

**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 Ability West
Centre ID:	OSV-0004064
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	4

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 08 June 2016 09:00 To: 08 June 2016 17:00

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 04: Admissions and Contract for the Provision of Services
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an 11 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision. The previous 18 outcome inspection was undertaken on 28 and 29 January 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence

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

The inspector interviewed the person in charge, the director of service and two care staff. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service

The service provided was described in the providers statement of purpose, dated June 2016. The centre provided residential care for one child and a respite care service to ten other children with a moderate to severe intellectual disability up to the age of 18 years. Some of these children had additional mobility needs which were accommodated in the centre.

The centre could accommodate up to six children per night but on the day of inspection there were two children present. The centre was located in a rural setting but close to a town in the west of Ireland. It comprised of a bungalow set on its own grounds. There was a large garden and play area for the children's use.

Overall judgement of our findings

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge continued to demonstrate adequate knowledge and competence during the inspection and the inspector was satisfied that he remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Children's rights were upheld (Outcome 1)
- There were systems in place to assist children to communicate effectively (Outcome 2)
- Children's healthcare needs were met in line with their personal plans (Outcome 9)
- There was a clearly defined management structure (Outcome 14)

Areas of non-compliance with the regulations and national standards were identified in areas such as:

- Only six out of the ten children availing of the respite service had a contract of care in place (Outcome 4)
- Personal plans for some children particularly the child on long-term placement in the centre did not adequately focus on social needs and the goals set were not outcome focused (Outcome 5)
- Further controls were needed to manage the risk of potential choking hazards (Outcome 7)
- The frequency of staff supervision was not always in line with the frequency set out in the centres policy or in line with best practice in this area (Outcome 17)

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children's rights were found to be upheld.

At the time of the last inspection, the inspectors found that children were not formally consulted with in the centre and that children did not have access to advocacy services and information about their rights. Since the last inspection, measures had been put in place to ensure that children and their families were consulted with about how the centre was planned and run. The inspector reviewed a consultation log maintained in the centre which recorded consultations with children regarding their choice of activities in the centre. Daily logs were maintained of their daily choices in relation to meals and activities of daily living. The inspector reviewed an annual survey completed by individual parents outlining their views of the service. There was documentary evidence that parents were consulted with on each admission to respite and as part of the yearly care plan reviews to which parents attended. The inspector observed that information was on display regarding the centres independent advocacy service. There was evidence that staff and the providers social work department advocated for children attending the service. The inspector spoke with a parent who outlined that she had been informed about the advocacy service available.

There were appropriate processes in place for the management of complaints although there had not been any complaints in the previous 12 month period. All complaints were recorded on a computerised system. Since the last inspection, the complaint log had been revised to record whether complainants were satisfied with the outcome of complaints and a person had been nominated to deal with complaints by or on behalf of residents. The centres complaint policy and procedure was revised in March 2015 and

circulated to children and families accessing the service in an easy to read version.

Children's monies were observed to be stored separately with a record maintained of all money received and spent. At the time of the previous inspection, inspectors found that finances for one child were paid into an organisational bank account as the child did not have their own account. On this inspection, the inspector found that all monies relating to the child had been withdrawn from this bank account and returned to the child's family.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The centre had put systems and processes in place to support and assist children to communicate effectively.

At the time of the last inspection, communication guides were not available for all children. On this inspection, the person in charge confirmed to the inspector that communication passports and or profiles had been put in place for all children with input from the providers speech and language therapist as required. The inspector reviewed a sample of children's communication passports and found that they included an assessment of the child's communication needs and individual plans on how they were to be met. The inspector noted that a number of communication aids were being used in the centre to help children get and give information. These included assistive technological devices, sign language and picture reference cards for diet, activities, daily routines and journey destinations.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

Each child did not have a written contract of care in place which dealt with the support, care and welfare of the child.

At the time of the previous inspection, inspectors found that no contracts of care were in place. Since the last inspection, a new contract of care specifically in relation to respite service had been developed. However, the inspector found that only six out of the ten children availing of the respite service had a contract of care in place. The inspector noted that there was a good level of detail contained within the contract. The contract template was also used for the provider's adult service. Consequently a section on contribution pertaining to the respite service for over 18 year olds was not applicable in this children's centre and hence a little confusing.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Findings:

Each child's health, personal and social care needs were fully assessed before admission. There was documentary evidence to show that children's parents were involved in an assessment to identify their individual needs and choices.

