

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Silverpine House
Centre ID:	OSV-0002038
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 October 2016 09:00 To: 25 October 2016 18:00

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

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

Summary of findings from this inspection

Background to the inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards and following a notification of a change of the person in charge. The previous 18 outcome inspection was undertaken on the 11 of November 2015. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two of the children availing of respite in the centre. Although these children were non-verbal and unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them. The children were in good spirits and appeared to be enjoying their respite stay.

The inspector interviewed the provider nominee, the person in charge and two social care staff. The inspector reviewed care practices and documentation such as personal plans, medical records, accident logs, policies and procedures and staff

supervision files.

Description of the service:

The service provided was described in the providers statement of purpose, dated 12 October 2016. The centre provided respite care for up to five boys and girls, aged between 8 and 18 years who have a physical and or sensory disability. The dependency needs of children availing of the respite service, ranged from low to high. Each of the children were engaged with Enable Ireland's clinical services. Emergency respite services was not provided in the centre.

The centre comprised of a five bedroomed bungalow which was located in a housing estate, on the outskirts of a town.

Overall Judgement of our findings:

Overall, the inspector found that children were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. A new person in charge had been appointed in August 2016. She demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that the person in charge was a fit person to participate in the management of the centre. Of the eight outcomes inspected on this inspection, minor non compliances were identified in three outcomes and moderate non compliances in two.

Good practice was identified in areas such as:

- A record of all incidents occurring in the centre was maintained and where required, notified to the chief inspector. (Outcome 9)
- Children were supported to achieve and enjoy the best possible health. (Outcome 11)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the children's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- Some personal plans had not been revised to reflect recommendations from members of the multi-disciplinary teams or children's families. (Outcome 5)
- There were areas for improvement in relation to the assessment and management of risk and fire precaution arrangements. (Outcome 7)
- Behaviour support arrangements for a small number of children required some improvement. (Outcome 8)
- The full staff complement for the centre, as outlined in the statement of purpose, was not in place at the time of inspection. (Outcome 17)

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

Outcome 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):

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

Findings:

Each child's well being, social care and welfare was assessed before each respite admission. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her interests and capacities. However, some personal plans had not been revised to reflect recommendations from members of the multi-disciplinary teams or children's families.

At the time of the last inspection, inspectors found that children's assessments of need were not comprehensive. On this inspection, there was documentary evidence to show that children's parents were involved in assessments to identify their children's individual needs and choices. In addition there was a multidisciplinary input into assessments via a clinical assessment report submitted to the centre on a monthly basis.

Each child had a personal plan in place which detailed their assessed needs and choices. At the time of the last inspection, personal plans were not available to children in an accessible format and the relevant professionals were not involved in the development of personal plans. Since that inspection, a new personal plan template had been introduced, 'my story'. Personal plans reviewed were user friendly and in an accessible format for the children. There was evidence that personal plans were signed off by children's parents and key workers. Since the last inspection, a new process had been introduced whereby centre staff were involved with the children's schools regarding setting specific and measureable goals for the children whilst in school and when availing of respite in the centre. These goals related to the young peoples assessed needs and preferences. However, in a sample of files reviewed the inspector found that recommendations of members of the multidisciplinary team and or agreed goals from

family and school were not always reflected in children's personal plans.

There were processes in place to formally review young peoples personal support plans on a yearly basis. At the time of the last inspection, personal plan reviews did not ensure the maximum participation of children and their families and did not assess and record the effectiveness of the plan. On this inspection, there was documentary evidence to show that family representatives and multidisciplinary teams were involved in the revision of personal plans, as per the requirements of the regulations.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of children, visitors and staff were promoted and protected. However, there were areas for improvement in relation to the assessment and management of risk and fire precaution arrangements.

There was a formal risk escalation pathway in place. At the time of the last inspection, not all risks identified in the centre were appropriately rated on the risk register. On this inspection, an up-to-date 'living risk register' was being maintained in the centre. There was a draft safety statement in place, dated August 2016, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department via the computer system and records showed that requests were attended to promptly.

