

**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 Gateway Organisation Limited
Centre ID:	OSV-0005269
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Gateway Organisation Limited
Provider Nominee:	Eamonn Murphy
Lead inspector:	Ann Delany
Support inspector(s):	Conan O'Hara; Ruadhan Hogan
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

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

From:	To:
01 July 2015 12:00	01 July 2015 18:00
29 July 2015 10:30	29 July 2015 16:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority as it was a new application to register a designated centre for children with a disability. The purpose of this inspection was to inform a decision to register the centre. The inspection was announced and was carried out over two days. As part of the inspection, the inspectors met with the manager (person in charge), the director of the organisation, and two proposed staff members. The inspectors reviewed the premises, policies and procedures, staff files and a number of templates that had been designed for use in the centre.

According to the statement of purpose the centre intended to provide care to children, both boys and girls, between the ages of nine to 17 years old diagnosed with an intellectual disability or autism. The centre aimed to provide care for up to three children at one time. The centre was located close to an urban town in the west of Ireland. It comprised of a former bungalow which was set on its own grounds with a secure garden and play area at the rear of the building.

Gateway Organisation, the proposed registered provider, is a limited private company. This was the provider's first application to register a designated centre. Inspectors found that the director was very willing to make any required changes to bring the centre into compliance but a significant amount of work was required to bring the centre into compliance with the regulations and the standards. The statement of purpose was incomplete and did not provide sufficient information in relation to what children's needs the centre could care for and support. The director had received a number of proposed referrals to the centre and all of these children had a range of complex needs. The proposed person in charge had some experience of working with people with a disability, they had limited experience of working with children with a disability who had complex needs. The proposed staff team did not all hold a relevant qualification and their experience of working with children with a disability and complex needs varied but did not provide sufficient assurance that the skill mix was appropriate.

Inspectors found that the premises was generally fit for purpose. While a number of policies, procedures and templates had been developed, further work was required to ensure they provided sufficient guidance for staff on a day by day basis. The director advised that he would have access to a range of professionals to meet the needs of children including medical, psychological, speech and language, occupational therapy and behaviour support. There was an induction programme being undertaken with the current staff team which included mandatory training.

Areas where improvements are required include: the statement of purpose, governance and management, admissions and contracts, medication management, health and safety, risk management and policies and procedures. These improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the action plan at the end of this report.

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

Outcome 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):

This was the centre's first inspection by the Authority.

Findings:

The rights and dignity of children were promoted through systems, procedures and guidelines for practice that acknowledged their diverse needs and their right to be consulted and participate in decisions about their care. Inspectors observed that some rights were displayed in the dining room. The centre manager told inspectors that he intended to change them regularly to ensure they were fresh for both the children and staff. In general the director said that they intended to promote choice for residents through their values and ethos. Inspectors were told that staff would be required to read the policies and implement them in practice. Team meetings and staff meetings would then be used to ensure implementation.

The house has been set up to facilitate privacy and dignity for the residents. For example, the back garden in the house is large and sheltered by fencing and bushes around the edges. The bedrooms also had blinds which could be fully drawn and each child would have their own bedroom. There were a number of different communal rooms to facilitate children to have time alone or contact with friends and family. There was sufficient space for children to store and maintain their clothes and other possessions. However, there was no lockable facility within the bedroom, should this be deemed appropriate. The centre manager said he would arrange to lock anything of value away safely should the need arise.

The director said that they had consulted parents of proposed residents in the set up of the house including decoration and personalised bedrooms. Inspectors observed that some of the bedrooms had personalised aspects that fitted with this consultation. The centre manager identified house meetings as platforms for residents and families to

participate in making decisions about their care.

The centre manager outlined individuals who would act as advocates for children including parents, key workers and social workers. The provider identified that 'EPIC' (empowering people in care) would work with children who may be placed in the centre through the Child and Family Agency (the Agency) but there were no arrangements in place for children who were not placed through the Agency.

There was a policy in place on the management of personal money and possessions which gives guidance on how money would be managed. A record of all children's belongings and of their money would be maintained.

There were opportunities for children to play. Inspectors observed a number of board games, story books, DVDs and other toys in the centre for a range of age groups and there was a basketball hoop and trampoline in the back garden. The provider told inspectors that other facilities would be arranged based on the individual children's needs, interests and capacity.

The complaints policy did not meet the requirements of the regulations. The information contained within the policy was in a format suitable for some children with a disability and it was prominently displayed. However, it did not identify who the nominated person was with responsibility for complaints in line with Regulation 34-1 (b). The procedure for complaints noted that the centre manager should be notified by staff and he would manage the complaint. The methods of escalation outlined in the procedure included escalating to the director and the Ombudsman for Children. However, the procedure did not give any indication how a complaint would be resolved or how the outcome of the complaint would be recorded, and reported back to the person making the complaint. Management oversight of complaints through, for example, a complaints log was not evident during the inspection and the centre manager was unable to give details of how he would track and monitor progress of complaints. This may lead to significant drift and prevent satisfactory completion. There was no one identified to oversee the complaints process in line with regulation 34 (3).

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The centre had systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with the centre's communication policy. This was found to consider the age, ability and medical needs of children that could mean they required specific assistance and support to communicate at all times. It outlined the communication practices used in the centre as a 'total communication' system which incorporated lámh, autism awareness, sensory integration, and a picture exchange communication system (PECS) approaches. The majority of staff had been trained in a number of these communications systems.

There was a policy on providing information to children and this ensured they would be provided with information verbally and non-verbally. The needs assessment process for children included an assessment by relevant members of the multi-disciplinary team including the speech and language therapist to inform each child's individual communication plan.

The centre manager explained the use of a picture board to aid communication. He identified that communication would be tailored for the needs of a particular child and the implementation of the system would be monitored by him through observations, team meetings and supervision. Inspectors observed pictures in place around the centre and some policies designed in a suitable format for children.

A computer and WIFI were available to children in the sitting room. The centre manager outlined that it was suitable for one child referred to the service who would use it to type and communicates their wishes.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that planning and decision-making processes for children was inclusive of parents and key people in children's lives. Processes were in place to support the children to maintain relationships with their respective families. Some proposed families had already visited the centre and inputted into the design of some of the bedrooms. The director said they intended to support families being involved including attendance at house meetings.

Family access to the centre was restricted. The policy for visiting included guidance for staff, visitors and the procedure for visiting. The policy identified visits could occur between 9am and 8pm. A visiting book was in place for any person entering the house to sign.

