

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon |
| Centre ID: | OSV-0004470 |
| Centre county: | Roscommon |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | Brothers of Charity Services Ireland |
| Provider Nominee: | Margaret Glacken |
| Lead inspector: | Erin Byrne |
| Support inspector(s): | Una Coloe |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 2 |

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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

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|------------------------|------------------------|
| From: | To: |
| 17 February 2016 09:30 | 17 February 2016 18:00 |
| 18 February 2016 08:00 | 18 February 2016 16:00 |

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

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

Summary of findings from this inspection

This was the second inspection of the centre by HIQA and was undertaken for the purpose of informing a registration decision. The centre was located in a two-storey house in a residential community on the outskirts of a town in the West of Ireland. The service provided respite accommodation and supports to four children and young adults ranging in age, from 9 - 19 years, with an intellectual disability including those with a diagnosis on the autistic spectrum. The support needs of children and young people accessing the service were broad and included those with a diagnosed mild to severe learning disability. The centre was closed one night per week and one weekend per month. Some children attended the centre frequently

and there was a high level of support provided, which in certain cases could be described as a shared care arrangement. Five children in total were on the respite schedule for 2016 and there were two children resident on both days of inspection. Children accessing the centre appeared happy and relaxed and the staff team were responsive and familiar with their needs.

During the course of the inspection, inspectors observed staff interaction with children. Staff in the centre were welcoming, considerate and encouraging of children and young people and there was an evident mind-set on prioritizing the best interest and contentment of the children and young people attending for respite. The residential manager, social care leader and one staff member on duty were interviewed as part of the inspection. Telephone interviews were conducted with two staff members and three parents following inspection. Inspectors observed practices and reviewed documentation such as personal plans, behaviour support plans, medical records, incident logs, accident / incident reporting systems, audits, staff files and the services annual review.

Children who attended for respite were well cared for on a day-to-day basis and their quality of life was generally improved as a result of the respite stay. Parents were by and large very happy with the service their children received. There was a good level of behavioural support resources available to aid in the management of challenging behaviours. However, measures in place to promote development and potential in other aspects of the children's lives required improvement, including plans for social, emotional and educational development and preparation for adulthood.

Risks management systems were much improved from the previous inspection and management oversight was more evident. The residential manager, who was the person in charge (PIC) regularly visited the centre, and maintained appropriate communication with the social care leader. The social care leader had direct oversight with respect to the day-to-day operations of the centre and maintained links with schools and families. However, there were no additional hours or supports provided to the social care leader for the purpose of oversight or monitoring and the availability of the residential manager was very limited. The evidence of regular and comprehensive monitoring of files, practices and implementation of plans as well as, formal supervision of staff was minimal.

Recruitment practices were good and information retained on staff members' files was substantially compliant with regulations. However, the use of locum staff members to fill a long-term sick leave vacancy caused inconsistencies and was a concern for both staff members and parents of children accessing the service.

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):

No actions were required from the previous inspection.

Findings:

Children's rights and dignity were respected and their involvement in all aspects of their care promoted. A child-centred service was provided to children. Complaints were welcomed and were well managed.

Children were consulted appropriately about how the centre was run. Due to their needs, children were consulted in a one-to-one format and, where appropriate, through picture boards or sign language. A number of parents told inspectors that their children were encouraged to exercise choice in relation to their care and inspectors found that staff sought to find out children's preferences and choices as much as possible, and were familiar and responsive to children's queues both verbal and non verbal, when it came to preferred options and decision making.

Complaints were well managed in the centre. There was an effective policy and procedures for the management of complaints which contained all the information required by regulations. Information provided to children and their parents on how to make a complaint was adequate and a child-friendly guide to making a complaint was available. There had been two complaints since the previous inspection. These were well managed and the residential manager maintained adequate records of the complaints, the action taken to investigate them and whether or not the complainant was satisfied. There was evidence that follow up action was taken in the form of updated behaviour support plans, protocols and practices, as a result of the individual complaints. The residential manager was the complaints officer and an appeals process was available. The details of complaints were maintained individually in children's files and there was evidence of monitoring of these records by the residential manager. There was a

nominated person to oversee the complaints process and ensure that all complaints were dealt with and recorded appropriately. Inspectors viewed evidence of monitoring of the complaints records in the provider six monthly visit report from January 2016, which identified errors in completion of the complaints log as well as actions to ensure full compliance with regulations. The complaints log viewed by inspectors contained all required information including, the complainants satisfaction with the outcome of the complaint.

Children had the support of people external to the centre to advocate on their behalf including access to a social worker and behaviour support team. The parents of children were fully involved in decisions about their care and were encouraged to make their views known and details of advocacy services for people with disabilities were available within the centre.

Inspectors observed that staff treated children very warmly and with respect. Children presented at ease with staff and in the centre. The needs of individual children were taken into account when planning the respite breaks. For example, if a child needed to be in the centre with no other children present for whatever reason, this was facilitated and adequate staffing was provided. Children were facilitated to have freedom of movement within the centre and children were supported to engage in a variety of activities both within and outside the centre.

Staff afforded children age appropriate opportunities to spend time alone where possible and encouraged active involvement in making decision about their day.

Children were supported to maximise their independence with respect to making choices and taking responsibility for personal care. Some parents told inspectors that their children had made great progress and become more independent since coming to the centre.

