

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0004030
<b>Centre county:</b>	Dublin 7
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Daughters of Charity Disability Support Services Ltd
<b>Provider Nominee:</b>	Theresa O'Loughlin
<b>Lead inspector:</b>	Caroline Browne
<b>Support inspector(s):</b>	Eva Boyle
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

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

From: 29 October 2015 08:30 To: 29 October 2015 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This was the second inspection of the centre by the Authority and the purpose of this inspection was to monitor ongoing regulatory compliance. 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. The centre provided respite residential care and support to children 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 includes one emergency crisis place for children. The service provided intermittent, short term breaks for boys and girls aged between five to eighteen years. This centre also provided crisis care for children when this was deemed necessary. As part of this inspection, inspectors met with the clinical nurse manager, the deputy clinical nurse and staff. Inspectors spoke with children, walked around the premises and observed care practice in the centre. Inspectors also reviewed care files, documents, staff files, policies and procedures.

Governance arrangements were not effective to ensure that the children received safe, quality care and support. At the time of this inspection the centre was providing long term care to three children which was not in line with its statement of purpose and function. While the three children were receiving adequate care and support on

a day by day basis the impact of an additional 24 children coming into and out of the centre had not been considered by the management team to ensure these children were supported to reach their maximum potential. In addition the management team did not implement required improvements to the service in a timely way and this also affected the quality of care provided to children. A new clinical nurse manager had recently been appointed as person in charge and was only being inducted into the role.

The quality of life for the children living in the centre was poor. Children's needs were not comprehensively assessed and plans did not provide guidance for staff to meet identified needs. There were limited opportunities for children to participate in meaningful activities that were appropriate to their needs and preferences. There was no evidence of individual work or programmes completed with children to improve personal development or develop life skills. There were no transition plans in place to facilitate the move of the three children who were full time in the centre to a more appropriate setting.

While children were generally safe, not all staff were familiar with the children's plans and this had led to incidents of behaviour that challenged the team and allegations of abuse. These incidents had been reviewed by senior managers and a trend of 'unfamiliar staff' had been identified. However, this had not led to any changes in practice and the centre continued to over rely on the use of agency staff to fill vacant shifts.

The skill mix of the staff team was not sufficient. There were five staff vacancies and the centre relied on agency staff to fill the vacancies. Some shifts reviewed by inspectors showed that children were cared for by agency staff, some newly qualified, and others with varying degrees of experience and no permanent members of the team on duty. This impacted on the consistency and continuity of care provided to the children. The clinical nurse manager and children's service manager did not know if all rostered agency staff had the required mandatory training and there was no service level agreement in place with the agency. Mandatory training and continuous professional development required improvement as did supervision.

Other areas identified which required improvement were the children's assessments and care planning, risk management, safeguarding and safety, notification of incidents, and medication management. Further details of the improvements required are detailed throughout this report.

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

**Outcome 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:**

The quality of life for the children living in the centre was poor. Children's needs were not comprehensively assessed and plans did not provide guidance for staff to meet identified needs. There were limited opportunities for children to participate in meaningful activities that were appropriate to their needs and preferences. These findings were similar to the last inspection but there were now three children living in the centre on a fulltime basis.

Assessments were not comprehensive and were not consistently carried out prior to admission, when children's needs or circumstances changed or on an annual basis. Inspectors saw some assessments in place in areas such as health, communication, mobility and intimate care. Completed assessments were brief in description and did not adequately outline children's needs. There was an overall focus on the health needs and routines of the children. While there was a new social needs assessment tool, this was only completed for one child. The clinical nurse manager acknowledged that assessments were health orientated and more focus was required on children's social care needs and a new assessment template would assist the team.

The arrangements to meet the child's assessed needs were set out in personal plans which were referred to as action plans. However, personal plans did not adequately describe the children's needs or interests. Inspectors found that personal plans remained fragmented and it was difficult to identify the overall aim and objective of the personal plan. For example, one child who was non verbal, did not have an accessible communication passport and the communication guidelines on file were not adequate. Three children lived in the centre on a full time basis but their personal plans did not adequately reflect these needs which meant their long term needs were not being met. Inspectors also found that personal plans for some of these children were not put in place until eight months after their admission on a full time basis.

There were improvements in multidisciplinary involvement in personal plan reviews. However, these reviews were not always comprehensive and not always recorded on children's files. Inspectors reviewed recommendations agreed in a sample of reviews which included goals in health, mental health, relationships with staff, friends and peers. The service manager, parents, clinical nurse manager and some children attended their personal plan review meetings. However, the staff team did not use any other method to include the wishes of children if they did not attend their planning meeting. In addition, these meetings did not review the effectiveness of the plan and the recommendations arising out of the review did not consider the rationale for proposed changes, the names of those responsible for achieving objectives, or agreed timescales in line with the regulations.

There were limited opportunities for children to participate in meaningful activities that were appropriate to their needs and preferences. While one personal plan included a child's social needs, there was an overall emphasis on children's health needs and daily routines rather than personal development. For example, similar to the assessment of need, personal plans focused on hygiene, intimate care and nutrition. However, there was no evidence of individual work or programmes completed with children to improve personal development or develop life skills. The centre was not homely and there was limited evidence of activities available to children. Children went out to dinner to a local hostelry, and went to the local shopping centre. Other activities such as swimming were based on campus.

There were goals identified for all children but the children's progress with the goal was not measured. For example, a goal identified for one child was to partake in social outings once a month which was recorded as not completed on the personal plan but there was nothing else recorded to support why the goal had not been completed. Personal plans were not made available in a format suitable for the children

There were no transition plans in place to facilitate the move of the three children who were full time in the centre to a more appropriate setting.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

At the time of the last inspection improvements were required in fire safety, risk management and infection prevention and control. Inspectors found some improvements but further action was required in relation to fire safety, risk management and infection prevention and control.