Inspectors found that the centre was designed in a way that promoted socialisation and provided plenty of opportunities for play. The statement of purpose outlined activities such as the library, bowling, cinema, shopping, horse riding, social club, local leisure centres that could be accessed in the community. Both the centre manager and the director outlined the ways in which residents would be encouraged to make links with the wider community. They said that along with trips to local hotels and coffee shops for coffee/tea and risk assessed walks, trips to the cinema would be organised where facilities have been adjusted (lighting, sound) for children with autism. The director noted where they had made links with a local football club for a proposed resident who liked to watch football but did not like the crowds. The child could attend an under 12's game that would not have any crowds. This had the potential to be innovative and a creative development should it be implemented. When staff were interviewed and asked about opportunities in the community, they identified parks, beaches, indoor play centres and the cinema.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for the admission, transfer and discharge of service users but the procedures were not clear and transparent to provide sufficient guidance to staff. On the first day of the inspection the policy described only admissions and did not include the transfer and discharge of residents but this was addressed by the second day of inspection. Contracts of care were not in place.

According to the statement of purpose and admissions policy, children had to be aged between nine and 17 years, attend education and have a diagnosis of intellectual disability and/or autism within the moderate to severe range. The criteria for admissions did not include any detail regarding the health and or mobility needs that the centre

could meet: the hallway in the centre was narrow, with doors opening onto each other and was not suitable for children who may have mobility difficulties.

The admissions policy did not guide staff on a child's admission to the centre. The policy outlined the admission process: referrals were accepted from the Child and Family Agency, Health Service Executive and or local autism services. Following the completion of a referral form and risk assessment, referrals were reviewed by the admission committee and places were then allocated. However, the policy did not outline the need for a comprehensive assessment of each child's needs in order to determine that the centre could meet the needs of the child. The centre manager told inspectors that children and families would visit the centre prior to admission to get to know the centre and staff but this was not included in the policy. It was not clear from the policy that the needs of current residents and the matching of proposed residents would be considered as part of the admission process. The centre did not accept emergency admissions.

There was insufficient detail to guide staff in the process of transferring and/or discharging a service user.

The centre did not have a template of the contract of care which set out the services to be provided and the charges or contributions, if any, that children and their families would have to make for services.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There was no evidence that the health, personal and social care needs would be fully assessed prior to admission. The centre manager noted that the referral form from the admissions procedure would be used to ensure appropriate information for children was collated for each child and the referral process was managed by the director. Multi disciplinary team members would carry out respective assessments but it was not clear

that this would have been completed prior to admission. Therefore, in the absence of a comprehensive assessment of need it was unclear how the centre manager could determine that the centre could meet the needs of the child.

The policy on admissions noted that a key worker would meet up with a child prior to their admission and an initial draft of the personal plan would be drawn up at this time. However, there was no indication of when the plan would be finalised, who would be responsible, what it would contain nor was there guidance on how to complete it. The staff (including the centre manager) had not been trained in assessing needs or care planning. Inspectors saw a blank template of a child's file. The personal plan was included in a section on 'individual work'. The blank template for the personal plan was comprehensive and linked the individual needs with outcomes for the child. However, in the absence of a comprehensive assessment of need it was difficult to ascertain how a holistic personal plan could be developed which incorporated all the child's needs, by a staff member with the required expertise and skills to do so.

The blank template of the child's file contained a significant number of other documents for example, 'daily living plans', 'daily routine', 'listen to me', 'communication profile', that were detached from each other and the personal plan. This may prove difficult and time consuming for staff, particularly a relief worker to get a view of a particular child to inform their care. Some of these documents were in a format that may not be accessible for children with an intellectual disability.

Both the centre manager and the provider said that families and children (where appropriate) would be involved in care planning through attendance at meetings and informal consultation.

When asked about the ways in which the centre intended to prepare children for adulthood, the centre manager identified 'focus points' that would be worked with on a daily basis to bring the child to the next 'point'. The staff would be prepared to implement this work through team meetings. However he did not identify:

- How these 'focus points' would be assessed.
- How an overall plan would be put together where families and residents were consulted
- What supports would be identified from outside the service
- What were the practical measures of how a transfer would work including the transfer of information.

There was no policy on transitioning or discharge. Both the centre manager and director told inspectors of plans to transition children into the service including visits to the centre with their current staff team to allow the child get to know their surroundings and meet the new care team.

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):

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre were in line with the statement of purpose. The centre was located close to a town in the West of Ireland. It comprised of a dormer bungalow set on its own grounds with a gated front garden and a secure garden and play area to the rear of the building. There were adequate parking facilities available to the front of the building. Shops, schools and community facilities were located nearby.

The centre was clean and well maintained and accessible with ramps leading to all the entrances. Inspectors walked around the centre and observed that it was spacious and well decorated with bright colours. The design of the building made best use of natural light and there were good ventilation and heating systems in place. The staff team were in the process of making the centre more homely prior to children being admitted.

There were six bedrooms in the centre, four of which were for children's use and two were to facilitate sleepover staff. All bedrooms were suitable in size and had adequate storage. One of the children's bedrooms had en-suite facilities. Inspectors observed two rooms decorated in a child friendly manner and the provider told inspectors that rooms would be decorated to the preferences of the child.

There was sufficient communal and private space for the children but the width of the hall had the potential to impact on some children's independence should they have mobility needs. There was a kitchen, a dining room, a utility room, two toilets/bathrooms, two sitting rooms, storage room, conservatory and garage. The kitchen was well equipped and a colour-coded system was in place in relation to food hygiene and safe cleaning practices. The sitting rooms, dining room and conservatory were well furnished and of good size.

The stairs leading to the first floor was accessed through a door in the hallway. The first floor of the centre contained an office, sensory room, therapeutic room and a storage room. Both the sensory room and therapeutic room had en-suite facilities. There was no other additional equipment in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

There were some systems in place to promote the health and safety of children, visitors and staff. However, not all hazards in the centre had been systematically identified and risk assessed. There was an organisational health and safety policy, which was not signed or dated. The statement provided brief information on the measures in place to ensure the safety of children, staff and visitors. These included general arrangements for safety, first aid, staff health, fire, electrical hazards, slips/trips and falls, excursions, assault, bullying and stress. However, it did not provide sufficient guidance to staff in their work practices.