Each child had a personal plan in place which detailed their assessed needs and choices. However, the personal plans for the child on a long term placement in the centre did not adequately focus on social integration goals. Also where goals were set, they were not always measureable outcomes and recording of progress against goals was poor. For example, a goal had been set to 'swim more' with the school but it was unclear what

progress had been made in relation to this goal. Other goals set related to activities of daily living versus social needs. At the time of the last inspection, formal assessments of need and personal plans for children which reflected their assessed needs were not in place. At the time of this inspection personal plans which detailed individual needs and choices had been put in place for each of the ten children availing of respite in the centre and for the child on a long-term placement.

There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on outcomes for children in terms of goals set and resulted in further goals being set or revised where appropriate.

Judgment:

Substantially 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

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

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

Findings:

The health and safety of children and staff were promoted and protected but there were some areas for improvement in terms of hazard identification.

At the time of the previous inspection the risk management policy in place did not meet the requirements of the regulations. On this inspection, the inspector found that the risk management policy had been revised to comply with regulatory requirements. There was a safety statement in place with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register in place.

On the day of the inspection the inspector observed that latex gloves were accessible to children in a number of locations in the centre (i.e. two bathrooms and two children's bedrooms) which had the potential to be a choking hazard for a child. This was alerted to staff at the time of inspection and observed to be removed and securely stored immediately.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. There was a computer based system used to report all incidents which also recorded actions taken. The inspector reviewed track and trend reports that were produced twice yearly. Overall, there were a low number of incidents reported with the majority relating to a young person who had since been discharged. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used in the centre and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. Posters were appropriately displayed. Training records were not available in the centre but the person in charge reported that staff had attended hand hygiene training.

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

Staff spoken with were knowledgeable about manual handling requirements. A ceiling tracked hoist system was available in two of the bedrooms and one bathroom. The person in charge advised that it had been suitably serviced. The inspector did not review the records of same. Staff reported that they had attended manual handling training.

There was a site specific critical incident response plan in place dated December 2013 to guide staff in the event of such emergencies as power outages or flooding.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a child protection procedure in place dated January 2015. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff reported that they had attended training in understanding abuse and on Children First, National guidance for the protection and welfare of children, 2011. Training records were not available in the centre. The picture and contact details for the designated person for the centre, (as per Children First, 2011) were observed in the staff room. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. There were up to date intimate care plans on children's files which provided a good level of detail to guide staff in meeting the intimate care needs of children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a behaviour that challenges policy and practice guideline in place. The person in charge and staff reported that there was very little behaviour that challenged in the centre. The inspector reviewed two children's behaviour support plans and found that they contained sufficient detail to guide staff and support children in the management of behaviour that challenges. There was evidence that plans had been reviewed at personal plan review meetings with parents. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Although training records were not available in the centre the person in charge reported that staff had attended appropriate training.

The inspector found that minimal restrictive practices were being used in the centre, but where it was, usage was monitored and all restrictive practices were approved by the providers human rights committee before being used. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. At the time of the last inspection, the oversight of the use and effectiveness of restrictive procedures was not robust as to support the needs of the

individual child and the centre did not maintain a record of all restrictive practices. On this inspection the inspector reviewed a contemporaneous log of restrictive practices in use. The inspector reviewed personal plan review meeting notes of two children which showed that there had been a discussion and agreement with family regarding the continued use of restraint for two children.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

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

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Children's healthcare needs were met in line with their personal plans and assessments.

At the time of the last inspection, inspectors found that the health information and needs of some children were not adequately recorded. Since the last inspection medical consultants and families were requested to forward health information and any updates to the service in a timely manner. The inspector reviewed a sample of children's files and found that each child's healthcare needs had been assessed. There was adequate information available on the files reviewed regarding children's health needs and history. An annual health check had been undertaken and was on file for the child on a long term placement in the centre.

Children were provided with varied and nutritious food and snacks at times which suited their routines. There was a nutrition policy in place to support staff. The inspector noted that the advice of the dietician, where it was in place, was implemented with regard to diet and nutrition. This was reflected in a child's personal plan reviewed. Staff told the inspector that children if able were encouraged to assist staff with baking and cooking in the kitchen. The kitchen was well stocked with a good range of healthy and nutritious options. Children had access to snacks and drinks throughout the day and the inspector observed children accessing snacks with the assistance of staff. Children were involved in the choice of all their meals on each respite stay. A folder with pictures of meal options was available to help them.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

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

Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. Further to the last inspection, the medication cupboard had been moved to a more secure location. There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. It was not appropriate for any of the children in the centre to be

responsible for their own medications. There were no chemical restraints used in the centre.

At the time of the last inspection, the inspectors found that prescribing practices were not safe as the centre's transcription sheets were not signed by two staff members. Since the last inspection, the centre's medication policy and procedure had been revised. The inspector reviewed a sample of prescription and administration sheets and found that medications where transcribed were checked and signed by two members of staff, one of whom was a registered nurse. A copy of the original prescription was found to be attached to the transcribed sheet. There was evidence that a new system was being introduced which would remove the requirement for transcribing. However, at the time of inspection the new system was only in place for a small number of children.

