

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Damara 1 & 3
<b>Centre ID:</b>	OSV-0003446
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Saint Patricks Centre (Kilkenny)
<b>Provider Nominee:</b>	David Kieran
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	Ann-Marie O'Neill
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	1

## **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 unannounced and took place over 1 day(s).

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

From: 09 September 2016 09:30 To: 09 September 2016 17:30

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

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 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an unannounced inspection. It was the fourth inspection of the centre carried out by HIQA. and took place over one day. The previous registration inspection was undertaken in December 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. The purpose of the inspection was to implement ongoing monitoring of compliance in the centre. Previous inspections of this centre had found serious breaches of the regulations in the areas of fire safety, premises, general welfare and development, governance, use of resources and workforce.

How we gathered our evidence:

Inspectors visited all three residential units that made up the designated centre. They met with staff in each residential unit and spoke to them about practices and their knowledge of the residents. As part of the inspection the inspector spent time with five of the eight residents living in the centre. Although a number of these residents could not verbally communicate and unable to tell inspectors about their views of the service, inspectors observed warm interactions between the residents

and staff caring for them and that the residents were in good spirits.

The inspectors interviewed the director of service, assistant director of service, person in charge, a staff nurses and three social care workers. The inspector reviewed care practices and reviewed documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

#### Description of the service:

The centre, according to its statement of purpose, provided full time residential care in three adjoining units for up to nine children. These children ranged in age between 5 and 18 years and had a diagnosis of severe to profound intellectual disabilities and/ or autism. The designated centre had previously provided respite care for up to four children in a house located nearby. However, this house had been closed since before the previous inspection.

#### Overall judgement of our findings:

Since the last inspection a new board of management had been appointed to oversee the provider organisation. A significant number of fire safety works had been carried out in the centre in order to address significant fire safety non compliances found on previous inspections. Not all aspects were reviewed in each outcome on this inspection. The main aim of this inspection was to follow up on actions given in the previous inspection and to monitor the quality of care residents were receiving in the centre.

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. Although there had been some improvements since the last inspection, there remained a considerable amount of work to be done in the centre to comply with regulatory requirements. The inspector found that the provider and person in charge had put a number of systems in place but that many of these were not yet fully implemented.

Good practice was identified in areas such as:

- There were systems in place to support staff in protecting children in relation to medication management. However, some improvements were required in relation to prescribing practices and the training of staff. (Outcome 12);
- Although there were budgetary constraints across the service, the centre was resourced to ensure the delivery of care and support in accordance with the centres statement of purpose.(Outcome 16)

Some areas of non compliance with the regulations and the national standards were identified. These included:

- Each child's health, personal and social care needs had been assessed and there were personal plans in place to reflect the children's assessed needs and support requirements. However, the quality of some of the plans in place varied. (Outcome 5);
- Painting and decorating identified as required at the time of the last inspection had

not yet been completed. (Outcome 6);

- Behaviour support and intimate care plans were not in place for a number of the children, a small number of staff required children First, National Guidance for the Protection and Welfare of Children, 2011 training and procedures for the oversight of restrictive practices required improvement. (Outcome 8)

- Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs, continued to require improvement. (Outcome 14);

**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 health, personal and social care needs had been assessed and there were personal plans in place to reflect the children's assessed needs and support requirements. However, the quality of some of the plans in place varied. In addition, two of the young people living in the centre were over 18years, but formal transition plans for these children into adult services were only at an early stage of development.

Each child had a personal support plan in place which detailed some of their assessed needs and choices. However, the level of detail in these plans varied and did not always identify individual choices and aspirations. There was evidence that personal outcome meetings were held on a three monthly basis where personal goals were agreed and recorded and progress against previous goals were recorded. The family of the individual child attended these meetings on occasions and there was evidence that they were involved in the development of plans. Since the last inspection, multidisciplinary meetings had commenced in the centre on a two monthly basis. Example of the multidisciplinary team involved included, the providers social worker, psychologist, behaviour support specialist, play therapist, end of life nurse and staff from the centre.

It was evident that the children engaged in a range of activities in the community. These included a local health club, swimming and horse riding. Each child had a weekly activity schedule in place.