There was an organisational risk management policy in place which was in line with regulations. The centre had policies relating to health and safety and emergency planning. There was also a policy and procedure which gave guidance to staff in circumstances when a child goes missing. Inspectors found that these policies were known to staff but there was no monitoring of their implementation.

Risk management systems in the centre were not always effective. The clinical nurse manager and staff did not have training in risk management. The majority of risks in the centre were identified and assessed by the clinical nurse manager and a risk register was in place. However, 'unfamiliar staff' was identified as a cause for a number of incidents that had occurred in the centre but this was not included on the risk register nor was the issue of three children living in the centre on a fulltime basis. While controls were identified on the risk register, inspectors found that control measures were not always implemented to prevent incidents reoccurring. For example, the control in place to reduce the risk of injury for staff when using a hoist was to ensure the hoist was regularly serviced. However, inspectors found that the hoist was overdue a service by six months.

There was a mechanism of reporting and reviewing incidents. Staff completed incidents report forms when an incident occurred but inspectors found that some staff were using an outdated incident book to record incident and the clinical nurse manager was unaware of this second book. While the clinical nurse manager reviewed individual incidents inspectors did not find that this always informed practice or amendments to behaviour management plans where appropriate. The clinical nurse manager also reviewed all reported incidents on a monthly basis and produced a report that was sent to the children's services manager. While incidents referenced that behaviour support plans were in place, there were no clear recommendations made when incidents were reviewed. The risk register was not amended to reflect any additional risks identified.

There were some measures in place to prevent accidents. There was an organisational health and safety statement which was reviewed on an annual basis. There was evidence of daily and weekly health and safety checks completed by the clinical nurse manager. Staff were proactive in addressing maintenance issues and requests were emailed to the maintenance department in a prompt manner. However, the system was not up to date as some issues were identified as 'still waiting' but the manager told inspectors that all of these issues had been addressed. Not all staff were up to date with manual handling training. Vehicles used to transport children were road worthy and adequately insured. Inspectors found that hand gels had not been replenished to ensure staff and visitors practiced appropriate hand hygiene.

At the time of the last inspection there were improvements required in fire safety and some of these had been addressed but others had not. There was suitable serviced fire equipment available in the centre and unobstructed escape routes. The evacuation

procedure was prominently displayed which was child friendly. Records were maintained of daily, weekly and monthly fire records and any issues identified during these checks had been addressed. There were individual plans in place to ensure children could be safely evacuated from the centre.

All staff had been trained in fire safety but the clinical nurse manager could not confirm whether all agency staff had received fire training. Three fire drills had occurred in the centre since the last inspection. Not all staff had participated in a fire drill and some shifts within the centre were staffed only by agency staff. This meant that in the event of a fire staff on duty may not have sufficient knowledge of what to do in the event of a fire. Two of these drills included a total of five of the 24 children who used the service. However, records did not include any issues identified during the drill, which would promote learning and improvement in practice. The clinical nurse manager told inspectors additional records needed to be included but these drills had occurred in January and February 2015.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Children were generally safe but as not all staff were familiar with children's plans this had led to incidents of behaviour that challenged the team and allegations of abuse. Similar to the findings of the last inspection, there was a lack of clarity with staff and managers about what constituted abuse and inspectors found that there had been delays in reporting concerns and appropriate actions were not always taken in response to allegations.

There were some measures in place to keep children safe and protect them from abuse, but they required improvements. Inspectors observed staff being respectful and supportive to children. Safeguarding measures included risk assessments, intimate care plans, review of restrictive practices, behaviour management plans and a log of visitors

to the centre. There were also policies and procedures in relation to safeguarding children which included an intimate care policy, a restrictive practice policy and a policy on missing persons from care. These policies provided detailed guidance for staff and staff were aware of them. There were some missing persons forms completed on children's files, but some were not in date and not consistently completed. For example, one form for a child who was non verbal did not outline their method of communication. The intimate care policy specified that staff providing intimate care to children were to be known to the child but as the centre used agency staff this was not always possible. Inspectors reviewed intimate care plans which provided good detail to staff on individual children's level of needs but the wishes of the child was not evident in the plan. Children were not supported to develop the knowledge, self awareness and understanding for self care and protection.

There was a policy outlining procedures in place for the prevention, detection and response to abuse which was in line with Children First: National Guidance for the Protection and Welfare of Children (2011). There was a designated liaison person (DLP) for child protection who was the head of social work, but not all staff were aware of this role. The majority of staff had received child protection training. However, at the time of the inspection, the clinical nurse manager did not have confirmation that all agency staff had child protection training. Confirmation of this training for agency staff has been confirmed since the inspection.

Improvements were required in the reporting and investigation of allegations of abuse as appropriate actions were not always taken in response to allegations. There had been some delays in staff reporting child welfare concerns and inspectors found that not all staff were aware of child protection procedures. There was no evidence that additional training or supports had been provided to staff to ensure any concerns were reported in a timely manner. Not all child protection notifications were appropriate. Inspectors found that behavioural issues were being reported to the designated liaison person but she had not reverted to staff and the clinical nurse manager to advise that this was not appropriate.