Children's monies and possessions were well managed. There was a policy on rights protection and promotion, as well as service user money guidelines in place. Where appropriate competency assessments with regard to management of money had been completed, although some were not up to date and did not reflect changes in financial circumstances. Staff kept individual records for the money that each child brought to the centre and there was evidence of regular monitoring of these records by the residential manager. They recorded any money spent by or on behalf of the child and retained the receipts. The receipts were then given to the children's parents at the end of the respite stay, copies of which were retained on their files in the centre. There was sufficient and suitable storage for children's clothes and possessions in their rooms.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

Not all of children's communication needs were met. Plans were not up to date for all children and some children's plans did not reflect changes in circumstances or needs.

There was a policy on communication which provided adequate guidance to staff and was implemented. However, although guidance was available for staff member with respect to using either pictorial communication systems or a recognised form of sign language, staff had not received training in the communication techniques used with children accessing the service.

Staff members communicated well with children. Inspectors observed interaction between staff and children that was individualised, considerate of the children's communication needs and their level of understanding and intended to improve communication skills of children. There were versions of relevant documents available to children in formats that were accessible and child-friendly. Documents such as personal plans had a number of relevant sections available in pictorial format. There were also choice boards, visual schedules and the personal daily routines of individual children in pictorial format which inspectors observed being used to aid children communicate choices about their day.

Some children's communication plans required review. Each child had a communications section of their personal plan, in which their strengths and abilities in the area of communication were outlined. These provided guidance to staff about how the child wished staff to communicate with him/her and children had assessments and input from speech and language specialists as required, which identified goals for improving communication skills. However, two plans had not been reviewed or updated in the 12 months prior to inspection and up-to-date speech and language goals had not been incorporated into children's communications sections of their files. Inconsistent staffing in the centre was also a cause for concern for parents who spoke with inspectors, due to the need for familiarity with children in order to effectively interpret their complex and at times subtle means of communication.

Children had access to radio, television, books and music systems in the centre. Internet access and assistive technologies were available to children.

Judgment:

Non Compliant - Moderate

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Staff provided a high level of support to families, supported the relationships between children and their families. Children were facilitated to develop links within the wider community.

There was adequate space for children to meet with visitors in private if they wished but, this was not often required as children stayed for short respite breaks. Parents told inspectors that they were overall, very happy with the level of contact and the quality of care their children received in the centre. Parents were involved in identifying their children's needs prior to admission and were involved in the development and review of the personal plans. Many parents had direct contact with staff members during collection and drop-off from respite and when this was not the case staff spoke with parent over the telephone. The centre's policy on visitors was clearly outlined in their residents guide provided to children and families.

Children were facilitated to use community facilities and there was evidence that they were involved in outings of various kinds during their stay. There were many community facilities and resources within walking distance of the centre which were used by children during their respite stays including; visiting local parks and play grounds, restaurants, basketball court and the cinema. Transport was provided by the centre in order to take children on outings as well as to transport them between respite and home or school.

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):

No actions were required from the previous inspection.

Findings:

The admission of children to the service was in line with the statement of purpose and all children had suitable contracts for the provision of services.

There were policies and procedures in place for the admission, transfer and discharge of children and inspectors found that admissions to the service were in line with these.

Criteria for admission to the service was clear and transparent. Applications were made by families for consideration for the respite service and decisions made in relation to suitability by a prioritisation group based on a scale of crisis, defined by the families' level of stress or difficulty they may be experiencing. The prioritisation group comprised of head of psychology, the head of social work, the social work team leader and an external representative. Inspectors were informed by the residential manager that although she was not part of this group she had ultimate responsibility for assessing suitability and timing of admissions and mix of children attending for respite.

Prior to the admission of a child to the service, children and families visited the centre and admission plans were agreed with the residential manager and social care leader. Transitions were tailored to the needs of each child. For example, some children visited for dinner and participated in short activities with staff members for a number of weeks or months, prior to staying overnight in the centre. Inspectors found that where required additional resources, such as extra staffing was required to support a child with specific or challenging needs, this was made available. Inspectors found that careful consideration was given to matching children. Groups of children were admitted for respite based on safety, presenting needs, compatibility in terms of age, interests and abilities.

There were written contracts of care in place for all children that were signed by the residential manager and the child's primary carer. These contracts contained all required information. They set out the services to be provided and any charges for children and their families for using respite services. Inspectors also reviewed children's versions of contracts of care which were easy to read and child friendly.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that on a day-to-day basis the children placed in this centre were well cared for. Their care needs were met and there were plenty of activities for them to partake in. However, children's plans and reviews of their progress were heavily focused on behavioural challenges and assessment of interventions to manage these. Progress and planning in the context of children's overall developmental needs required improvement.

Assessments of children's needs were not updated as required and did not accurately reflect changes in needs and circumstances for all children. Social care needs for children were not comprehensively assessed. Assessments of children's needs that were completed, including assessments of communication, dressing, hygiene, eating and toileting needs for children were of good quality. Inspectors examined a sample of children's files and found that needs assessments on file were completed by key workers in consultation with parents.

All children accessing the respite service had a personal plan but, not all were up to date. There was limited evidence of monitoring or evaluation of effectiveness of plans by the person in charge. One child's personal plan was incomplete, and a number of personal plans had not been updated to reflect changes in residents' needs. Assessment of the effectiveness of plans to meet changing needs and multi-disciplinary input or input from families was not evident. The annual review of quality and safety in the centre completed two days prior to this inspection highlighted the need to record input from families and multi-disciplinary team members in the children's plans. Inspectors were informed that a plan for addressing the deficits was in progress.