A risk management policy was in place, dated February 2015. However, it did not meet some of the requirements of the regulations. For example, although it referred to specified risks identified in Regulation 26(c), it did not include details of the measures and actions in place to control same. The inspector reviewed a sample of individual risk assessments for children. Overall, these contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. However, a number of risk assessments undertaken in relation to activities and outings were not appropriately completed.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. An incident management system was used to

report all incidents which also recorded actions taken. Overall, there were a low number of incidents reported. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed. Monthly track and trend incident reports were completed and submitted to the director of service. She reported that these reports were then used to identify trends and promote shared learning across the wider service.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place, dated September 2014 and hand hygiene guidelines dated October 2014. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. There were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of domestic waste.

Overall suitable precautions were in place against the risk of fire. However, areas of improvements were identified. At the time of the last inspection, fire precaution arrangements in the centre were not adequate as some fire doors did not close upon sounding of the fire alarm. Subsequent to that inspection, an authorised service engineer was engaged to rectify the problem. On this inspection fire safety management systems in place were found to be effective. There was adequate means of escape and all fire exits were unobstructed.

Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. A procedure for the safe evacuation of children in the event of fire was prominently displayed on the back of all internal doors in the centre. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility of the child. However, the cognitive understanding of the child was not always adequately accounted for. It was noted in one child's personal plan that they did not like loud noises, but there was no reference to this in their personal evacuation plan. Fire drills involving children were undertaken on a regular basis. However, the inspector found that a large number of the children availing of respite in the centre had not been involved in a fire drill in the preceding 12 month period. Records of fire drills undertaken generally did not include details regarding children's level of participation or reaction to the drill.

There was a manual handling policy in place, which was in need of review. There was minimal need for manual handling in the centre. Records showed that staff had attended manual handling training.

There was a procedure in place in the event of a serious incident or emergency, dated July 2016 to guide staff in the event of such emergencies as power outages or flooding.

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):

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

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, behaviour support arrangements for a small number of children required some improvement.

There was a protocol for the protection of children, dated May 2016, which referenced Children First, National guidance for the protection and welfare of children, 2011 (children first). This document included contact details for the centres designated liaison person and deputy designated liaison person (as per children first). The picture and contact details for the designated person for the centre were observed on display. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and children first, 2011. There had been no allegations or suspicions of abuse in the previous 12 month period. There was a protected disclosure in place, dated March 2015.

Intimate care plans in place were found to provide a good level of detail to guide staff in meeting the intimate care needs of children. There was an intimate care policy in place. Individual work had been undertaken with a number of the children to support them to develop the knowledge, awareness and skills for self care and protection.

Children were provided with emotional support but some improvements were required in relation to behavioural support arrangements. There was a policy and procedure on behaviour that challenges, dated September 2016. All staff had attended training on positive behaviour management support. It was reported that two of the children availing of respite in the centre displayed behaviour that challenged. Individual behaviour management plans had been developed by staff for each of these children. However, there was limited evidence of a multi-disciplinary input into the plans or of consultation with the child's family in developing the plan. In addition, it was evident that strategies used in school, for one of the children, was not reflected in the behaviour support plan in the centre.

There were a small number of physical restraints being used in the centre. At the time of the last inspection, restrictive practices used were not informed by an adequate risk assessment and it was not evident if alternative measures were considered before a restrictive procedure was used or that it was the least restrictive procedure for the shortest period possible. On this inspection, restrictive practices in use had been appropriately assessed. All usage was monitored and recorded, including alternatives considered.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

Findings:

A record of all incidents occurring in the centre was maintained and where required, notified to the chief inspector.

The inspectors noted that the provider had submitted all required notifications to HIQA, as required by the regulations. At the time of the previous inspection, inspectors found that a number of injuries had not been reported to HIQA on a quarterly basis in line with the regulations. Since that inspection all identified incidents had been appropriately reported to HIQA. The person in charge was fully aware of her responsibilities in this regard.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Children were supported to achieve and enjoy the best possible health.

Overall, the needs of children availing of respite in the centre were met in line with their personal plans and assessments. However, at the time of inspection there was a registered staff nurse vacancy in the centre which meant that one child was not accessing respite, as the centre did not have the nursing expertise, to meet the child's healthcare needs (Discussed further with actions, under outcome 17, workforce).