There were three recent incidents of alleged abuse by staff members. Inspectors noted that it was not consistently recorded whether the issues had been reported to the Child and Family Agency (the Agency). However, the children's service manager told inspectors that they had sought advice from the Agency in relation to one incident and followed this advice in subsequent allegations. These incidents had been investigated internally by senior managers. Inspectors reviewed these investigations and found that recommendations were made relating to induction training for staff as per procedure, behaviour management training, familiarity with children and their behaviour management plans. While the children's service manager advised that issues identified were addressed on a individual basis, there was no overall response to these recommendations in order to improve practice within the centre. Despite recommendations, this type of allegation was reoccurring which did not illustrate that recommendations were effectively implemented. On review of one investigation, inspectors found that there was a significant time delay due to failure to report concerns promptly and the delay in the investigation which had an impact on the findings.

There were some improvements in the review of restrictive practices since the last inspection. There was a restrictive practice policy which promoted the use of the least restrictive practice. There were reviews of restrictive practices held on a quarterly basis, in line with policy. This review was completed by a multidisciplinary team consisting of an occupational therapist, speech and language therapist and a clinical nurse manager. There was evidence of some restrictive practices being removed within the centre after a review and successful trial period. For example, a lock was removed from the kitchen door. Alternative measures were considered before a restrictive practice was put in place, for example, children were encouraged to walk independently without the use of a wheelchair.

Behavioural management practices required improvement and further resources were required in order to support children in line with behaviour management plans. There was a behaviour management policy which provided guidance to staff, for example, in areas relating to targets, triggers, support measures and reactive strategies. However, inspectors found that not all staff members were aware of the steps to take to manage specific children's behaviours. Not all full time, relief or agency staff were trained in behaviour management techniques. There were good quality individual risk assessments for children in relation to behaviour that challenged. These assessments outlined the risk, the controls, the person responsible and the review date. The majority of behavioural incidences were reviewed by the clinical nurse manager and the children's service manager. However, it was not clear what learning was provided to staff, or how changes or different approaches were used.

**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:**  
Inspectors found that not all restrictive practice were notified to the Authority.

**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:**

Children's health care needs were assessed and the recommendations were outlined in personal plans. Some examples of health assessments carried out related to medical and dietetic needs. Through personal plans inspectors found that staff monitored children's health needs appropriately.

Children have access to a medical practitioner of their choice and there was also access to a 24 hour on call doctor. Children had good access to a range of professionals to meet their assessed needs including speech and language therapist, occupational therapist and psychology when required. There were some personal plans relating to health which recommended to develop children's self help skills and encouraged children by prompting.

Children had access to a healthy nutritious diet. Inspectors observed meal times and food available to children was varied and nutritious. Food was also made available at times suitable to children and snacks were available throughout the day. Inspectors saw children being offered help to eat and drink when necessary in a sensitive and appropriate way. Inspectors saw children choosing a meal through pictorial exchange communication system.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

At the previous inspection, medication management practices required improvement and while some issues were found to be addressed on this inspection others had not.

Prescribing and transcribing of medication was not occurring in line with policy. The policies relating to the ordering, prescribing, storing and administration of medicines to children had been updated since the last inspection. There were centre specific procedures in relation to medication administration. Individual medication plans were appropriately reviewed and put in place as part of individual personal plans. However, inspectors found that transcribing was not occurring in line with the policy as the clinical nurse manager 1 (CNM1) transcribed but the policy identified it should be a more senior clinical nurse manager. In addition not all transcribed medication sheets were signed by a GP and not all prescription sheets included the child's address. Some children's prescription sheets were not updated to reflect new medications. Nursing staff administered all medications and signed the administration sheet. However, not all nurses had recorded their signatures on the required signature sheet.

Medication was stored securely in the centre and was in date. However, inspectors found that not all medication was appropriately labelled as a number of as required medications did not identify the child they belonged to or when the bottle had been opened. There were effective medication reconciliation processes in place. Stock control forms were completed for children's medication on admission and discharge to the centre.

There was a system in place for the reviewing and monitoring of safe medication management practices. There were weekly medication audits completed by staff nurses. Inspectors reviewed medication errors which were reported to the clinical nurse manager and control measures were put in place, for example, one error related to medication not being administered. The subsequent control measures were to ensure all staff were made aware of the medications.

**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:**

At the previous inspection, the statement of purpose and function was not in line with the regulations. While the statement of purpose and function was recently reviewed in October 2015, it failed to provide the detail required in Schedule 1 of the regulations.

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

- the admission criteria
- the specific care needs that the centre intended to meet
- the number age and gender of residents for whom it is intended
- the separate facilities for day care
- the total staffing complement
- the arrangements for reviews of personal plans
- arrangement in place for privacy and dignity of residents
- how they will consult with and the participation of children
- for children's visits and contact with friends
- details of specific therapeutic techniques used in the designated centre and arrangements made for their supervision.

In addition, the arrangements for dealing with complaints, religion and fire precaution and procedures in the centre were not comprehensive.

There was no evidence that the statement of purpose and function was made available to children or parents in an accessible format. There were three children receiving fulltime residential care in the service, therefore, the statement of purpose and function did not reflect the practice and provision of care within the centre. In addition, the service was providing day care which was not included in the statement of purpose and function.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

**Findings:**

Governance arrangements were not effective to ensure that the children received safe, quality care and support. Nineteen regulatory breaches were identified at the time of the last inspection and the Daughters of Charity provided an action plan to HIQA with agreed timelines. However, inspectors found that the provider had not ensured that the agreed actions were implemented in a timely way and this had a negative impact on the care and support provided to the children.

The Daughters of Charity have applied to register this designated centre as a children's respite service yet they had admitted three children who were living in the centre on a full time basis which was outside of their statement of purpose and function. While there were efforts made by management to seek more suitable arrangements for these children there was no agreed plan in place to meet their needs.