Reviews of personal plans, in particular of goals and progress of children attending for respite, required improvement to include all areas of development including; communication goals, social and emotional development, educational goals or objectives, health and hygiene and food and nutrition as well as, goals related to management of behaviour. Inspectors found that where reviews had taken place, aspects of personal plans were not amended in accordance with recommendations including communication, education, independent living skills, health and general development. Input from social worker and/or behaviour support team members was not recorded effectively and reviewed for effectiveness, as part of the placement planning and review processes.

Inspectors found that there was little difference between plans in place for children accessing the service on a monthly basis and those attending respite several times per week. Focus on goals for children attending the centre on a more frequent basis did not

reflect the significant level of support provided nor did they reflect the level of input on the children's overall development.

Preparation for transition to adult services and provision of training in life-skills required improvement. Inspectors reviewed evidence on file for one young person who was due to move from children's to adult services, which highlighted efforts by the centre to secure necessary adult services to provide on-going support to this young person. However, plans for developing life skills, or preparation for a move to adult services were not identified as part of this young person's personal plan.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The design and layout of the house was in line with the statement of purpose and was suitable for the purpose of residential respite care.

The centre was a five bedroom two bathroom house in a small town in the west of Ireland. The centre was within walking distance of shops and other community facilities and had two vehicles for use by children during their respite stays. The centre was clean and well maintained. Soft furnishings were clean and in good repair and the centre had sufficient furnishings, fixtures and fittings which appeared to be well maintained. There was a single laundry room where children could launder their own clothes.

Children attending the centre had their own private bedrooms and the centre had sufficient private and communal space overall. Children's bedrooms were brightly decorated and there was adequate storage space for personal belongings.

There was enough space for children to play outside with age appropriate play equipment and a green area in front of the house. The front garden was gated and these gates were closed when children played outside, due to the risks associated with the main road and children's level of vulnerability with respect to road safety. The back garden was not accessible to children at the time of inspection, as it was in the process of being renovated. Renovations to the back garden included plans for an additional play

area which could be used by children.

Parents and staff who spoke with inspectors were happy that the premises were safe, comfortable and welcoming for the children.

The centre was free of hazards that could cause injury and had health and safety equipment installed where required, including fire safety equipment, a large accessible shower facility and safety rails.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Risk management in the centre was good but, some health and safety management systems required improvements. There were significant improvements in the management of risks within the centre since the previous inspection. Risk management policies and procedures had been updated to fulfil requirements of regulations and there was an evident focus on ensuring implementation of good, effective risk management practices in the centre. Training in the identification, assessment and management of risk was identified as a priority within the service following the previous inspection. This had been completed with the residential manager and social care leader and was planned for all staff members in April 2016. Management systems introduced were effectively identifying risks as well as appropriate mechanisms and measures for controlling identified risks.

The centre had a risk register and a clear process for reporting risks, which was effective and had been up dated regularly since the previous inspection. There was a risk matrix in use in the centre which guided staff members in rating the seriousness of risks identified and ensured that significant risks were recognised and recorded as such, as part of the risk register. The residential manager and social care leader regularly reviewed the centre's risk register.

Risk assessments relating to children were relevant and effective. Inspectors noted that risk assessments on children's files had been updated in the weeks prior to inspection, they were specific to each child and identified appropriate control measures and actions to minimise risks, which was considerate of the specific needs or abilities of the children being assessed.

There was a health and safety statement in the centre which was dated January 2016. This was signed by the director of services and the residential manager and provided good guidance with respect to health and safety responsibilities within the centre.

The centre was clean and well presented. General waste was safely stored and inspectors observed appropriate infection control and waste management systems in place as required. Inspectors saw personal protective equipment and good guidance for both staff members and children around hand hygiene on display in the centre. There were gloves, soap, hand sanitizer and paper hand towels available. The centre had an effective colour coded cleaning system in place, there were regular checks on the temperature of radiators, water and the fridge and a regular cleaning schedule. A number of the staff team had attended training on basic good safety and hygiene and additional training was scheduled for the remainder of the staff team. However, inspectors found that further improvements were required with respect to food safety and controls, as there was out of date food in the fridge and freezer of the centre on the day of inspection.

There was adequate precautionary equipment and training to safeguard against fire risks in the centre. All staff members had attended fire safety training. Inspectors observed that fire instructions were prominently displayed in the centre and there were child friendly information sheets about fire safety. There were numerous fire extinguishers and break glass boxes at strategic points and servicing on all extinguishers, as well as alarm and emergency lighting, was up-to-date. Fire drills, both day time and deep sleep were undertaken at least twice per year in accordance with the centres policy and included staff and children. Two fire drills had taken place since the previous inspection and records of these included all details as required. There were personal emergency evacuation plans on a number of children's files which had been updated and reviewed as required. However, two children did not have personal emergency evacuation plans on their files.

Inspectors found that the vehicle used for transport was appropriately maintained, taxed and insured.