Children's healthcare needs and support requirements were identified in personal plans. Separate more detailed plans were in place to meet specific needs as required. Children had access to allied health care services where required. Each of the children had their own GP whom they attended as required.

There was a policy on nutrition in place, dated July 2015. The inspector observed that there was a nutritious, appetizing and varied menu available for the children. A range of healthy snacks were available. At the time of the last inspection, monitoring systems were not in place to ensure that the children received wholesome and nutritious foods. Since that inspection, a book of menu options had been introduced in the centre which offered nutritionally balanced meal options for the children. This was in an accessible format for with lots of photos. Minutes of respite users meetings showed healthy meal choices were promoted and that menu options were agreed with the children on each admission. The centre had a good sized kitchen come dining area which promoted meal times to be a positive and social event. The inspector observed that a number of adjustments had been made in the kitchen to make it accessible for wheelchair users. For example, height adjustable counter tops.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were systems in place to ensure the safe management and administration of medications. However, arrangements to review and monitor medication management practices required some improvement..

There was a medication management policy and procedure in place. Records were maintained of all medications received to the centre and returned to families. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. Further to the last inspection, the medication prescription sheet had been revised to include all required information. There were no chemical restraints used in the centre.

The system in place to review and monitor safe medication management practices required some improvement. The majority of prescriptions in the centre were being transcribed. There were processes in place whereby all transcriptions were checked and signed by two members of staff, one of whom was a registered nurse. A copy of the original prescription was found to be retained on file. However, transcribing is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines. The last audit of medication practices in the centre had been undertaken in January 2016. In line HIQA's medicines management guidance, the practice of transcribing should be subject to regular audit.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the children's needs.

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

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had only taken up her position in August 2016. She had held the

position of the acting deputy person in charge for two months prior to this appointment. Overall, she had been working within the wider service for more than 8 years. Staff interviewed, reported that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for the children availing of respite in the centre. The person in charge was in a full time post and she did not hold responsibilities in any other centre. On call arrangements were in place and staff were aware of these and the contact details. The inspector reviewed records of quality supervision undertaken which adequately monitored the performance of the person in charge.

As per regulatory requirements, an annual review of the quality and safety of care and support in the centre had been undertaken. In addition, unannounced inspections of the safety and quality of care in the centre had been undertaken by the provider in January and June, 2016. There was an action plan in place to address issues identified in these audits. A number of other audits had been undertaken in the centre within the previous six month period. These included audits of, staff files against regulatory requirements, hazard checklists, service user files, infection control and transport vehicle audits. Progress was being made in monitoring and addressing issues identified. At the time of the last inspection, inspectors found that management systems were not always effective as the actions from the last HIQA inspection and other reviews had not all been implemented in a timely manner. On this inspection, the inspector found that the actions from the previous inspection had been satisfactorily implemented.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

The full staff complement for the centre, as outlined in the statement of purpose, was not in place at the time of inspection. Some improvements were required in relation to staff supervision arrangements.

Over all, the skill mix and experience of staff was sufficient to meet the needs of the children availing of respite in the centre. However, at the time of inspection there were vacancies for a staff nurse and two social care workers. There was evidence that respite hours had been reduced to compensate for this. This arrangement meant that children had continuity in their care givers but were receiving a reduction in their respite allocation. One child had not been able to avail of respite for a number of months as the required nursing care, with the absence of a staff nurse on the team, was not available in the centre. The person in charge and provider nominee reported that recruitment was underway to address the deficit. There was a recruitment and selection policy in place, dated September 2016. The service had recently completed an audit of staff files against the requirements of schedule 2 of the regulations.

There was an actual and planned staff rota in place. At the time of the last inspection, some information had not been appropriately recorded on the rota. On this inspection the inspector found that all information had been appropriately recorded.