There was a risk management policy in place, but it was not fully compliant with the regulations. The policy did not guide staff in the process of identifying, assessing, controlling and reviewing risks. The particular risks specified in Regulation 26 were not included in the policy. It was not clear from the policy how accidents and incidents would be recorded and how often an analysis of all accident/incident reports to learn from serious incidents would be carried out. The policy did not set out the arrangements to ensure that risk control measures were proportional to the risk identified, and that any adverse impact such measures might have on a resident's quality of life had been considered. The director, centre manager or staff had no training on risk management systems. There was an incident reporting form but there was no system identified to manage or oversee reported incidents. On the first day of inspection, there was no emergency plan with alternative accommodation arrangements evident for the centre - this was addressed by the second day of the inspection.

Not all hazards were identified as such and addressed. A range of centre-specific risks were identified and were maintained on a risk register including sockets and windows. The register identified specific risks by room, the measures in place to control them but did not note any additional controls required and the name of the person responsible. However, it was not clear how risks were assessed and it did not identify all risks in the centre such as potential ligature points, exposed pipes, heavy doors which swung shut, cleaning products and paint cans in the unlocked garage.

Adequate precautions were in place to guard against the risk of fire. There was sufficient and suitable fire equipment available throughout the centre which was serviced in June 2015. The emergency lighting was also serviced on that date. The fire exits were unobstructed. Records showed that fire drills were held noting the time of the drill, the time taken to evacuate the premises and the number of participants. However, it did not note the names of participants which meant that the manager would not be in a position to oversee and ensure all staff had participated in at least one fire drill. After

each fire drill a fire risk assessment was completed which reviewed and identified hazards/risks, people at risk, controls in place, possible training required. The procedure for the safe evacuation of children and staff in the event of fire was displayed in the centre. The centre's fire log was completed daily by staff but the log did not provide a checklist to guide staff on the equipment to check on a daily basis. Weekly and monthly checklists were not in place in the centre. Staff spoken to were clear about their role in the event of a fire or another emergency. Staff currently employed had received recent fire training.

There were some procedures in place for the prevention and control of infection and inspectors found that the centre was clean. A colour coded cleaning system and laundry management system were in place. However, inspectors found that the mops were not stored appropriately and there was no process in place for cleaning mop heads following use. The centre had a cleaning schedule in place. However, the policy didn't sufficiently guide staff on how often tasks should be completed and there was no system in place to oversee and monitor this. Hand gels were distributed throughout the centre but cloth towels were in use in bathrooms rather than paper towels for staff and visitors to dry their hands.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall the measures to protect residents from abuse were poor and may result in concerns being unrecognised. There were some measures in place to safeguard residents. Safeguarding measures included staff ratio, procedures and policies, garda vetting, reference checks, and restricted access to the centre. There was a policy in relation to intimate care that is specific to people with disabilities but there was no policy on how residents would be supported to develop self care.

There was a child protection policy in place which was not fully in line with Children First (2011) and referenced national standards for children's residential centres rather than National Standards for Residential Services for Children and Adults with Disabilities. It identified the centre manager as the designated liaison person (DLP). The policy has some specific information regarding children with disabilities but it only included scenarios where reports or allegations were disclosed by a child. The centre manager had received no training in the role of DLP and he did not display sufficient knowledge in relation to recognising signs of child protection concerns, particularly for non verbal children, Children First (2011), his responsibilities as DLP and or how to manage an allegation of abuse. Records reflected that staff had received one of two days child protection training.

There was a policy in place in relation to the provision of behavioural support which was centre specific and relevant to people with disabilities. The policy described a particular behaviour support model the centre would use and all staff had been trained in this model. The policy identified that the behaviour support therapist would draw up a behaviour support plan. However, the centre manager outlined that the plan would be drawn up by a multidisciplinary team approach where triggers would be identified and a plan of how to respond would be recorded. Inspectors reviewed a proposed behaviour support plan template that included early warning signs and preventive strategies that the centre were proposing to use.

The centre's statement of purpose set out that the centre would cater for children who were low functioning with autism. It is likely that these children may display behaviours that challenge and as such would require interventions from staff who were trained and highly experienced. The proposed staff team did not have a good range of experience of working with children with these levels of needs and the systems to support them needed further development.

There was a centre specific policy on the use of restrictive practices. The values and ethos of the centre were clear in promoting a restraint free environment in this policy. Both the director and centre manager told inspectors that restrictive practices would only be used in an emergency situation. However, inspectors observed a half door between the kitchen and dining area meaning that a resident may be excluded from the kitchen. While the centre manager told inspectors this may be used for safety reasons he did not see this as a restriction. The director identified he would remove the door as he did not want any restrictions in place.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

A system was in place to record incidents and accidents occurring in the centre and to report them to relevant parties. However, the centre manager was not clear on the timelines for reporting to the Authority but the director had good knowledge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Education was valued within the service. The centre's statement of purpose stated that no children would be admitted to the centre without prior arrangements for attendance at the local school for children with disabilities. The centre promoted the rights of children to be supported to receive an adequate education and/or training and experience everyday life in a manner similar to their peers. There was a policy in relation to education which listed aspects of educational supports that would be provided to children. However, the policy did not describe how the children's educational needs would be assessed and there was no policy in relation to access to education, training and development for residents.

The centre had proposed practices to promote the general welfare of future residents. The statement of purpose identified a number of activities that would assist children to engage in the local community and within the centre

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

Systems had been identified to ensure children would have access to a multidisciplinary team as required. A general practitioner (GP) was available to the service and the provider identified that children could also access their own GP, as appropriate. While the director identified a range of professionals who could be involved in a child's care there was not a system in place to assess their healthcare needs.

The centre manager and director noted that children would be assessed by a multi disciplinary team prior to admission which included various health professionals in line with the centre's statement of purpose. However, as no comprehensive assessment was completed prior to admission, it was unclear how or when the child's healthcare needs would be assessed. The template file for the children included a section on physical health and another on mental health with subsections on different areas for example, consent and medical reports. Staff had received training in first aid and epilepsy.

The nutritional needs of children were considered in their support plans and any assistance they required to eat meals would be planned for. Nutrition, weight and stool charts were part of the template file and the centre manager told inspectors that these would be completed for every child. When inspectors queried these practices the centre manager was not able to justify collecting this type of information which may be indicative of routine institutional practices.