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):

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

Findings:

Safeguarding and behaviour management practices in the centre were good and children were safe. However, the child protection policy in place was in draft format. The recording of follow-up action in response to concerns, as well as learning from incidents of behaviours that challenged, required improvement. Inspectors observed staff treating children with warmth, dignity and respect. There was a designated liaison person (DLP) for the organisation to whom all child protection concerns were reported. Staff were aware of the DLP and had an appropriate knowledge and understanding of what constituted abuse, the types of abuse and described appropriate actions that should take place when made aware of suspected abuse of children. Four staff member had not yet attended training on Children First or safeguarding children. However, training for all staff on child protection and welfare had been scheduled to take place in March 2016. As an additional measure for ensuring appropriate safeguarding the designated liaison person had undertaken an internal review and training session with all staff on best practice guidelines relating to safeguarding and child protection.

Inspectors found that children's safeguarding needs were not consistently assessed, monitored and managed. All children who required them did not have up-to-date intimate care plans, plans for management of children's monies and clear procedure in place to follow in the event of a child going missing. There had been no child protection concerns identified since the previous inspection. There was an intimate care policy that provided good quality guidance to staff members. Plans that were in place, provided guidance for staff on the required assistance in care areas such as bathing, showering, washing and toileting, which were reflective of the children's wishes. Inspectors found that marks or bruises noted on children during their stay were routinely recorded, details relayed to parents and relevant information recorded on children's files. Parents informed inspectors that they had regular and detailed communication with the centre staff or social care leader relating to any potential or actual concerns that arose during the children's respite stay. The potential risks associated with working alone during single occupancy respite had been considered and increased supports had been implemented during such times to ensure safety of staff and children.

Not all children who required them had up-to-date behaviour support plans, despite significant risks to their safety from presenting behaviours. Behaviour support plans that were in place on children's files were of good quality and provided detailed guidance to staff in managing challenging behaviour, de-escalation and intervention techniques. The team were trained in a particular model of therapeutic intervention to manage behaviours that challenged. The residential manager told inspectors that accident and incident review forms which were completed by staff members following an incident, were then reviewed by the behaviour support team, who provide on-going support to the staff in their delivery of care. However, inspectors found that this did not occur for all incidents. Significant improvements had been made since the previous inspection with respect to documenting input and advice of the behaviour support team. Reports and correspondence between social care leader and the behaviour support team

members were evident on children's files and changes or amendments to behaviour support goals or interventions were documented on some children's personal plans. However, this was not in place for all children accessing the service despite extreme risks associated with presenting behaviours and the increased risks due to the excessive use of unfamiliar staff in the centre had not been considered.

There were few restrictive practices used in the centre and those in place were the least restrictive. The windows in the centre were locked at all times due to risks of children falling or leaving without the knowledge of staff members and the stairs had a gate fitted with a simple bolt lock which was kept closed at night time. The centre had a policy on responding to challenging behaviour which included the use of restrictive procedures which was comprehensive, including all information required by regulations and providing good guidance to staff. These measures were risk assessed and reviewed regularly to ensure compliance with regulations and were unobtrusive and tastefully implemented in the unit.

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

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

No actions were required from the previous inspection.

Findings:

Quarterly and three-day notifications were made to HIQA in accordance with the regulations. Inspectors found that the centre maintained a record of all incidents that occurred there and the person in charge demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents, including notification to the chief inspector.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

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| <p>Theme: Health and Development</p> |
| <p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Children's general welfare and development was well managed. The organisation had a policy on education that referenced the relevant legislation. All of the children attending the centre were in full time education locally. They were taken to and from school by the staff from the centre or their parents as appropriate.</p> <p>Children's education was valued by the staff team and staff told inspectors that there were very good links between the centre and schools and that the team reinforced some learning from school where this was agreed as part of plans. Each child's education was primarily managed between their home and school. However, inspectors found that there were very good levels of communication between home, school and the centre.</p> <p>The organisations school-aged team managed most of the communication with schools in relation to progress and goals for children's respite placement and this collaboration was evident in children personal plans, in particular with respect to management of behaviours that challenge and behaviour support planning. Some goals from children's education plans were referenced in their care plans in the centre, such as using sign language.</p> |
| <p>Judgment: Compliant</p> |

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| <p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p> |
| <p>Theme: Health and Development</p> |
| <p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: Practices for the monitoring and management of children's healthcare needs required improvement. Information on children's health-care needs was not consistently recorded in the centre and where specific dietary and nutritional needs existed, these had not been identified through assessment or addressed in personal plans. Children's health care needs were managed by their families and during their periods of respite, they had</p> |

timely access to health-care services, appropriate treatment and therapies as required. Each child's health needs were appropriately assessed by staff members in consultation with parents on admission to the centre. Children could attend their own general practitioner (GP). Children had access to a range of professionals including nursing staff, social work and behavioural support who were all available within the service and there was a 24 hour emergency GP service available if required.

Children's files contained information relating to medical conditions, allergies and medications. Members of the staff team and a social worker who was assigned to the children communicated with family members and, where appropriate, with medical personnel in order to ensure that the staff team had updated healthcare information on children. Some children had hospital passports on file which were of a good quality, up-to-date and contained all relevant information. However, these were not completed in relation to all children attending the service.