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 and was recently appointed to this role. This person was working full time and was suitably qualified to perform the role of a person in charge. However, there were gaps in their knowledge of the relevant legislation, standards and their responsibilities under legislation. The clinical nurse manager reported to the children's service manager who in turn reported to the CEO of the organisation. There was also a 24 hour on call system in place should staff need support in the absence of the clinical service manager.

Management systems were not effective and required development to ensure the centre operated effectively. Communication systems were generally effective. Team meetings were attended by the clinical nurse manager, the children's service manager and the staff team and included good discussions in many areas, for example, training, agency cover, update on care plans and multidisciplinary inputs. There was also evidence of staff being held responsible for care practices at these meetings. While these meetings were a good communication tool, they were irregular and there was no agreed action or timelines.

There were comprehensive organisational policies and centre specific procedures in place which provided detailed guidance on the operation of the centre. Inspectors saw evidence of staff being requested to read all policies and ensure they were familiar with them. However, staff were not familiar with the protected disclosure policy. Not all policies and procedures were implemented in full, for example, the medication policy. Risk management systems required improvement as not all risks were identified and monitored to ensure control measures were implemented.

Monitoring of the quality and safety of care and support to the children was not effective. While the clinical nurse manager reviewed incident report forms trends identified did not always inform practice. A clear trend identified following behavioural incidents related to 'unfamiliar staff' providing care to children. However, inspectors found that while this had been escalated to a more senior manager and to the CEO no change in practice had occurred as the service remained reliant on agency staff.

The provider had undertaken one unannounced visit to the designated centre since the last inspection in May 2015 and a written report was available on the safety and quality of care and support to the children. Inspectors found that this report had identified some issues that have also been identified on this inspection and other issues identified on this inspection were not. These reviews were brought to board of the directors by the quality and risk officer. However, the action plan put in place following the visit had not been fully implemented though the identified timeframes had passed. In addition, these reviews were not taking place in line with the regulations as only one had occurred since the last inspection.

The centre had only two annual review which had occurred in November 2014 and September 2015. The 2015 review was not comprehensive and some of the recommendations were not completed by the staff team in line with the timelines identified. This review did not include a sufficient level of consultation with children as the visit had occurred when the children were going out to school and it was not evident that this review was made available to children or their representatives. The annual review of quality and safety of care did not reflect that the centre was operating outside its statement of purpose nor did it consider that this arrangement affected the quality and delivery of care to other children attending this service. In addition it did not identify that unfamiliar staff was noted as a recurring reason for incidents with children and that the children did not have access to activities similar to their peers.

Performance improvement plans were put in place for staff members when practice issues were raised, but these plans were not put in place for agency staff.

There was no up-to-date service level agreement with the HSE or with the staffing agency used by the service.

**Judgment:**  
Non Compliant - Major

**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:**

The skill mix of the staff team was not sufficient to meet the needs of the children. Vacancies on the staff team remained an issue and the team were dependent on agency staff. There were eight full time staff on the rota with five staff vacancies. Staffing levels on a day to day basis were sufficient to meet the needs of the children. There was a 1:1 staff child ratio when children were present in the centre. However, the skill mix of the team varied as agency staff who worked in the centre had varying levels of experience working with children with a disability. Some agency staff were newly qualified with limited experience, others had limited experience of working with these children and others had worked in the centre for almost two years. The clinical nurse manager

(CNM1) identified that at least one full time staff member was rostered on each shift. However, on the day of inspection there were four agency staff on duty and the most regular agency staff was identified as lead. The CNM 1 identified that she was also on duty and her shift ended at 5.30pm. One night staff was on duty who was supported by one staff member who was available on campus if required. Inspectors found that agency staff were often scheduled on this shift, but may not have been familiar with the needs of the children. One agency staff member who had worked in the centre for over 12 months was not familiar with the children's documented plans.

The clinical nurse manager worked fulltime and was supported by the deputy clinical nurse. All staff reported to the clinical nurse manager. There were no actual rotas available in the centre on the day inspection. Inspectors saw planned rotas and deficits in staffing were then filled by agency staff. An agency staff member present on the day of inspection, was not named on the rota.

There was a lack of consistency and continuity of care for children due to the number of staff who worked in the centre. Inspectors reviewed previous rotas and found that while the clinical nurse manager made efforts to keep the same agency staff, there were 17 different agency staff used in the past number of months. Inspectors saw evidence that unfamiliar staff were having a negative impact on children, including a contributing factor to behavioural incidents. However, the clinical nurse manager continued to schedule unfamiliar staff in the centre.

Inspectors found that there were improvements in staff files with most containing the required information. However, one file did not contain a copy of the relevant qualification. There was a comprehensive induction programme that staff had completed. However, not all agency staff received the induction as per procedure.

There was no training needs analysis available in the centre on the day of inspection and no training programme in place to ensure staff received the necessary training. Staff did not have up to date mandatory training to meet the needs of children. There were training deficits in behaviour management, manual handling, food safety and restrictive practices. One permanent member of staff did not have training in child protection. On the day of inspection, the clinical nurse manager did not know whether all agency staff had the required mandatory training. She subsequently confirmed that all agency staff were trained in manual handling, fire safety, and protection and welfare of children and vulnerable adults. Some staff had received additional training in person centred approach and communication techniques which was positive and appropriate to children's needs.

Supervision did not occur on a regular basis and was not of a good quality. The clinical nurse manager had not received supervision training and records reflected that while practice issues were discussed, the children were not and no actions or timelines were agreed. Staff told inspectors that the supervision was not regular and supervision records confirmed this. There were no supervision notes for one member of staff. The clinical nurse manager advised that agency staff were not supervised. Inspectors also reviewed supervision meeting notes between the clinical nurse manager and the children's services manager which occurred on a regular basis. Examples of items discussed were care planning, staffing, training needs, staffing and the risk register. The

meeting notes were also brief and there was no agreed timelines or actions.