The centre had a policy on food and nutrition which included guidance on making mealtimes a sociable event for the children and not rushing them at mealtimes. The director and centre manager told inspectors that children would be consulted about their preferred foods when menu plans were being developed. Inspectors asked for an example of a weekly menu plan for future residents, but this had not been drafted by the centre staff. Children would have access to a dietician, as appropriate.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a centre specific medication management policy in place on the second day of inspection but it did not provide sufficient guidance to staff in relation to prescribing, ordering, storing, and administering medication. There were no policies or procedures in relation to controlled schedule 2 medication or guidance for staff around out-of-date or unused medication disposal. Inspectors observed a suitable container for staff to dispose of medication where required and the director identified that he had an arrangement in place with a local pharmacist to collect this container and safely dispose of the medications. It was proposed that medication would be dispensed from the pharmacy in a blister pack and each child's medication would be stored in an individual locked press but this was not reflected in the policy. At the time of the inspection there was only one locked cabinet in place and there were no storage arrangements in place for Schedule 2 medication.

Inspectors reviewed sample prescription and administration charts and noted that they did not include all of the information required to enable staff to safely administer medications. Prescription sheets did not have an area to record the address of the child or a photograph. Administration sheets contained an area to record the name of the child, name of medication, dose administered and signatures of two staff. However, it did not include a space for comment when medication may be withheld or refused. While the charts allowed staff to record the time of administration there was no predefined times identified which meant that staff may not be clear as to what time they should be administering medication.

Staff had received training in the safe administration and management of medication and the manager was organising further training in medication management. The director identified that the local pharmacist had agreed to undertake audits of medication practices. Medication errors would be reported through their incident reporting system.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose available which had been reviewed in July 2015. The statement of purpose did not contain all of the information required by Schedule 1.

The statement of purpose outlined that the centre provided residential and respite care to children aged between nine and 17 years with a diagnosis of autism and/or intellectual disability. However, it did not specify children's medical or mobility needs that the centre could meet. The centre aimed to provide care for up to three children at any one time. No emergency admissions would be accepted into the centre.

The statement of purpose did not include sufficient detail in relation to specific care and support needs that the designated centre was intended to meet, the services which the centre would provide, arrangements for residents to engage in social activities, hobbies and leisure interests and complaints.

There were a number of omissions including: any separate facilities for day care, total staffing complement (in full time equivalents), the arrangements made for dealing with reviews and development of a resident's personal plans, arrangements for residents to access education, training and employment, arrangements made for consultation with, and participation of, residents in the operation of the centre and the arrangements made for residents to attend religious services of their choice.

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):

This was the centre's first inspection by the Authority.

Findings:

While there was a clearly defined management structure in place the management team did not have sufficient experience or understanding of their legal responsibilities under the Health Act 2007, regulations and standards. There were clearly identified lines of authority and accountability and managers and staff were clear about this arrangement.

This was the provider's first application to register a designated centre for children and or adults with disabilities. While the provider has experience of running residential services for children in statutory care he had not operated a designated centre before. Inspectors found that while the director showed openness to learning his knowledge and understanding of his responsibilities under the regulations was only developing. On the first day of the inspection, he was unaware of the regulations or standards but by day two he had an understanding of some of them. However, there were not sufficient structures and systems in place for him to be assured that the children living in the centre, in line with the statement of purpose, would receive safe, quality care and support.

There was a full time person in charge identified to manage the service who held the post of centre manager. While he had a relevant qualification in social care he did not have experience of working with children with a disability and complex needs and his understanding of the regulations and the standards was only evolving. He told inspectors that he had not engaged in any recent professional development other than training provided by the organisation. This was brought to the attention of the director to ensure the centre manager was supported to carry out their duties as the person in charge in a competent manner.

The director had identified that in the absence of the centre manager a manager from another service would be available to staff. Inspectors met with this manager and found that while she had some knowledge of her responsibilities under the regulations, she had no experience of caring for children with a disability or managing a designated centre.

The proposed workforce had limited experience of working in a designated centre for children with a disability and inspectors did not find appropriate systems in place to ensure that a sufficiently competent, skilled workforce would be available to meet the needs of the children on a day to day basis.

Management systems were in the early stages of development. On day one of the inspection a number of policies were not in place. These were developed in the interim time and by day two were in place but required improvement to ensure they fully reflected evidence based practice and provided sufficient guidance to the staff team. The centre manager identified that he would use staff meetings, email and supervision as the main communication method with staff. The provider also identified that all policies, procedures and memos would be located on a central hub. Risk management processes were evolving but required substantial work and there was limited quality

assurance mechanisms identified. The director identified that the centre manager was responsible for a defined budget. There was no service or operational plan in place.

There was no service level agreement in place for either the Child and Family Agency or Health Service Executive.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that a manager from another service would be available to the staff team.

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):

This was the centre's first inspection by the Authority.

Findings:

While the director identified a number of resources that were and would be available to the children attending the centre to meet their needs, the experience of the staff team and managers was not sufficient to meet the needs of the children. The facilities in the centre reflected the statement of purpose. The centre was well-maintained and provided

adequate private and communal facilities for the children and staff. There was access for children to toys, play areas, wifi and television and the director advised that financial resources were available should additional supports be required.

However, as outlined in outcome 14 and 17 while the numbers of staff and managers were sufficient their skills and competencies were not sufficient to ensure all of the children's needs could be met.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

The staffing levels identified by management were not in line with the statement of purpose. The centre had no process in place to identify the dependency of children and the required staffing levels. Inspectors found from speaking with managers and staff and reviewing the staff rota and staff files that the proposed workforce did not have sufficient skills and experience to meet the needs of the children as reflected in the statement of purpose.

Of the proposed workforce of nine staff, four had a social work degree, one staff member had a couple of years experience of working with children with autism in a residential setting, four had some experience of working with children with disabilities in community and voluntary settings and two were recently qualified. Inspectors found it would be difficult to manage a rota and ensure an appropriate skill mix with this proposed team. The staffing levels were not matched with the statement of purpose which stated a full time staffing level of eight staff plus a manager.

Recruitment processes were in line with the centre's policy. However, the centre manager or director had not been involved in the recruitment of the staff team. Staff files sampled contained all of the information as required by Schedule 2. An induction programme and probation period were in place and staff had received some of the identified mandatory training as part of the induction programme.

A training needs analysis had not been undertaken. The centre manager was not familiar with the concept and identified that training would be arranged as required. Staff had completed training in autism awareness, communication tools, sensory integration, behaviour support, fire, first aid, manual handling and epilepsy management. One of a two day child protection training session had also occurred.

The centre manager told inspectors that supervision would take place every four to six weeks once the centre was up and running. He identified supervision as one of the main methods of quality assurance. However, he had not received any training on how to supervise and had never provided supervision before. This may impact negatively on the quality of care provided to children in the centre.