Two of the young people living in the centre were over 18 years and were no longer in education. Transition plans for both of these young people were only in the early stages of development and their onward placements had not yet been confirmed. Hence there

had been some but limited consultation with the young people and their family about their new placement. At the time of the previous inspection, one of the young people living in the centre was over 18 and did not have suitable transition arrangements in place. This young person had since been discharged from the centre.

**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):**

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

**Findings:**

The design and layout of the centre was in line with the statement of purpose. Although repair and safety works had been undertaken, painting and decorating identified as required at the time of the last inspection had not yet been completed.

The rooms were of a suitable size and layout for the needs of the children. There was sufficient lighting and heating. Overall there were sufficient furnishings, fixtures and fittings in place although some were in need of replacement, e.g sofa in two sitting rooms. There was adequate private and communal accommodation available. The back garden was a suitable outside area for the children to play in.

Fire safety works had been undertaken in the centre since the last inspection. There was evidence that some remedial decoration had been undertaken at that time. However, as identified at the time of the previous two inspections the centre was in need of painting, decorating and some refurbishment work throughout. The inspectors observed that a toilet seat was missing and or broken in two toilets, floor covering broken in one of the rooms, broken paint on walls and skirting boards in a number of areas, cracked tiles in a number of areas and broken surfaces on sofa in two areas.

**Judgment:**

Non Compliant - Moderate

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

**Theme:**

Effective Services

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

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

**Findings:**

The health and safety of children and staff were promoted. However, risk management arrangements, infection control and fire precaution measures required some improvement.

At the time of the last inspection, the risk management policy did not set out the matters as set out in Regulation 26 (e) regarding 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. At the time of this inspection, the risk management policy was under review with final amendments to be made. There was no register of risks in the centre and a limited number of risk assessments had been undertaken. The inspector reviewed some individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was evidence that a health and safety audit had been commenced at the time of the last inspection. However, at the time of this inspection the audit had not yet been completed.

There were procedures in place for the prevention and control of infection. However, oversight arrangements required improvement. Colour coded cleaning equipment was used in the centre and securely stored. Records were maintained of tasks undertaken. However, cleaning was not being signed off as undertaken as per the timelines proposed in the centres cleaning schedule. The inspectors observed that all areas were tidy and generally clean on the day of inspection. However, the centre was in need of painting and decorating (as discussed under Outcome 6) . This meant that effective cleaning of the centre was difficult to achieve in terms of infection control. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre.

At the time of the last inspection, major non compliances were identified in relation to fire containment arrangements. Since that inspection, major safety work had been undertaken. These included, the construction of an exit ramp, construction of two new escape routes, fire sealing and proofing of doors throughout the centre, commissioning of hold open devices and door closers throughout the centre. The inspector found that there was adequate means of escape and that fire exits on the ground floor were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child.



Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills were undertaken on a regular basis with records maintained. However, the inspectors noted that there were some gaps in fire safety check records and the fire alarm system had not been serviced on a quarterly basis. The last recorded service of the system was January 2016.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were some measures in place to keep children safe and to protect them from abuse. However, behaviour support and intimate care plans were not in place for a number of the children, a small number of staff required Children First, National guidance for the protection and welfare of children, 2011 training and procedures for the oversight of restrictive practices required improvement.

The centre had a child protection procedure in place. 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. However, training records showed that three relief staff required children first training and a further two staff required refresher training. The picture and contact details for the designated person for the centre, (as per Children First, 2011) were observed. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. Intimate care profiles and plans were not available on some children's files to guide staff in meeting the intimate care needs of children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. However, formal behaviour support plans were not available on three of the children's files who displayed behaviour that challenges. There was a behaviour support policy and practice guideline in place. Since the last inspection the provider had employed a behaviour support specialist for

use across the service.

However, due to the high demands for the provider's specialist, the provider had acquired the services of an additional private behavioural specialist for two of the children living in the centre. Staff interviewed were knowledgeable about the triggers for individual children and measures that work well to support children in the management of behaviour that challenges. Records demonstrated that staff had attended appropriate training. There was evidence that episodes of behaviour that challenged had significantly decreased in the centre. The person in charge and staff outlined that this was as a result of interventions by the behaviour specialist and individual work undertaken with children. However, on the day of inspection, behaviour support plans were not available on a number of the children's files to guide staff and ensure a consistent approach to the management of behaviour that challenges.