Inspectors saw copies of regulations and standards which were available to staff, but not all staff were aware of the regulations.

**Judgment:**  
Non Compliant - Major

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd
<b>Centre ID:</b>	OSV-0004030
<b>Date of Inspection:</b>	29 October 2015
<b>Date of response:</b>	17 December 2015

### Requirements

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

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

### Outcome 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 prior to admission.

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

**1. Action Required:**

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

- The regional manager will develop a local policy on person centred planning which will reflect regulatory requirements by 15th January 2016.
- The clinical nurse manager will ensure that a comprehensive assessment will be carried for each child prior to admission by the MDT which will include their personal, social and health care needs.

**Proposed Timescale:**

**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.

**2. 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 will develop a local policy on person centred planning to reflect regulatory requirement to have a comprehensive assessment carried out on an annual basis or as required to reflect changes in need and circumstances 15/01/16.
- The clinical nurse manager will ensure that all service users will have a comprehensive assessment to include personal, social and health care needs carried out by the MDT on an annual basis or as required to reflect changes in need and circumstances. This process has commenced in December 2015.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

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

**3. 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:**

- The Statement of Purpose has been reviewed as at 16 December 2015 and amendments made in line with Schedule 1 of the regulations, however there are three children living in the centre on a full time basis who are awaiting residential placement.

The following actions have been taken to address this:

- An onward placement has been secured from the H.S.E. for the three boys.
- The regional manager has submitted an application to register the new facility in line with regulatory requirements under the Health Act 2007 on 17 December 2015.
- The clinical nurse manager has been appointed and is in place.
- Confirmation of funding for staffing and operational costs have been agreed by the H.S.E. on 16th December 2015
- Recruitment process for Social Care Workers and care assistants will commence on 04 January 2016
- The regional manager with the Director of Logistics and Maintenance Manager have carried out a safety audit of the new facility on 1st December 2015
- Individual Transition meetings have commenced in November 2015.
- Expected date of transfer of the three boys to their new placement is 31 March 2016

**Proposed Timescale:** 31/03/2016

**Theme:** Effective Services

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

Personal plans were not always developed within 28 days of admission.

**4. Action Required:**

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

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

- The regional manager will develop a local policy and guidelines on person centred planning in line with regulatory requirements by 15th January 2016.
- The clinical nurse manager will ensure that each service user will have a personal plan developed within 28 days of admission which will reflect the individuals assessed needs as per regulations.
- Each child will have a designated keyworker who will support the development of the personal plan in accordance with the child's needs, wishes and preferences.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

Personals plans were not made available in an accessible format.

**5. 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 which will be in an easy to read format for children / young people and copies will be made available to children / young people and their parents / guardians.
- This will commence in line with annual review of all personal plans for 2016.

**Proposed Timescale:** 31/12/2015

**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.

**6. 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 will develop a local policy and guidelines on person centred planning in line with regulatory requirements.
- The format of the personal plans is currently being reviewed and will include an evaluation section which will assess the effectiveness of each plan and document any changes in circumstances or new developments. New format to be in place by 15 January 2016.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

Personal plan reviews did not assess the effectiveness of plans and review when changes in circumstances or new developments.

**7. Action Required:**

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

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

- The regional manager will develop a local policy and guidelines on person centred planning in line with regulatory requirements by 15th January 2016.
- The format of the personal plans are being reviewed and will include an evaluation section which will assess the effectiveness of each plan and document any changes in circumstances or new developments.
- The clinical nurse manager will undertake an audit of six PCP's every three months commencing in March 2016 and ensure that a quality improvement plan is implemented where necessary.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

Personal plans reviews did not always record the rationale for any proposed changes, the names of those responsible for pursuing objectives in the plan with agreed timelines.

**8. Action Required:**

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

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

- The regional manager will develop a local policy on person centred planning to reflect regulatory requirement 05 (7) by 15/1/2016.
- The regional manager has engaged clinical instructor from the Education Department to provide training to all staff of the centre on person centred planning. This commenced in November 2015 and seven further dates scheduled to 28 February 2016.
- The clinical nurse manager will ensure that all keyworkers will record proposed changes in the personal plan, and the rationale for such changes.
- Personal plans reviews will include agreed timelines and named persons responsible.
- The clinical nurse manager will carry out an audit of six PCP's very three months and a quality improvement plan put in place where necessary.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

It was not evident that personal plans were amended in accordance with changes recommended following reviews.

**9. Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

- All plans will have named support person / keyworker responsible for ensuring that changes are recorded, implemented and reviewed within an agree timeframe.
- A new format for personal plans will be developed and commenced with annual reviews in January 2016.

The clinical nurse manager will carry out audit of six PCP's every three months and a quality improvement plan put in place where necessary. Learning from audit to be shared at staff meetings.

**Proposed Timescale:** 15/01/2016

**Theme:** Effective Services

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

Personal plans did not outline the supports required to maximise the resident's personal development.

**10. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

- The regional manager will develop a local policy and guidelines on person centered planning to reflect regulatory requirements.
- A new format for personal plans will be developed and commenced with personal plan reviews in January 2016.
- A schedule of review of personal plans will be formulated to ensure each child will have personal plan review in 2016 as per regulations. The personal plan will include goals on personal development and life skills which will be developed in accordance with each child's wishes and preference.
- A keyworker will be the named responsible person to support the service user to ensure maximum participation and implementation of the goals.
- The clinical nurse manager will carry out an audit of six PCP's every three months and a quality improvement plan will be put in place where necessary.