The staff did not demonstrate any knowledge of the regulations and standards when speaking with them.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

While a number of the required policies were not in place on the first day of inspection all were in place on day two. However, as outlined throughout the report a number did not provide sufficient guidance for staff to carry out their day to day work.

The centre had recording systems and templates in place regarding children who may be admitted in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 of the regulations with the exception of the assessment of need. The centre was not open to admissions at the time of the inspection and therefore, no completed records on children were maintained by the centre at that time.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. As the centre had yet to open for admissions, completed records relating for example to admissions, were not available for review by inspectors, but satisfactory recording mechanisms and systems were in place for some of these - see outcome one re complaints and outcome 4 re discharges and transfers. In addition, the resident's guide did not contain the arrangements for residents involvement in the running of the centre, how to access HIQA's reports on the centre or details around advocacy.

The centre was adequately insured against accidents or injury to children.

Judgment:

Non Compliant - Moderate

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:

Ann Delany
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 Gateway Organisation Limited
Centre ID:	OSV-0005269
Date of Inspection:	01 July 2015
Date of response:	15 September 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:

There was no facility for residents to lock away any personal possessions in their rooms.

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

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

There are now lockers in each room for Young Persons to store away items with individual locks to retain control of personal property and possessions. This is to promote the ability of the resident to have control of and co-ordinate personal property.

Proposed Timescale: 21/09/2015

Theme: Individualised Supports and Care

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

The complaints policy did not meet all the requirements of the regulations

2. Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The Policy now has a more child friendly version attached which is designed in a pictorial format. The policy and associated procedure now also has written details of the appeals process if the complaint is not satisfied with any outcome of the complaints process.

Proposed Timescale: 21/09/2015

Theme: Individualised Supports and Care

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

Details of advocacy services were not included in the complaints policy

3. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Details of independent advocacy services are now included in the policy with three named bodies who can act as a voice for children or other persons highlighted.

Proposed Timescale: 21/09/2015

Theme: Individualised Supports and Care

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

A nominated person was not identified in the complaints policy.

4. Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The details regarding the nominated person are now included in the policy.

Proposed Timescale: 21/09/2015

Theme: Individualised Supports and Care

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

There was no complaints log to record complaints including details of any investigations, outcome, actions taken or satisfaction of the complainant.

5. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The Centre has an updated Complaints log which includes all relevant details including details of Complainant, type of complaint, nature & details of complaint, comments and follow up actions, with a Feedback section and Status/Date finalised etc. All complaints will have a reference number so the Complaints form will correspond with log.

The complaints procedure now appropriately reflects the relevant sections of the Health Act 2007 and contains details of supporting documentation requirements and statutory inspection.

Proposed Timescale: 21/09/2015

Theme: Individualised Supports and Care

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

There was no evidence of a second person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

6. Action Required:

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

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

To comply with Regulation 34(3) a secondary person has been nominated separate to the Nominated person to undertake the complaints procedure when necessary. Details are also present in the policy.

Proposed Timescale: 21/09/2015

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:

Admission procedures were not clear and transparent to provide sufficient guidance to staff

7. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The admissions procedure and policy have been updated to make the process easier to understand for Staff and Families with a step by step description of the system in place. The admissions procedure has been amended to ensure the criteria for application is in line with and observes any limitations that may exist with the statement of purpose

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

It was not clear from the policy that the needs of current residents and the matching of proposed residents would be considered as part of the admission process.

8. Action Required:

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

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

Included in the revised policy is a compatibility assessment section carried out during the preliminary stages of the transition which will identify and assess for areas of concern before admission.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The centre did not have a template of the contract of care which set out the terms on which that resident shall reside in the designated centre.

9. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

There is now a revised contract of care in place which will be agreed with the service user (where appropriate) and the family or representative upon admission. This contract of care now complies with Regulation 24 (3) and outlines the appropriate terms.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The centre did not have a template of the contract of care which set out the services to be provided and the charges or contributions, if any, that children and their families would have to make for services.

10. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The contract of care is now in place and sets out the services to be provided, including for the care, support, and welfare of the resident and any possible charges or contributions that may have to be made. It should be noted that there are no charges applicable in the context of the service provisions of this centre.

Proposed Timescale: 31/08/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The centre did not have a procedure for ensuring a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident was carried out prior to admission to the designated centre.

11. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

As part of our admissions process healthcare assessments that are in place for the service user are reviewed and these assessments are verified with a further healthcare assessment by the company general practitioner and supporting healthcare professionals engaged by the company. The company then works with the multidisciplinary team to ensure further assessments are completed where appropriate. As regards the assessments for personal and social care needs these are primarily facilitated, completed and managed by the centre prior to and upon admission, through the ongoing consultation with members of the multidisciplinary team and the advocates, and documented in individual plans developed for the service user. These would include the individual needs assessment which covers emotional, social, educational, dietary, supervision, sensory, medical, cognitive function, recreational, personal care, intimate care, behavioural management etc. The needs assessment is then further developed into individual daily living plans such as the intimate care plan, behavioural management plan etc.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

There was no transition policy in place.

12. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

A revised transition and planned discharge process has now been developed and documented and is operational within the centre. The procedure dealing with transition includes sections which address/outline the company approach to transition and the

required steps and considerations that need to be observed.

This procedure contains sections including- pre- transition meeting between the multi-disciplinary team, agreement of the transition protocol, available service and supports, roles and responsibilities of each party, alternatives and options, review and monitoring, and timeframe for implementation.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

There was no discharge policy and agreed criteria for discharge.

13. Action Required:

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre on the basis of transparent criteria in accordance with the statement of purpose.

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

The admissions policy and transitions procedure now have direct criteria for discharge in accordance with the Statement of Purpose. Prior to any discharge our policies now detail the criteria to be assessed and agreed by the multi-disciplinary team and the centre prior to any discharge.

Proposed Timescale: 21/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The width of the hall may impact on children with mobility needs.

14. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

As per the statement of purpose & function, the centre cannot facilitate residents that would require the permanent use of a wheelchair. The admissions policy contains arrangements to ensure any proposed admission is assessed to ensure their needs can be met in this centre.

Proposed Timescale: 21/09/2015

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:

Not all hazards were identified and assessed throughout the centre.

15. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The Company risk management policy now reflects the Authority guidance document GDE2 and details the mechanism by which all hazards and risk throughout the centre will be identified, and assessed, and all details the arrangements whereby the risks identified will be mitigated and/or controlled.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Suitable measures and actions were not in place to control all risks.

16. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

This is now covered in the revision to the company risk management policy which details the arrangements for controlling risks that have been identified in the risk assessment process. The risk register is being reviewed and updated in line with the risk assessment process. The risk management policy also details the measures and actions in place to control different risk profiles that have been identified.

Proposed Timescale: 11/10/2015

Theme: Effective Services

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

The measure and actions in place to control the unexpected absence of residents was not in the Risk Management Policy.

17. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The risk management policy now details the arrangements for controlling risks associated with the unexplained absence of a resident, and the necessary measures to be initiated should an incident occur. This document is further supported by other revised policies and procedures in place within the centre. These include the: Individual Absence Management Plan, & the Missing/Absconding Resident Procedure. These documents contain the specific requirements and responses for the centre in the case of an unexpected absence of a resident. This includes individual roles and responsibilities of specific centre personnel, timeframes and bodies for notification and reporting, specific actions to be completed, stages of the response process, young person's history etc.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The measure and actions in place to control the accidental injury to residents, visitors or staff was not in the risk management policy.

18. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The risk management policy and other supporting procedures now detail the centre arrangements including the measures in place and actions required to control and manage the risk of accidental injury to residents, visitors, or staff.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The measure and actions in place to control aggression and violence was not in the Risk Management Policy.

19. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management policy now details the company arrangements to assess the risks associated with aggression and violence, and develop action plans to control these risks.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

The measure and actions in place to control self-harm was not in the Risk Management Policy.

20. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The risk management policy now details the measures in place and the actions required to control the risk of self-harm. This document is further supported by the service user behaviour management plan, reducing self-harm opportunities in the daily living plan, and service user placement plan.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Arrangements for the identification, recording and investigation of, learning from serious incidents and adverse events not included in Risk Management Policy.

21. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The centre risk management policy and supporting documentation now details the arrangements for the identification, recording, and investigation of serious events or adverse events involving residents. The policy also incorporates the supporting processes in place to ensure the centre learns from the investigation of serious incidents.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Arrangements to ensure measures to control risk are proportionate was not in the Risk Management Policy.

22. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The risk management policy now incorporates details of the arrangements for risk assessment within the centre, and provides a framework to ensure any risk assessment develops control measures that are proportionate to the risk, and also considers the potential impact that the measures might have on the resident's quality of life.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Systems were not in place to respond to emergencies.

23. Action Required:

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

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

The company risk management procedure now outlines the process and procedures to be observed by centre staff in the case of emergency. This includes reference to arrangements for responding to emergencies such as Fire & Evacuation, Violence and Aggression etc. The risk management policy now also details the process by which there is a systematic and ongoing review of risk to ensure control measures remain appropriate. The emergency response plans also detail the specific arrangements in place to include roles and responsibilities of individual personnel, alternative accommodation arrangements, contact details, additional protection requirements, notification and communication requirements, incident debriefings and information to be retained, documented reporting, incident closure etc.

Proposed Timescale: 21/09/2015

Theme: Effective Services

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

Policies and procedures for infection prevention and control were not sufficient.

24. 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:

A professional competent in Infection Control has been engaged and our infection control procedure is being updated to ensure compliance with the HIQA publication- A Guide to the National Standards for the Prevention and Control of Healthcare Associated Infections 20 May 2009

Proposed Timescale: 11/10/2015

Theme: Effective Services

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

Systematic weekly and monthly checks were not in place.

25. Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The company risk management policy and supporting documentation outlines the requirements for the review, inspection and recertification of fire precautions within the facility.

This includes reference to fire extinguisher checks to I.S. 291 of 2015, I.S. 3218:2013 Fire Alarms, I.S. 3217:2013 Emergency Lighting.

The company has retained Specialist companies who have been and are carrying out these checks on the company's behalf.

The company is also replacing the existing system of H&S walkthrough with a more defined monthly H&S inspection under the guidance of an external H&S practitioner which will record observations and issues related to fire precautions.

Proposed Timescale: 11/10/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had adequate experience of working with children with the levels of needs outlined in the statement of purpose.

26. Action Required:

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

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

The centre has defined procedures in place to guide staff in responding to behaviours that is challenging and to support residents to manage their behaviour. All personnel have been trained in these procedures and are familiar with the responses required to address challenging behaviour and to support the residents. The procedures are largely focussed on the use of low arousal approaches which are designed to de-escalate challenging behaviour. Staff have been further trained by an external body in this technique. Training is also provided in the preferred communicated systems used by residents, "Lámh" & "First Then" . Communication workshops are also being held to aid staff further in understanding the resident's communication needs. This is completed in conjunction with the speech and language therapist.

The company has also implemented a training needs analysis and CPD plan to ensure staff have the training appropriate to working with children with the levels of needs outlined in the statement of purpose.

The Statement of Purpose and Function has also been reworded to adequately match the client profile and the level of needs requirement that may be experienced in this centre.

The company is working with the management and staff in developing CPD plans and carrying out training modules, and has a process in place to monitor the progress of CPD. A significant amount of training has been completed to date.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

Clarity was required in relation to the use of restrictive practices.

27. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in

accordance with national policy and evidence based practice.

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

A dedicated policy and procedure has been developed to guide the process of restrictive practices within the centre. The document contains all relevant information, guidance, internal and statutory reporting criteria, alternatives, and training requirements appropriate to any application of restrictive practice.

Training has been also been completed in the centre in low arousal approach techniques.

Another policy/procedure- The Behaviour Management Plan has also been revised to take account of any requirement for restrictive practice.

All additional documentation has been prepared in accordance and with reference to the HIQA guidelines, October 2014. Guidance for Designated Centres Restraint Procedures.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The policy did not set out how children would be supported to develop knowledge and skills needed for self care and protection.

28. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

The company having reviewed the findings of the inspection can confirm that the following arrangements are in place to ensure children are supported to develop knowledge and skills needed for self-care and protection. The care plan is developed by PIC assisted by the PPIM and care staff in conjunction with the multi-disciplinary team. They are continuously reviewed and co-ordinated within the centre through internal processes to ensure self-care skills are developed. This is managed through the development of the daily living plan, the placement plan and the needs assessment plan. These arrangements are now documented within policies/plans in place within the centre. Formal Care plans reviews are scheduled every 6 months by the PIC, or at more regular intervals should events or changes in behaviour arise.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The measures to protect residents from abuse were poor and may result in concerns being unrecognised.