The system in place to review and monitor safe medication management practices was not adequate. The majority of prescriptions in the centre were being transcribed which is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines. The last audit of medication practices in the centre had been undertaken in January 2016. In line HIQA's medicines management guidance, the practice of transcribing should be subject to regular audit.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs had improved.

At the time of the last inspection, inspectors found that an annual review of the quality and safety of care and support in the designated centre had not been undertaken. Since the last inspection the provider had undertaken an annual review. The inspector reviewed a sample of surveys undertaken with children's families which elicited their views on the quality and safety of care and support in the centre. The results of these surveys had been used to inform the annual review. A provider led audit tool had also

been developed to assess the centres compliance with the regulations and national standards. The inspector reviewed the audit report undertaken in the centre in October 2015. The person in charge reported that a further unannounced audit visit had been completed in May 2016 but the report was not yet available. The service had a quality compliance manager in place who had oversight for audits and quality improvement activities. Further to the last inspection, the centre had put in place a service plan for 2016.

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

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. A parent spoken to as part of the inspection described the person in charge as supportive and committed to the well being of the children. Children were observed to interact warmly with him. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. He also had a clear insight into the support needs and plans for children living in the centre. The person in charge was in a full time post and did not hold responsibility for any other designated centre. He participated in a number of duty shifts each week which was reflected on the duty roster. The person in charge reported to the area manager who in turn reported to the director of service. On call arrangements were in place and staff were aware of these and the contact details.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The staffing levels were sufficient to meet the needs of the children availing of respite and the child on a long term placement in the centre. An analysis of formal dependency levels and the staffing levels required had not been undertaken in the centre. However, the person in charge and staff assured the inspector that there were always a sufficient number of staff with the required competencies and skill mix to care for the children

attending on each shift. The inspector reviewed the staff roster and found that there was sufficient staff on duty on the day of inspection to meet the needs of the children availing of the service. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers.

A training programme was in place for staff which was coordinated by the providers training department. Training records were not available in the centre but the person in charge reported that all staff were up to date with mandatory training requirements. At the time of the last inspection, a training needs analysis had not been undertaken to ensure the training provided was appropriate to meet the needs of children availing of the service. Since the last inspection a training needs analysis had been undertaken based on children's needs. Training schedules for training identified as required had been put in place. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place but the frequency of supervision was not always in line with the frequency set out in the centres policy or in line with best practice in this area. The centre had a staff development and support process policy in place dated August, 2014 which stated that supervision should be undertaken three times per year. Supervision records for the person in charge were not available in the centre. The person in charge reported that he had had supervision in the previous week but before that it had been more than six months. The inspector reviewed supervision records for three members of staff and found that they were of a good quality but not always undertaken within the timelines proposed in the centres policy.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004064
Date of Inspection:	08 June 2016
Date of response:	14 July 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 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:

Only six out of the ten children availing of the respite service had a contract of care in place.

1. 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

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

terms on which that resident shall reside in the designated centre.

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

Contracts of Care have been re-issued for completion to those families of children who have not yet completed and returned same. The Person in Charge is keeping records of all responses received and will follow up as appropriate.

Proposed Timescale: 31/07/2016

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:

Personal plans for some children, particularly the child on a long term placement in the centre did not adequately focus on social need and goals set were not outcome focused.

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:

Person in Charge has met with parent of the child on a long term placement in the centre, and agreed goals based on social needs of the child which are outcome focussed.

Proposed Timescale: 20/06/2016

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:

On the day of the inspection the inspector observed that latex gloves were accessible to children in a number of locations in the centre (i.e. two bathrooms and two children's bedrooms) which had the potential to be a choking hazard for a child.

3. 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:

All latex gloves are now stored in locked cabinets until required and then returned when task is completed; notice in place to remind staff of same.

Proposed Timescale: 09/06/2016

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:

The system in place to review and monitor safe medication management practices required improvement. The last audit of medication practices in the centre had been undertaken in January 2016.

4. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

Recorded Monthly Audits of medication practices are completed by the Person in Charge; a schedule is in place in this regard. Additionally, quarterly peer audits by a Person in Charge from another designated centre are planned. Daily checks will continue as per usual practice in service.

Person in Charge has recently undertaken train the trainer safe administration of medications and will impart knowledge gained to the staff team in the service.

Proposed Timescale: 30/06/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The frequency of supervision was not always in line with the frequency set out in the centres policy or in line with best practice in this area.

5. 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:

A Schedule has been completed by the Person in Charge as per Ability West's Policy and Procedures, with individual supervision sessions, and group supervision at team meetings will also continue.

Proposed Timescale: 30/06/2016