There was a policy in place on the use of restrictive practices. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure was put in place. A log of restrictive practices in use was maintained. There was evidence a new restrictive practice had been introduced for one child, as a trial, but discontinued after a short period as considered of limited benefit. There were a human rights committee whom it was proposed provided oversight and approval for restrictive practices in place. However, at the time of inspection the human rights committee had not met in more than 14 months and there was limited other evidence of formal oversight or review of restrictive practices in place. The inspectors noted that an alarm was being used on one of the children's bedroom doors at night, but this had not been identified as a restrictive practice.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

Not all of the residents living in the centre were engaged in a suitable education or training programme.

There was an education policy in place that complied with the relevant legislation about the education needs of children with disabilities. There were individual education plans

on file for a number of the children. Six of the eight children living in the centre were in full time education. Four of these, attended a local school affiliated with the service. The two remaining young people were over 18 years and were not engaged in an education or training programme at the time of inspection. There was documentary evidence to show that a day service for one of the young people had been secured and was due to commence within two weeks of the inspection. In addition a training placement for a second young person had been identified but the timeline to commence same had not yet been confirmed.

At the time of the last inspection, one young person was over 18 years and not engaged in an education or training programme. However, since that inspection this young person was no longer living in the centre.

**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):**

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

**Findings:**

There were systems in place to support staff in protecting children in relation to medication management. However, some improvements were required in relation to prescribing practices and the training of staff.

There was a medication policy and procedure in place. The inspector reviewed a sample of prescription and administration sheets and found that overall medications were administered as prescribed. However, the inspector found one entry in the previous week whereby the medication prescribed was not recorded as administered. Also a number of PRN or as required medications had been prescribed with a stated frequency. However, the maximum dose in a 24 hour period had not been recorded. A small number of staff required training in the use of a medication prescribed for one of the children in emergency situations.

At the time of the last inspection, inspectors found that a child's individual medication plan had not been reviewed for a prolonged period. During this inspection all medication plans were found to have been reviewed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure press in each of the units. No controlled drugs were being used in the centre. There were appropriate procedures in place for the handling and disposal of

unused and out of date medications. It was not appropriate for any of the children in the centre to be responsible for their own medications. There were no chemical restraints used in the centre.

There were some systems in place to review and monitor safe medication management practices. The inspector reviewed a small number of medication audits which had been undertaken. There was evidence that actions were taken to address issues identified.

**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):**

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

**Findings:**

Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs, continued to require improvement. At the time of the last inspection, several actions from the previous inspection had not been addressed. At the time of this inspection, inspectors found work had been undertaken to address previous non compliances. This included a significant amount of safety and fire compliance work in the centre. However, outstanding recommendations in relation to the redecoration of the centre and monitoring of the service had not been addressed.

Since the last inspection, the service had been reconfigured. A new board of management had been put in place. There was a clearly defined management structure that identified lines of accountability and responsibility. On call arrangements were in place and staff were aware of these and the contact details. At the time of the last inspection a new operations manager and assistant operations manager had been put in place. Since the last inspection a new quality manager had been appointed and a number of new committees had been established. These included a quality and safety committee, change management meetings, area management managers meetings and a number of other subcommittees to the board.

The centre was managed by a suitably qualified and experienced person in charge. Due

to the reconfiguration of the service, since January the person in charge reporting structure changed whereby she reported to the director of service instead of the assistant director of service. The person in charge was supported by deputy manager who was out in sick leave at the time of inspection. A second clinical nurse manager position was vacant at the time of inspection but was in the process of being filled. Staff interviewed told the inspector 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 person in charge was knowledgeable about the requirements of the regulations and standards. She also had a good insight into the support needs and plans for the eight children living in the centre.