Children generally received a healthy nutritious diet. Some children required that their daily food intake was monitored and this was well recorded in their individual food diary. Children's dietary needs, likes and dislikes were recorded as part of their care records. Inspectors reviewed records of children's meals which showed that there was a varied diet available for them, including refreshments and snacks. Inspectors saw evidence through children's plans and identified goals that children with the capacity to prepare their own food were encouraged and supported to do so. Children, who required it, were provided with assistance eating and drinking, in a respectful and sensitive manner. There were picture versions of food options visible in the centre, which were used as a means of aiding children to communicate choices with regard to food preferences and daily meals. However, one child accessing the service had complex needs specifically related to food and nutrition and although there was evidence of consultation with parents in relation to special requirements for eating, plans for assessing or addressing dietary and nutritional concerns had not been addressed as part of the child's personal plan.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medication was not well managed in the centre and this remained the case since the last inspection, with little evidence of improvement. There was a policy on the administration of medication and related medical issues which provided good guidance to staff on safe medication management practices. However, this was not consistently implemented by staff in the centre and no competency assessments or regular monitoring of medication management was in place.

There was a prescription and administration of medication book in use for each child in the centre which was completed by each child's general practitioner (GP). Details of medicines prescribed as well as contact details for the child's GP were clearly outlined. However, gaps existed in these records. In some cases no route of administration of medication or maximum dosage of PRN medication was recorded.

The majority of children's medication were not kept in the centre and travelled with the children to and from home between their respite stays. Medication was recorded and reconciled at the beginning and end of each period of respite and stored safely in individual locked boxes, within a locked cabinet of the staff office. All staff were trained in the administration of medication and inspectors observed appropriate administration practices. However, errors on recording remained an issue and oversight of administration records was not evident.

Some of the children's as required medications (PRN) were held in the centre. While some changes had been made to improve the system for management of medication, these were not fully effective as issues remained. Inspectors found that one PRN was not labelled, did not provide instructions on maximum dosage and there was no clear system in place for ensuring that prescriptions for PRN's remained relevant following long periods between respite stays.

While audits had been completed on the management of medication, they were not at intervals regular enough to ensure consistently safe practice. Records showed that the most recent audit was completed in July of 2015. This audit highlighted recording issues in relation to the administration of medications including PRN's. Following on from the audit, seven medication error report forms were completed. However, it was not clear that there was any learning or analysis of these errors to prevent recurrence. Records showed that two further errors occurred since the last inspection of this centre, and there were on-going issues in the centre with regard to management of medication.

A new protocol and guidance for staff had been produced with regard to the management of medication in order to ensure that prescription details were clear, administration guidance and instructions were documented and errors were minimised. However, regular checks, oversight or monitoring of the management, administration, recording, storage of medication or procedures for the storage and disposal of out of date medication had not been included as part of the new system devised. In addition, medication error forms related to errors noted since the previous inspection could not be located at the time of this current inspection. There was no system for checking that medication was in date and no clear process for storage or disposal for out of date medication.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The statement of purpose (SOP) did not meet the requirements of regulations despite this being a recommendation of the last inspection. The SOP had been updated since the previous inspection. However, it did not contain all information required by regulations.

The SOP did not include details of the emergency procedure and the specific therapeutic techniques to be used in the centre as per requirements of schedule 1 of regulations.

The decision was made by the centre's management team to reduce the occupancy level to a maximum of 4 children following consideration of the specific needs of the residents accessing the service and this change was reflected in the up to date SOP.

Some details of the SOP were available in a format accessible to children and families as part of their child friendly residents guide and individual service agreements. However, these documents did not contain all relevant information.

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

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

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

Findings:

The centre was well managed on a day-to-day basis, but there was a dependency on a social care leader to ensure this happened. There was a clear management structure that identified lines of authority and accountability for the service and improvements had been made to ensure that safe, quality care was being delivered. The centre was managed by the residential services manager who was the person in charge. The residential services manager was also responsible for four other services and this meant that she was not present in the centre on a daily basis. The residential services manager reported directly to the director of services for the organisation, who in turn reported to a board of directors. Staff were clear about the management structure and their roles and responsibilities.

The residential services manager was suitably qualified and experienced and demonstrated sufficient knowledge of the legislation, regulations and her statutory responsibilities as a person in charge of a designated centre. She had been appointed to manage the centre at the end of September 2015. Although the residential services manager was a full-time position, her duties associated with the other services she was responsible for meant that she was not present in the centre daily. As a result, many of the day-to-day duties associated with the role of the person in charge were devolved to a social care leader. This was not sustainable.

Since the previous inspection the level of monitoring and oversight by the residential manager had increased. She was aware of the children's plans and was involved in the decision making and reviewing of interventions but, the supervision of implementation of plans and decisions was delegated to a social care leader. Staff confirmed that the residential manager was contactable via phone or email when they needed advice, and confirmed that they would have no issue approaching her should they require additional support. However, they identified a social care leader as their main source of advice and support. The significant role played by a social care leader in the day-to-day running of the centre was also confirmed by parents who talked with inspectors. They said that they were familiar with the residential manager and aware of her availability to them should they require it.

Management systems in the centre had improved since the previous inspection and the services provided to children were safe and appropriate. Staff members had access to a suite of policies, procedures and guidelines which provided good information and best practice guidance. The system for ensuring compliance and implementation of policies in practice, had improved. However, quality assurance and oversight of compliance and monitoring of day-to-day care practices by the residential manager was not evident.

There were appropriate decision making mechanisms in place to support effective management of the centre. The residential manager approved additional resources such as, increased staffing, increased respite hours and additional monies. There were appropriate arrangements for out-of-hours on-call support in place on a rota basis shared between several managers for the organisation.