**Proposed Timescale: 31/12/2016**

**Theme: Effective Services**

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

Personal plans were not developed through a person centred approach with the maximum participation of each resident in accordance with the resident's wishes, age and nature of his or her disability.

**11. Action Required:**

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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 will develop a local policy and guidelines on Person Centred 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 personal plans through a person centred approach. This commenced on 26 November 2015 with seven further dates scheduled up to 28 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.
- This will commence in line with annual review of all personal plans for 2016.

**Proposed Timescale: 31/12/2016**

**Outcome 07: Health and Safety and Risk Management**

**Theme: Effective Services**

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

The provider did not ensure that there were systems in centre for the assessment, management and ongoing review of all hazards and risks.

**12. 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 regional manager has requested that the Health & Safety Officer provide training to The clinical nurse manager and the centre team on risk management and ongoing review of risk. Scheduled for 20 January 2016.

- Since inspection the Risk Register for the centre has been updated and now includes all identified risks.
- The clinical nurse manager will carry out an audit to ensure control measures identified are in place. To be completed by 31 December 2015.
- Hoist was serviced on the 06 November 2015 and service log is now maintained in Health & Safety Folder.

**Proposed Timescale:** 20/01/2016

**Theme:** Effective Services

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

Hand gels had not been replenished to ensure staff and visitors practiced appropriate hand hygiene.

**13. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- All staff have received training in Hand Hygiene as per SARI guidelines.
- The checking of hand sanitisers has been included on cleaning schedules to ensure that hand sanitisers are replenished when required.
- A hygiene audit was undertaken on 23rd October 2015 and actions have been identified with named person responsible.

**Proposed Timescale:** 31/01/2016

**Theme:** Effective Services

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

The provider could not confirm that all agency staff had received fire training.

**14. Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

- All regular and relief staff of the centre have received Fire Training as per regulation 28 (4) (a).
- The H.R. Director has met with the agency manager and an SLA has been agreed for

the centre and will be finalised by the 21st of December 2015. This includes mandatory training required.

- Induction programmes for new staff includes local fire evacuation procedures.

**Proposed Timescale:** 17/12/2015

**Theme:** Effective Services

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

Not all residents and staff had taken part in a fire drill.

The roster did not reflect that there was always a member of staff on duty who was trained in fire safety and who had participated in a fire drill.

Any issues encountered during a fire drill were not always recorded to promote learning and improvements.

**15. Action Required:**

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

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

- As per regulations all regular and relief staff have completed fire training.
- The Director of H.R. has met with the manager of the recruitment agency and an SLA has been agreed for the designated centre and will be finalised on the 21st December 2015. This will include mandatory training required.
- Two nurses are being redeployed to the centre whilst awaiting commencement dates of newly recruited staff. These two staff have all completed fire training.
- The clinical nurse manager will ensure that staff rosters will have a staff member on duty who is trained in Fire Training.
- The clinical nurse manager with the Fire Officer for the centre will implement regular fire drills to ensure that all staff of the centre and as far as in reasonably practical all service users will participate in fire drills.
- The clinical nurse manager will ensure that all staff are fully aware of the local fire evacuation procedures and supports required for each individual in the event of a fire

**Proposed Timescale:** 31/12/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Not all staff were familiar with all behaviour management plans.

**16. Action Required:**

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

- As per regulations all regular and relief staff have completed Studio 3 training in the management of behaviours that challenge as at 10 December 2015.
- The clinical nurse manager has made referral to the CNS in Autism / Behaviour to provide input to staff on managing specific children's behaviours.
- The clinical nurse manager will review all incidents on a monthly basis and where trends / concerns emerge an MDT meeting specific to the child's needs is held and amendments to their support plan is made where necessary.
- The clinical nurse manager will ensure that any learning from these incidents will be discussed at centre team meetings.

**Proposed Timescale:** 18/01/2016

**Theme:** Safe Services

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

Staff, including agency staff, were not up to date with behaviour management training.

**17. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- As per regulation of (2) all regular and relief staff have completed Studio 3 training as at 10/12/2015 which incorporates the management of behaviour that is challenging including de-escalation and intervention techniques.
- The Director of HR has met with the manager of the agency and an SLA has been agreed for the centre which includes mandatory training for all staff.

**Proposed Timescale:** 21/12/2015

**Theme:** Safe Services

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

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

**18. 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 multidisciplinary team to develop appropriate guidelines for keyworkers to support them in assisting children to develop the knowledge, self awareness, understanding and skills needed for self care and protection.
- An accessible booklet on self care and protection has been developed for service users.
- All service users that access the centre from now to the end of February will be supported by their keyworker in developing skills for self care and protection in a format appropriate to their level of need and ability.

**Proposed Timescale:** 27/01/2016

**Theme:** Safe Services

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

Children were not protected from all forms of abuse.

**19. Action Required:**

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

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

As per Regulation 08 (2) to protect residents from all forms of abuse The regional manager has:

- Scheduled a training input for all staff of the centre by members of the social work team on safeguarding children and the prevention, detection and response to abuse.
- All regular and relief staff have completed training in Children First and Child Protection as at 06 November 2015.
- In line with organisational policy all peer to peer incidents are documented, reported and reviewed by the service manager / person in charge and the named social worker. Where concerns are noted and trends emerging multidisciplinary team meetings are held specific to the individual child.
- Two nurses are redeployed to the centre whilst awaiting commencement date of newly recruited staff. This will reduce agency.

**Proposed Timescale:** 15/01/2016

**Theme:** Safe Services

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

Appropriate actions were not always taken to trends identified in investigations of allegations of abuse.