There was an employee development and support policy, dated April 2016. A training programme was in place for staff which was coordinated by the providers training department. Training records showed that all staff were up to date with mandatory training requirements. A training needs analysis had been undertaken in 2016. Specific training on identified areas of knowledge need for staff had been delivered. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place. The inspector reviewed supervision records for four members of staff and found that they were of a good quality but not always undertaken within the timelines proposed in the centres policy.

There were no volunteers working in the centre at the time of inspection.

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:

Maureen Burns Rees
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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0002038
Date of Inspection:	25 October 2016
Date of response:	28 February 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some personal plans had not been revised to reflect recommendations from members of the multidisciplinary teams or children's families.

1. Action Required:

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

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

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

All multidisciplinary reviews that are received will be reviewed upon arrival. Key workers will add any additional information or changes that arise to the individual's personal plan. These changes will be discussed during weekly team meetings.

Proposed Timescale: 11/01/2017

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:

Overall, children's individual risk assessments contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. However, a number of risk assessments undertaken in relation to activities and outings were not appropriately completed.

2. 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:

Staff will devise an overall risk assessment for all general and common activities that will include potential risks when attending such activities.

Risk assessments will be devised, as required, for unusual/uncommon activities as they arise, and will be comprehensive and have a team approach.

Proposed Timescale: 22/02/2017

Theme: Effective Services

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

A risk management policy was in place, dated February 2015. However, it did not meet some of the requirements of the regulations. For example, although it referred to specified risks identified in Regulation 26(c), it did not include details of the measures and actions in place to control same.

3. 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 will be further developed to state the measures and actions in place to control accidental injury to residents, visitors or staff.

Proposed Timescale: 22/02/2017

Theme: Effective Services

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

Fire drills involving children were undertaken on a regular basis. However, the inspector found that a large number of the children availing of respite in the centre had not been involved in a fire drill in the preceding 12 month period.

Records of fire drills undertaken generally did not include details regarding children's level of participation or reaction to the drill.

4. Action Required:

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

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

A staff member has been identified, from the internal Health and Safety committee, to ensure all fire drills are completed, in a timely fashion and by all staff and young people. All fire drills will be recorded efficiently and sufficiently. This will be reviewed during all internal Health and Safety committee meetings, to ensure compliancy. Additional information will be recorded on Fire drill forms of how young people reacted/participated during fire drills

Proposed Timescale: 11/01/2017

Theme: Effective Services

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

Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility of the child. However, the cognitive understanding of the child was not always adequately accounted for. It was noted in one child's personal plan that they did not like loud noises, but there was no reference to this in their personal emergency evacuation plan.

5. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

All fire evacuation plans were reviewed and made more individualised, taking into consideration each individuals potential reactions, response, fears and/or apprehensions in relation to fire drills.

Proposed Timescale: 09/01/2017

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:

There was limited evidence of multi-disciplinary input into behaviour support plans developed or of consultation with the child's family in developing the plan.

It was evident that strategies used in school, for one of the children, was not reflected in the behaviour support plans in the centre.

6. 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:

All staff have completed MAPA training.

Staff will ensure to collate all behaviours supports plans in existence from all disciplines, where applicable, in order to devise a cohesive and collaborative approach to behaviours that challenge. These will be audited annually by the respite manager.

Proposed Timescale: 28/02/2017

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 last audit of medication practices in the centre had been undertaken in January 2016. In line HIQA's medicines management guidance, the practice of transcribing should be subject to regular audit.

7. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered

as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge will audit all prescription sheets bi-annually, or more frequently if required, where major changes in medication occur. This will coincide with G.P. bi-annual reviews.

Proposed Timescale: 22/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were vacancies for a staff nurse and two social care workers at the time of inspection.

8. 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:

One part time social care worker post has been filled.
One relief post has been filled and this staff member will commence work on Wednesday 18th January 2017.
Continuously attempting to recruit a staff nurse. Next round of interviews will take place in February 2017.

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

Staff supervision was not always undertaken within the timelines proposed in the centres policy.

9. Action Required:

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

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

The person in charge has pre-booked supervision meetings with all staff for the entire year. An email invitation will be sent to each individual in relation to dates for supervision for the year. This will also act as a reminder for both staff and manager.

Proposed Timescale: 13/01/2017