Communication within the centre was effective. There was a schedule of meetings in place to ensure effective communication which included; meeting with the multi-disciplinary team, team meetings, team representative meetings, general service meetings, and compliance and quality management meetings. These alternated every two months. Inspectors were informed by the residential manager that the intention of these meetings was to review care practices, risk management and general operational issues arising in the centre. These meetings were attended by the residential manager, social care leader and social care workers where appropriate, as well as other professionals as required. The residential manager explained these meetings provided an opportunity for all staff members to consult and collaborate in relation to children's needs and progress. This was a comprehensive schedule and Inspectors saw minutes of meetings which had taken place in January and February of 2016. They showed that there was support to the staff team from various professionals such as the behavioural therapist.

New risk management systems were recently introduced in the centre and were effective. The residential manager was fully aware of the risks in the centre and the risk register identified risks in the centre and measures in place to manage these. The residential manager and social care leader were trained in risk management and had a key role in this regard in the centre.

Quality assurance systems were in the early stage of development in the centre. There were no unannounced visits to the centre or an annual review of the service prior to January 2016. Inspectors reviewed two unannounced visit reports, one completed by the director of services and the other by the quality enhancement manager; both completed in January of 2016. These visits and corresponding reports focused on a number of core outcomes including; social care needs, safe and suitable premises, residents' rights, dignity and consultation, communications, family and personal relationships and links with the community, admissions and contract for the provision of services and general welfare and development. These reports identified deficits and required improvements appropriately. Recommendations were specific, measureable, time-framed and identified people responsible. Plans for implementing recommendations following the provider's six monthly visit reports were evident, and priority recommendations including significant works to be completed on the garden of the centre had been approved and actions were being implemented at the time of inspection.

There was a review of quality and safety in the centre completed in February of 2016. Recommendations made following this review were in the process of being implemented. For example, inspectors saw changes to the information recorded as part of the complaints log which had been implemented in response to recommendations of this review.

There were insufficient numbers of staff permanently allocated to this centre and these gaps were filled by different locum staff. This had an impact on the consistency of care delivered to the children in a stable environment. Parents who talked to inspectors raised this as a concern and this required attention by the person in charge.

All relevant information and documentation in respect of the PIC was obtained and maintained on file.

There was no formal process within the service for staff to raise concerns about the quality and safety of children despite this being a recommendation of the last inspection. However, there were more forums in place for the staff team to discuss practice issues such as team meetings, supervision and support meetings. Staff told inspectors that if they had a concern about the service that they would bring it to the attention of the social care leader or the residential manager.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were adequate arrangements in place to cover for the residential manager, in times of proposed absence from the designated centre. The person identified to provide cover worked as a residential manager for other services within the organisation and worked closely with the PIC. She had daily contact with the PIC and was familiar with the operations of the centre.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was adequately resourced to ensure care and support delivered to children was in line with the statement of purpose but, the staffing arrangements involved the use of a significant number of locum staff over a prolonged period.

The centre's décor, furniture and other materials in the house were in good order and contributed to a child friendly and inviting atmosphere in the centre. The transport was in working order and facilitated visits and activities outside the centre. There were enough toys, games and outdoor play materials for children of different ages. Children attending the respite centre had access to assistive technologies where appropriate.

The centre operated in a house which was owned by the Health Service Executive (HSE) and there was an up-to-date lease and service level agreement in place.

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):

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

Findings:

Recruitment practices in place were safe. However, the use of locum staff was high and there was no consistency with respect to the staff used. The centre had an adequate number of staff with the necessary skills, qualifications and experience to meet the

needs of the children including qualifications in intellectual disability nursing and social care. Inspectors reviewed a planned and actual rota and found that the number of staff scheduled was dependent on the number of children attending the service and their individual needs. There were occasions when staff worked alone with one child while on other occasions up to three staff were employed to work with two children. However, up to 12 locum staff members had been used in the two months prior to inspection. Consistency and familiarity of staff was a concern for both the staff members and, in particular parents of children accessing the centre. All parents who spoke with inspectors highlighted the specific need for consistency, routine and familiarity with routine for their children in light of their complex needs, and expressed concern and frustration with the number of new or inconsistent staff members in the centre over recent months. The residential manager informed inspectors that she made every attempt to ensure consistent staffing was used in the centre but this was not always possible.

The majority of staff files were fully compliant with the requirements of schedule 2. The recruitment of staff was managed centrally, by the human resources department of the organisation. Inspectors noted a minor issue relating to one staff member's qualification which had already been identified and the staff member had been requested to provide this to the human resource department.

The system in place for ensuring all staff were appropriately trained required improvement. There was no training needs analysis completed to inform the priority training needs for the centre. Scheduled training was not attended consistently by the staff team and there were several gaps in training records for a number of staff members. The availability of training for staff members was good but, the attendance of locum staff at regular training and meetings was inconsistent.

Staff members had not received training in a specific communication technique utilised by a number of children attending the centre as a means of communicating. Training for staff in the behaviour management technique identified in the centre's behaviour management policy was not up to date and this had not been identified as part of the management audits or six monthly visits. Training in safeguarding and child protection was outstanding for the majority of the staff team. However, efforts had been made to address this. Training for the staff team was scheduled to take place in March 2016 and inspectors were informed that the centre manager along with the DLP had completed a review of Children First Guidelines with all staff.

Training for the residential manager and social care leader in risk management had been completed in the months prior to this inspection and training was scheduled for all staff members, on the identification and assessment of risks.