**20. Action Required:**

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

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

In order to reduce agency, The regional manager has put the following in place:

- Two care staff and one relief care staff have been recruited and are awaiting a start date.
- Further nurse interviews are scheduled for 22 December 2015.
- Two nurses are deployed from another part of the service until staff recruited commence. This will reduce agency.
- The clinical nurse manager will ensure that all new staff will receive induction appropriate to the needs of children.
- The regional manager and clinical nurse manager have met with centre staff and multi-disciplinary team where recommendations from investigations were shared and actions agreed.

**Proposed Timescale:** 22/12/2015

**Theme:** Safe Services

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

Not all allegations of abuse were managed in line with national guidance as records did not reflect whether the Child and Family Agency had been notified.

**21. Action Required:**

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

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

- The regional manager will ensure that any incident, allegation, suspicion of abuse or neglect in relation to a child will be reported to the Authority and to the Child and Family Agency and documented accordingly as per Regulation 08 (5).

**Proposed Timescale:** 14/12/2015

**Theme:** Safe Services

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

Intimate care plans did not include the wishes of children.

The intimate care policy identified that staff should be known to the child when providing intimate care but as the centre relied on agency staff this was not always possible.

**22. 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 regional manager has redeployed two nurses to the centre to reduce agency staff.
- All intimate care plans will be revised by 31 January 2016 to incorporate the wishes and preferences of each child. Any changes will be clearly documented.

**Proposed Timescale:** 31/01/2016

**Theme:** Safe Services

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

Not all staff had received safeguarding or child protection training.

**23. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- As per regulation all regular and relief staff have received training on Children First and Child Protection training as at 06 November 2015.
- The regional manager has scheduled a training input for centre staff by the social work department on safeguarding children and the prevention, detection and response to abuse.
- The Director of H.R. has met with the manager of the recruitment agency and a service level agreement has been agreed for the designated centre and will be finalised by 21st December 2015.

**Proposed Timescale:** 15/01/2016

## Outcome 09: Notification of Incidents

**Theme:** Safe Services

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

Not all restrictive practices used in the centre were notified by way of quarterly notifications to the Authority.

### **24. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

- Under regulation 31 (3) (a) The regional manager has informed The clinical nurse manager of the regulatory requirement to have all restrictive practices and their use notified to the authority on a quarterly basis.
- The clinical nurse manager will provide a written report to the chief inspector at the end of each quarter on the use of restrictive practices as per regulations.

**Proposed Timescale:** 16/12/2015

## Outcome 12. Medication Management

**Theme:** Health and Development

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

Not all medications had a current prescription sheet.

### **25. 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 has reviewed all medication records to determine who is currently without an updated prescription 17/12/2015.
- A letter is being sent to the relevant families by 31 December 2015 requesting that an updated prescription be forwarded prior to their child's next admission.
- The regional manager has appointed a nurse from outside of the centre to undertake an audit of medication management using the Quality Care metrics for Intellectual Disability Services. This was completed on 17 December 2015.
- Local procedures and guidelines on medication management will be revised as necessary based on the findings of the audit.

**Proposed Timescale:** 31/01/2016

**Theme:** Health and Development

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

Transcription practices were not carried out in line with the centre's medication policy.

Prescription sheets were not all up to date and did not include children's addresses.

Not all signature sheets were signed.

Not all medication was labelled or recorded the date the liquid was opened.

**26. 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 regional manager forwarded a request to the chairperson of the medication and therapeutics committee held on 01 December 2015 to review service policy that will authorise the Clinical Nurse Manager1/ person in charge to be a named transcriber.
- The regional manager has appointed a nurse from outside of the centre to undertake an audit of medication management using the Quality Care metrics for Intellectual Disability Services. This was completed on 17 December 2015.
- The clinical nurse manager will ensure that each child's home address will be included on both the prescription and administration records.
- The clinical nurse manager has informed all nurses of the centre of the requirement to ensure that bottles opened are dated.
- The MPARS travels with the child from the centre to their education facility. The clinical nurse manager will ensure that the signature sheet will be colour coded to distinguish nurses working in both places.
- Local procedures and guidelines on Medication Management will be updated as necessary based on the findings of the audit.

**Proposed Timescale:** 15/01/2016

**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:**

Requirements of Schedule 1 of the regulations were not contained in the statement of purpose and function.

**27. 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:**

As per regulation 03 (1) The regional manager and The clinical nurse manager have revised the Statement of purpose to contain information as outlined in schedule 1.

**Proposed Timescale:** 15/12/2015

**Theme:** Leadership, Governance and Management

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

A copy of the statement of purpose and function was not made available to residents and their representatives.

**28. Action Required:**

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

As per regulations The regional manager and The clinical nurse manager has:

- A copy of the Statement of Purpose is on display at entrance to the centre.
- A copy of the Statement of Purpose has been sent to all children's representatives.
- The regional manager and The clinical nurse manager will review the Statement of Purpose on an annual basis or sooner as the need arises.

**Proposed Timescale:** 14/12/2015

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

The clinical nurse manager did not sufficiently demonstrate their knowledge of responsibilities under the relevant standards and legislation.

**29. Action Required:**

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

- As per regulation 14 (2) The regional manager has provided input to the Clinical Manager on the regulations and her role and responsibility under the Health Act 2007.

**Proposed Timescale:** 14/12/2015

**Theme:** Leadership, Governance and Management

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

Management systems were not effective to ensure the service provided was safe appropriate to the residents needs, consistent and effectively monitored.

There were no service level agreements/contracts in place with the HSE or recruitment agency.