29. Action Required:

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

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

The company has consolidated all existing measures and new arrangements into a revised child protection policy and procedure. To this effect the revised child protection procedure now reflects the measures to prevent, and monitor for any potential areas of abuse. Staff are taking part in internal workshops, and training on the company procedure to further strengthen knowledge on abuse. Child protection is also included in the Supervision process which allows staff to refresh understanding on a monthly basis, and allows observations/risks to be examined by staff and the PIC.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The centre manager had no experience of undertaking an investigation of any allegations or concerns and did not display any knowledge of how he would take appropriate actions.

30. Action Required:

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

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

The centre manager has also attended specialist training in investigation techniques and protocol appropriate to the centre. This training has been carried out by an external body. The training has also included for the taking of actions following any incident. The company has revised various procedures within the Centre management systems i.e. Accident reporting and investigation, significant event reporting and investigation, child protection, and complaints in light of the finding of the inspection.

These procedures above are designed to guide and direct the manager in charge and other staff involved in the investigation of events and the implementation of remedial measures to control recurrence.

The procedures also include for the involvement of and reporting requirements to third parties for procedures related to child protection.

The PIC responsibilities in the case of allegations or concerns include for the commencement of a preliminary investigation process which involves gathering information, preliminary details, implementation of reasonable and proportionate immediate remedial and protective interim measures etc. to support the formal investigation process. This process will also identify the requirements for external body notification.

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The child protection policy did not reference the National Standards for Residential Services for Children and Adults with Disabilities and was not fully compliant with Children First (2011).

31. Action Required:

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

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

The Child protection policy has been rectified with reference made to the National Standards for Residential Services for Children and adults with disabilities and is now also compliant with the requirements of Children First (2011).

Proposed Timescale: 21/09/2015

Theme: Safe Services

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

The centre manager or staff team had not received training on safeguarding.

32. Action Required:

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

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

Children's first training has been completed by the majority of Staff with two staff members unable to attend because of other commitments. The centre roster has been developed to ensure untrained personnel are not on duty at any one time and can always be supported by a trained staff member until such time as training can be provided. The PiC has made contact with the training body and has been given assurance that the training will be included at the next available date.

Proposed Timescale: 16/11/2015

Theme: Safe Services

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

The centre manager did not understand his role as designated liaison person and had not received appropriate training.

33. 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:

The role of the Designated Liaison Person has now been clarified in the revised company procedure- Child Protection Procedure. The Centre Manager now further understands the role of DLP since attending Children's first training. The centre Manager will avail of specific DLP training when it becomes available to further strengthen knowledge. In the interim the manager in charge will liaise with the TUSLA Designated trainer on relevant matters.

Proposed Timescale: 01/12/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The policy did not outline how assessments would be completed or identify the required educational goals.

34. Action Required:

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

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

The company is consolidating the existing arrangements into a single policy regarding education, training and development. The revised policy will detail the process for an identification of potential educational goals and a mechanism in place to work towards those goals. The consolidated policy will refer to arrangements such as attendance at the IEP meeting, liaison with education providers, PiC and keyworker responsibilities, the ongoing completion of assessments by specialists, and the development of plans to achieve educational goals.

Proposed Timescale: 29/10/2015

Theme: Health and Development

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

The centre did not have a policy in relation to access to education, training and development for residents.

35. Action Required:

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

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

The company is now consolidating all existing arrangements in place regarding access to education, training and development into a single policy. These arrangements will refer to the existing arrangements to include PiC and keyworker responsibilities, multidisciplinary team liaison, IEP meeting attendance, ongoing review of plans, specific accommodation, skills development exercises and initiatives etc.

Proposed Timescale: 29/10/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was no formal system in place to comprehensively assess children's healthcare needs.

36. 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:

The company now has formal arrangements in place to ensure children's healthcare is formally assessed and managed in the centre having regard to each residents care plan. These formal arrangements include for the correlation of healthcare assessments for the child prior to admission, the appointment of a registered general medical practitioner, arrangements to ensure all children are assessed within 24 hours of their admission into the centre, arrangements to facilitate ongoing healthcare assessments, and liaison processes with members of the child's healthcare team and advocates/family members. The company also facilitates residents or their advocates in selecting medical practitioners of their choosing where required.

Proposed Timescale: 21/09/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The medication policy did not meet the requirements of the regulations.

There was not sufficient storage for medication.

37. 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:

The company has revised the medications policy to ensure it refers to all key criteria outlined in the guidance and regulations as regards the management of medication i.e. ordering, receipt, prescribing, storing, disposal and administration of medicines. The centre has also sourced secure/ Key Lock medication cabinets which offer segregated storage for PRN/Prescribed medication and controlled drugs where applicable, and the required arrangements for storage are detailed in the medications procedure.

Proposed Timescale: 11/10/2015

Theme: Health and Development

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

The prescription and administration sheet templates did not include all of the required information to ensure medication would be safely administered.

38. 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 medications policy and procedure has been updated and now refers to all relevant requirements for ordering, receipt, prescribing, storing, disposal and administration of medicines. The policy/procedure also details guidance on the appropriate requirements for the administration of different medications by staff members in either oral, topical or other administration methods, the recording of administration, the responsibilities of staff regarding pre-administration checks etc.

The associated administration record sheets now have sections identifying the required identification checks/ photographs to be followed prior to administration, and the prescribing instructions. This includes PRN, prescribed medication and controlled drugs.

Proposed Timescale: 21/09/2015

Theme: Health and Development

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

There was no formal procedure in place to ensure staff safely disposed of out of date or unused medication.

39. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The formal process for the segregated storage and disposal of returned medicines is now included in our revised medications policy and procedure. It details our requirement for written confirmation/ signed receipt from the pharmacy where returned medications have been accepted and this receipt shall be stored by the Company. Medications scheduled for return shall be stored separately and labelled accordingly prior to their return to the Pharmacy. This includes arrangements for all types of medication including schedule 2 drugs where appropriate.

Proposed Timescale: 21/09/2015

Theme: Health and Development

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

There was no policy in relation to use of controlled scheduled 2 drugs.

There was no controlled drugs register.

40. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The medications policy now has a designated section outlining all requirements for the use of controlled Schedule 2 drugs which may be administered by staff members within the centre.

The medications policy and procedure has been revised to incorporate further and defined guidance for all staff members on the administering and recording of controlled drugs, and the duties of the PIC in monitoring the administration process. This now includes a controlled drug register.

Proposed Timescale: 21/09/2015

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 contain all of the information required by Schedule 1.

41. 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:

A revised statement of purpose has been prepared which adequately reflects all sections 1-17 of Schedule 1, and is congruent with the nature of this centre and the service users that can be accommodated.

Proposed Timescale: 21/09/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The centre manager did not have all the skills and experience necessary to manage the designated centre, with particular regard to the number and needs of the residents.