Staff members working in the centre were not appropriately supervised despite this being highlighted as requiring action from the previous inspection. The centre's supervision policy had been updated in January of 2016 and there was a plan in place to provide supervision within the centre. Inspectors were informed by the residential manager that supervision training had begun. However, at the time of inspection, there was no formal supervision taking place and no plan for ensuring that all staff members received appropriate supervision.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records viewed by inspectors were generally complete, up-to-date and well maintained. However, there were some gaps in record keeping with respect to the requirements of schedule 3 of regulations. Records of medication errors were not available at the time of inspection and could not be located. All records as required by schedule 4 were appropriately maintained.

There was a full suite of policies and procedures in place as required by schedule 5 of regulations. Many policies and procedures had been reviewed and updated in 2015 and inspectors found that they reflected care practices in the centre. Staff understood the policies and had received or where necessary were scheduled to receive training on updated policies and procedures to ensure that practices in the centre were in line with policies. However, the policy on provision of information to residents had not been reviewed since 2012 and the centre's infection control policy had not been reviewed in line with the organisations requirements.

Records were stored securely. The directory of residents and the contract of care contained all the required information and were available in an easy read version, accessible to children and their representatives. The residents' guide contained much of the information required but, terms and conditions of their residency as well as information on how to access inspection reports on the centre were not detailed.

The person in charge was aware of the requirement to retain records in accordance with the regulations and there were arrangements in place for safe storage of archived files.

Inspectors viewed correspondence which confirmed that the centre was appropriately insured.

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| Judgment: Substantially Compliant |
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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:

Erin Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---|
| Centre name: | A designated centre for people with disabilities operated by Brothers of Charity Services Roscommon |
| Centre ID: | OSV-0004470 |
| Date of Inspection: | 17 February 2016 |
| Date of response: | 21 April 2016 |

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Competency assessments with regard to management of money were not up-to-date.

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

1. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

All children are provided with support to manage their money and personal property. All money management competency assessments will be reviewed and brought up to date to comply with policy and regulations.

Proposed Timescale: 06/06/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Staff had not been trained in communication techniques used by children accessing the service.

2. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

All communication techniques are being reviewed in conjunction with the Speech & Language therapist and training is planned for staff in the specific communication techniques for each child/young adult.

Proposed Timescale: 20/06/2016

Theme: Individualised Supports and Care

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

Communication sections of children's personal plans were not up to date and in some cases incomplete.

3. Action Required:

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

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

All communication sections of children's personal plans will be reviewed and updated as required in consultation with the Speech & Language Therapist and all staff will be

trained and made aware of individual communication supports required.

Proposed Timescale: 20/06/2016

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:

Children's needs assessments were not comprehensively assessed or reviewed as required by regulations.

4. 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:

MDT team reviews of all assessments will be carried out to ensure that a comprehensive assessment of the health, personal and social care needs of each child/young adult is carried out as required to reflect changes in need and circumstances. Reviews will all be completed in line with regulations.

Proposed Timescale: 08/07/2016

Theme: Effective Services

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

All aspects of personal plans were not reviewed in line with regulations.

5. 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:

Plans are due to be reviewed on a six monthly basis in line with our system of Personal Outcome Measures. This system will be followed and checked by the Person Participating in Management and the Person in Charge on an ongoing basis forthwith to ensure that reviews are in line with regulations.

Proposed Timescale: 27/06/2016

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 consider all aspects of the child's development or reflect changes in circumstances or needs.

6. 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:

All personal plans will be reviewed by MDT to consider all aspects of children's development and reflect changes in circumstances or needs to ensure that the plan is effective for each child/young adult.

Proposed Timescale: 27/06/2016

Theme: Effective Services

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

All aspects of personal plans were not updated following review.

7. 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:

The Person in Charge will ensure that all personal plans will be reviewed and any recommended changes will be updated in accordance with any changing needs.

Proposed Timescale: 27/06/2016

Theme: Effective Services

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

A clear plan for preparing one young person for a move to adult services and inclusion of life skills training as part of placement plan was not evident.

8. Action Required:

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

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

Support is provided to young adults for transitioning from these children's services to adult life. Transition plans will be completed as part of an MDT review with the young people who are due to move to adult services and these will include life skills training required for any new living arrangements.

Proposed Timescale: 24/06/2016

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:

Food safety and infection control measures were not adequate.

9. 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:

An additional system has been implemented to ensure that children 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. All food is labelled and checked on a weekly basis and a new checklist for monitoring this has been established.

Proposed Timescale: 19/02/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all children's behaviour support plans had been reviewed.

10. Action Required:

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

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

The Behaviour Support Therapist has attended an MDT meeting in the house on 23/02/2016 and has noted any support plans needing review. These reviews are

currently being carried out as part of the personal planning process.

Proposed Timescale: 27/06/2016

Theme: Safe Services

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

All children who required them did not have up to date intimate care plans.

11. 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:

All intimate care plans have been reviewed and brought up to date to ensure that staff providing personal intimate care to children who require such assistance do so in line with the person's personal plan and in a manner that respects the person's dignity and bodily integrity.

Proposed Timescale: 26/02/2016

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 training in relation to government guidance for the protection and welfare of children.

12. Action Required:

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

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

Three staff received this training on 11/03/2016 and the one remaining staff, who was on leave at that time, will receive the training in May.

