities to gauge children's level of participation and enjoyment for activities and also to document if any activities appear to increase anxiety These are to be reviewed on a monthly basis and adaptations made to schedules accordingly.
- Where goals indicate specific activities parents will be requested to provide additional pocket money to cover expenses. Where parents are not in a position to facilitate this request it will be subsidised by the centre and the clinical nurse manager can request additional finances when required.
- The clinical nurse manager will review rosters and skill mix allocated to the centre are maximised.

Proposed Timescale: 04/04/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The numbers and experience of staff impacted on children's abilities to participate in meaningful activities.

37. 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:

- The Regional manager and Clinical nurse manager will review staffing rosters and skill mix to ensure that resources allocated to the centre are maximised.

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

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

Not all staff had received the required mandatory training.

There was no training plan in place to ensure the team received continuous professional development to meet the needs of the children.

38. 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:

- One staff member who requires refresher manual handling training is scheduled to attend on 21st April 2016.
- The training needs analysis identified documentation training and personal planning as priorities for staff training. This has been completed with further input as required. Mandatory training is all up to date and includes time frames for review. Additional training including risk assessment (13-01-16), Supporting people with autism and behaviours that challenge (12-01-16), safeguarding, (13-01-16) performance development (12-2-16), Family centred practice (26-02-16), supervision training (21-01-16 and 07-13-16) and Quality care metrics(29-02-16) have been completed. Other courses such as food safety are scheduled to be completed.

- The service calendar for mandatory training is requested from the Education Department and will be available in the centre.

Proposed Timescale: 05/04/2016

Theme: Responsive Workforce

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

Staff had not received regular supervision.

39. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

- The clinical nurse manager attended training in supervision skills on 7th March 2016.
- The clinical nurse manager has a schedule outlined where formal supervision will occur every 6 weeks or more frequently as required if indicated by individual staff requirements.
- The Regional manager will revise the policy on supervision of staff.

Proposed Timescale: 31/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The residents guide did not contain adequate information in relation the complaints procedure.

40. Action Required:

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

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

- The Residents guide was amended on the 29th January 2016 to include the name of the local complaints officer.

Proposed Timescale: 29/01/2016

Theme: Use of Information

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

Records of food provided to children were not maintained.

41. 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:

- A three weekly menu is provided in the centre which details all meals provided.
- A log book is now in place in the centre for each child, whereby each child's nutritional and fluid intake is documented by staff and each log is reviewed daily by a named nurse.
- Individual child's dietary needs and requirements will be documented in each child's care plan.
- The clinical nurse manager will audit the nutritional and fluid logs monthly to ensure that all children receive the required nutrition and fluid intake in accordance with each child's dietary plan.

Proposed Timescale: 16/03/2016