**30. 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:**

In line with regulations 23 (1) © the following actions are in place to ensure the service provided is safe and appropriate to residents needs.

- The clinical nurse manager is scheduled to attend training in supervision skills on 21st January 2016.
- Regular supervision meetings with staff members will take place to ensure that staff are supported to exercise their personal and professional responsibility for the quality of care and safety of the service users. Each staff will also have an annual performance review carried out by the clinical nurse manager.
- Supervision and Performance Management is an agenda item at regular monthly meetings between regional manager and clinical nurse manager.
- The clinical nurse manager will ensure that team meetings will take place on a 6 weekly basis with a defined agenda and agreed actions and timelines. Agenda items will include needs of children, training , safeguarding, risk management and audits.
- The minute recording template has been revised and now includes a record of decisions made, actions required, persons responsible and time frames for completion.
- The regional manager and the clinical nurse manager will ensure that a comprehensive audit system will be in place and findings from the audits will be placed on the team meetings to ensure shared learning.
- Findings from the audits will also be discussed at senior management meetings to ensure the quality of care provided by the service and systems are in place to ensure they remain in line with best practice.
- Regional manager and Director of Client services meet on a 6 weekly basis to review, monitor and evaluate children's services. Issues from the designated centre will be an agenda item at these meetings.

- The regional manager will have 3 monthly meetings with the Quality & Risk officer of the Dublin service to ensure that risks and trends are identified and that quality can be assured throughout the system.
- The regional manager attends 6 weekly meetings with the Dublin service managers, clinical department heads and members of the executive team. Items for shared learning are placed on the agenda which will inform governance and best practice.
- The H.R. Director has met with the manager of the Recruitment Agency and a SLA for the designated centre has been agreed and will be finalised on the 21st December 2015

**Proposed Timescale:** 31/01/2016

**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 include effective consultation with children.

**31. 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:**

As per Regulation 23 (1) (e) The regional manager will ensure that all children and their representatives are consulted as part of the next annual review of quality and safety of care.

**Proposed Timescale:** 30/06/2016

**Theme:** Leadership, Governance and Management

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

Copies of the annual review of quality safety and care were not made available to children or their representatives.

**32. Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The regional manager has provided copies of the annual review of quality safety and care to the centre and copies to be forwarded to all families.

**Proposed Timescale:** 21/12/2015

**Theme:** Leadership, Governance and Management

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

Not all staff were performance managed.

**33. 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:**

- The H.R. Director will provide input to The clinical nurse manager and staff of the centre on performance management. This is scheduled for 19/1/16.
- The clinical nurse manager will have a schedule to ensure that all staff will complete an annual performance review.
- A copy of each staffs annual performance review will be forwarded to The regional manager and this placed on agenda item for monthly meeting with person in charge.

**Proposed Timescale:** 31/01/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The skill mix of staff was not always appropriate to meet the assessed needs of the children.

**34. 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:**

- As per Regulation 15 (1) The regional manager has redeployed two nurses to the centre whilst awaiting the commencement of newly recruited staff to provide a more appropriate skill mix in order to meet assessed needs of the children.

**Proposed Timescale:** 21/12/2015

**Theme:** Responsive Workforce

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

The number of staff rostered within the centre impacted on the continuity of care and support provided to the children.

**35. Action Required:**

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

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

The regional manager has met with the Director of H.R. in relation to staffing and the impact on continuity of care and the following actions are being implemented.

- Two experienced nurses are redeployed from another area of the service to the centre for a two month period until recruitment process is complete. This will reduce reliance on agency.
  - Two care staff and one relief care staff are recruited and awaiting start date.
  - Further interviews are scheduled for nurses on 22 December 2015.
  - The clinical nurse manager will ensure that staff rostered for night time are familiar with needs of the children.
- One of the present agency care staff working night shift in the centre have been interviewed for a regular care staff position.

**Proposed Timescale:** 21/12/2015

**Theme:** Responsive Workforce

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

There was no actual rota in place to reflect the actual staff who worked in the centre on either the day or night shifts.

**36. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

- As per regulation 15 (4) The clinical nurse manager will ensure that there is a planned and actual staff rota which shows the staff on duty during the day and night. This roster is available in the Centre Office which is colour coded.

**Proposed Timescale:** 14/12/2015

**Theme:** Responsive Workforce

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

One staff file reviewed did not have all the necessary documentation.

**37. Action Required:**

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

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

The H.R. Director has reviewed all staff files of the centre to ensure that all information and documents are specified in schedule 2 are on file.

Where gaps have been identified staff have been notified to forward relevant documentation

**Proposed Timescale:** 17/12/2015

**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 and there was limited continuous professional training provided to staff.

**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:**

- In line with regulation 16 (1) (a) all regular and relief staff have completed mandatory training as of 10th December 2015.
- Two staff who require refresher manual handling training have been scheduled for 19 January 2016.
- The clinical nurse manager will ensure that all staff who require refresher mandatory training will be scheduled in the training calendar for 2016.
- The regional manager and clinical nurse manager will develop the training needs analysis for 2016 with staff of the centre to ensure both mandatory and continuous professional development is incorporated to meet needs of service users.

**Proposed Timescale:** 19/01/2016

**Theme:** Responsive Workforce

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

Staff were not regularly supervised and the quality of supervision was poor.

**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 regional manager has sourced training in supervision skills for person in charge which is scheduled for 21 January 2016.
- As per regulation 16 (1) (b) The clinical nurse manager will ensure that all staff of the centre will receive regular supervision.
- Supervision to include practice issues as well as children specific issues that will have agreed actions and timelines with a named responsible person documented.

**Proposed Timescale:** 21/01/2016