Proposed Timescale: 03/06/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

All children did not have completed hospital passports on file.

13. Action Required:

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

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

All children now have up to date hospital passports completed and on their files.

Proposed Timescale: 07/03/2016

Theme: Health and Development

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

All children attending the centre did not have a wholesome and nutritious diet and a plan for addressing this had not been identified.

14. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

Food and nutrition is being looked at as part of the social care needs of the child. A food diary has been set up and portion control has been introduced as part of the plan. The PPIM is monitoring the diets of all the children in the house to ensure that a wholesome and nutritious diet is developed as part of all plans.

Proposed Timescale: 24/06/2016

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:

As required medication was not appropriately labelled to ensure that this was administered only to residents for whom it was prescribed and to no other resident.

Oversight and monitoring of the management of medication required improvement.

It was not evident that learning from errors or medication audits were implemented effectively.

15. 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 Person in Charge will oversee a complete review of the management and monitoring of medication to ensure appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines and to ensure that medicine that is prescribed is administered as prescribed to the child/young adult for whom it is prescribed.

The nurse trainer is currently reviewing the audit system and analysis of errors. Audits will be carried out on a quarterly basis as part of the new system.

Proposed Timescale: Commencing 25/04/2016 and ongoing

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not clearly outline all of the information as set out in schedule 1.

16. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose will be reviewed and all of the information as set out in schedule 1 will be included.

Proposed Timescale: 06/05/2016

Theme: Leadership, Governance and Management

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

An accessible version of the statement of purpose was not available to residents.

17. 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:

An accessible version of the statement of purpose will be made available to children and young adults.

Proposed Timescale: 26/08/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Annual reviews of quality and safety of care and support had not been completed as required by regulations.

18. Action Required:

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

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

An annual review for 2015 was completed and these will now be completed at the end of each year.

Proposed Timescale: Completed 15/02/2016 and ongoing annually

Theme: Leadership, Governance and Management

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

Unannounced visits to the centre by the registered provider, or person nominated had not been completed at a minimum every six months, as required by regulations.

19. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

Two unannounced visits were completed and these are planned to be done on a six monthly basis going forward.

Proposed Timescale: Completed 15/01/2016 and 20/01/2016 and ongoing

Theme: Leadership, Governance and Management

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

There was no formal facility for staff to raise concerns about the quality and safety of care and supports provided to residents.

20. Action Required:

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

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

A system for formal staff support and supervision is being introduced and training is planned for April and May 2016. Staff have access to the PPIM and PIC to raise concerns at all times.

Proposed Timescale: 25/05/2016

Theme: Leadership, Governance and Management

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

The limited availability of the person in charge did not ensure effective monitoring of safe care practices.

Staffing changes and inconsistencies did not provide for consistent care as appropriate to the residents needs.

21. 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:

Schedule of team support and supervision meetings, meetings with the PPIM and MDT reviews – one meeting at least each month. The PPIM is based in the house and links by phone as required with PIC. The PIC calls to the house on a weekly basis and meets with the PPIM and staff on duty. The PIC monitors safe care practices during these visits, observes interactions with children, addresses any staff issues, reviews complaints log, health and safety checklists, money management, staff rosters and training needs and POMs folders.

The staffing roster is now regularised with the return from sick leave of the permanent staff member – 18/03/2016

Proposed Timescale: Completed 18/03/2016 and ongoing.

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training in the provision of supervision had not been completed by those with responsibility for providing supervision in the centre.

22. 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:

Training in the provision of supervision is planned in April and May 2016.

Proposed Timescale: 25/05/2016

Theme: Responsive Workforce

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

No training needs analysis was completed to inform the priority training needs for the centre.

All staff had not received training relevant government guidance for the protection and welfare of children.

23. 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:

Training needs analysis forms will be completed.

Proposed Timescale: 03/06/2016

Theme: Responsive Workforce

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

Staff did not receive formal supervision.

24. 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:

Schedule of team support and supervision meetings, meetings with the PPIM and MDT reviews – one meeting at least each month. The PPIM is based in the house and links by phone as required with PIC. The PIC has received training in supervision and the PPIM will be undertaking training in April and May. The PIC will conduct annual Employee Development Plans with all staff and the PPIM will conduct twice yearly formal supervision sessions with all staff.

Proposed Timescale: 26/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The centre's resident's guide did not provide information on the terms and conditions of residency.

25. Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

Terms and conditions of residency have been included in the centre's resident's guide.

Proposed Timescale: 11/04/2016

Theme: Use of Information

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

The resident's guide did not include information on how to access inspection reports on the centre.

26. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

Information on how to access inspection reports on the centre has been included in the centre's resident's guide.

Proposed Timescale: 11/04/2016

Theme: Use of Information

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

Registered provider had not adequately ensured that systems for management of medication were effective as medication error records were not available for review by inspectors.

27. Action Required:

Under Regulation 21 (3) you are required to: Retain records set out in Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the resident has ceased to reside in the designated centre.

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

The Person in Charge will oversee a complete review of the management and monitoring of medication to ensure appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines and to ensure that medicine that is prescribed is administered as prescribed to the child/young adult for whom it is prescribed.

The nurse trainer is currently reviewing the audit system and analysis of errors. Audits will be carried out on a quarterly basis as part of the new system. All records will be retained in the house and will be available for review.

Proposed Timescale: Commencing 25/04/2016 and ongoing