42. Action Required:

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

and needs of the residents.

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

In light of the inspection report the company has undertaken a significant exercise to supplement the existing skills and experience of the PIC. The company has developed a training needs analysis for the PIC, and completed a Continuing Professional development Plan for the manager. This plan has led to significant levels of in-house and external training being completed by the PIC since the inspection with a further rollout on the CPD plan currently ongoing. A company support plan is also now in place which outlines the PIC supervision criteria, professional body membership supports, and the liaison supports available with external professionals.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

The provider had not submitted a complete and full employment history for the person in charge.

43. Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

The company recognises that there was a clerical error and a complete and full employment history has now been submitted.

Proposed Timescale: 22/09/2015

Theme: Leadership, Governance and Management

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

Management systems were not sufficiently developed.

44. Action Required:

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

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

The company is now formalising our management system and consolidating our existing management arrangements and procedures into a single framework. This framework will be expanded and developed to ensure all of the relevant processes as required by the Act, Regulations and guidelines are clearly documented, and can function as an

organisational tool within the company. It is our intention to seek accreditation for our management system by an external body when all systems and processes have been completed and verified. The management system is developing with the input of staff members, and all procedures are being communicated, implemented, and monitored throughout the staff teams at management and operational levels. The management system now has core elements addressing the company arrangements to ensure compliance with statutory and authority requirements. These elements include for 1. Organisational leadership & Mgt, 2. Risk management & Service User Delivery, 3. Quality Assurance & Improvement, 4. Health & Safety, 5. Individualised Supports and Care, 6. Safe Services, 7. Safety & Safeguarding, 8. Health & Development, 9. Corporate Governance, 10. Responsive Workforce etc. and include policies to guide the direction of staff and practices within the centre, and procedures to outlines the processes to be observed within the centre.

Proposed Timescale: 31/12/2015

Theme: Leadership, Governance and Management

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

The arrangements for the centre manager to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering were not adequate.

45. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The company has revised and updated a number of pre-existing mechanisms in place that are available to the centre manager to support, develop and performance manage all members of the workforce. Primarily this involved the PIC completing performance management training by an external provider, and the subsequent revision of the staff supervision meeting agenda, team meetings agenda, company management procedures with specific roles and responsibilities, and the reporting logs in place within the centre. The outputs of these arrangements are helping to facilitate CPD plans for staff members, and also develop define areas for improvement within the centre and of staff members to ensure the quality of care and safety of the services the centre provides.

Proposed Timescale: 01/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The proposed workforce were not sufficiently skilled and experienced to meet the needs of the children.

46. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The company has updated a number of procedures and processes within the company to ensure the staff skills and experience base is continually developed within the centre. This has included the performance management training for the PIC, the revision of the staff supervision and team meetings agenda's etc. This has allowed for the development of CPD plans for staff. Since the inspection, specific in-house and external training has taken place which is focussed on the criteria outlined in the statement of purpose and the new procedures/policies that have been introduced, and training in legal requirements and Authority guidelines, Children's First. PECS, communications workshop etc. Other training is ongoing in accordance with the CPD profiles identified.

Proposed Timescale: 01/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels were not consistent with information given in the statement of purpose and qualifications and skill mix of staff was not appropriate to the number and needs of potential residents outlined in the statement of purpose.

47. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The company has undertaken an extensive assessment based on training needs analysis to ensure the qualifications and skills mix of staff is appropriate to the number and needs of the residents outlined in the statement of purpose. A number of new staff are going through the recruitment and vetting process, have appropriate experience to enhance the skills mix, and staff levels are rostered accordingly.

Proposed Timescale: 21/09/2015

Theme: Responsive Workforce

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

There was no training needs analysis completed to determine the required training programme and identify areas for continuous professional development.

The centre manager had not been trained in facilitating supervision.

48. 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:

A human resources specialist has been engaged by the company to aid in the compilation of a training needs analysis. A training needs analysis is being developed in the centre which will reflect the initial staff selection process and this identifies Core Skills, Practical Skills and Training Requests and other criteria desirable for Continuing Professional development.

The process to correlate these details is ongoing at present within the centre and these will form part of the final Training Needs analysis process. The Person in Charge will manage the TRA through the staff appraisal process and also the staff supervision process. The core skills requirements have been identified and are in place with all staff at present.

The company and the Human Resources specialist are working on the supervision process and will identify the requirements for supervision training.

Staff supervision is currently ongoing within the centre.

Proposed Timescale: 01/12/2015

Theme: Responsive Workforce

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

Staff were not aware of the Act, regulations and standards.

49. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

The Acts, standards and other guidelines published by various authorities and by the State are detailed to all personnel in their third level and professional training. The person in Charge is now co-ordinating a process to ensure refresher awareness programmes are in place for all personnel. This includes maintaining a comprehensive legislation/standards library in house, and ensuring all personnel refresh their knowledge on the standards and sign for completion. The PIC also has responsibility to ensure the legislation/standards library is maintained and updated as new or amended standards arise.

Proposed Timescale: 15/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies provided sufficient information to guide staff on their day to day practice.

50. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 company has reviewed all of the requirements of Schedule 5 of the Health Act 2007, and has created additional policies (see other sections of this inspection response) in addition to the existing policies. All staff are aware of the new and existing policies and are being guided through the text and information by the PIC. The company understands that policies related to Schedule 5- section 7, 11 & 20 are still being developed and are referred to in other sections of this response.

Proposed Timescale: 30/10/2015

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 arrangements for resident involvement in the running of the centre.

51. Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

Please state the actions you have taken or are planning to take:
This has been rectified with residents involvement identified in the guide.

Proposed Timescale: 21/09/2015

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 how to access any inspection reports on the centre.

52. 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:

This has been rectified with this information available in the Guide. A copy of the inspection reports is available in the office at all times.

Proposed Timescale: 21/09/2015

Theme: Use of Information

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

There was no template for the assessment of need to be undertaken on each child.

53. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

The company has developed a stand-alone "Needs Assessment Support Plan" which is completed for each individual service user and is managed/maintained/monitored by all care centre staff. This new plan consolidates the needs assessment elements that were previously distributed across various other procedures and forms in use by the centre.

Proposed Timescale: 21/09/2015

Theme: Use of Information

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

The template for recording complaints was not in line with the requirements of the regulations.

54. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The template for recording complaints has been revised to incorporate all of the requirements of the appropriate sections of the Health Act 2007.

Proposed Timescale: 21/09/2015