However, the provider or person in charge did not formally review care practices or processes in place on a regular or consistent basis. Only a small number of audits had been undertaken in the centre and the person in charge did not regularly sign off on individual work undertaken with children and or, other documentation in the centre. It was noted that a number of key documents were not available in children's files, e.g. behaviour support plans. There was poor oversight on the completion of certain tasks in the centre. For example safety checks. An annual review of the quality and safety of care and support in the centre had been undertaken since the last inspection. However, the corrective action plan arising from that report did not assign responsibility or timelines for specific actions required. In addition, the provider had not undertaken an unannounced visit on a six monthly basis to assess the quality and safety of care as required by regulation 23.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

Although there were budgetary constraints across the service, the centre was resourced to ensure the delivery of care and support in accordance with the centres statement of purpose.

There was evidence that the providers budget for 2016 was estimated to have a significant overrun. However, the person in charge and director of service assured inspectors that there were sufficient resources to support children achieving their individual personal plans. The facilities and services in the centre reflected the statement

of purpose. On the day of inspection, the centres transport vehicle was in the garage for repair and the person in charge reported that finances for same were in the process of being secured. As discussed under outcome 6, the centre was in need of refurbishment and painting. The person in charge reported that funding for completion of same had not yet been confirmed.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

Although recruitment was underway, the full staff complement for the centre was not in place on the day of the inspection. Training and supervision requirements for a small number of staff were not being met.

There was a recruitment and selection policy in place. However, not all of the documentation required by schedule 2 of the regulations in relation to staff documentation was in place. The inspectors reviewed a sample of four staff files and found that three of the four records contained all of the information required . However, the 4th record did not include details of the dates on which the staff member commenced employment or the position the person held in the centre.

There was an actual and planned staff rota in place. There was one clinical nurse manager 1 in place to support the person in charge. There were also three healthcare assistant vacancies at the time of inspection. At the time of inspection, recruitment was underway for a second vacant clinical nurse manager position and the other vacancies. A relief panel of staff were being used in the centre. There were sufficient numbers of staff on duty to meet children's needs at the time of inspection.

A training programme was in place for staff which was coordinated by the providers training department. Training records were available in the centre which showed that a number of staff were not up to date with mandatory training requirements. For example, two staff required fire safety training and three staff required Children First, 2011

training. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspector observed that a copy of the standards and regulations was available in the centre.

There were staff supervision arrangements in place. However, it was not always undertaken as per the frequency set out in the centres supervision policy. The inspector reviewed a sample of supervision records and found that the quality of supervision undertaken varied and that it was not always undertaken as per the frequency proposed by the provider.

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Saint Patricks Centre (Kilkenny)
<b>Centre ID:</b>	OSV-0003446
<b>Date of Inspection:</b>	09 September 2016
<b>Date of response:</b>	09 December 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 05: Social Care Needs

**Theme:** Effective Services

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

Each child had a personal support plan in place which detailed some of their assessed needs and choices. However, the level of detail in these plans varied and did not always identify individual choices and aspirations.

**1. Action Required:**

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



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

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

Each of the 8 service users living in the centre will have personal plans reviewed and updated to include more choices and aspirations by 10th Nov 2016, as necessary. Person in Charge will sign off on each.

**Proposed Timescale:** 10/11/2016

**Theme:** Effective Services

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

Two of the young people living in the centre were over 18 years and were no longer in education. Transition plans for both of these young people were only in the early stages of development and their onward placements had not yet been confirmed.

**2. Action Required:**

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

Plans are still underway that will see the second resident move to another service provider in another county. Transition plans for both residents were recently (28/10/16) updated following a review with the Community Transition Coordinator.

The first young person: Housing Identified by current service provider has a 12-month Time frame. CTC Team actively seeking an alternative. There is an Admissions Meeting with another service; currently providing his day service this month with a view to securing residential placement with them.

The second young person: housing has been identified with another service provider, it needs some modifications. Person In Charge actively liaising with this service provider, It is hopeful that there will be much more concrete plans by the end of January 2016

**Proposed Timescale:** 31/01/2017

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

As identified at the time of the previous two inspections the centre was in need of painting, decorating and some refurbishment work throughout.

The inspectors observed that a toilet seat was missing and or broken in two toilets,

floor covering was broken in one of the rooms, broken paint on walls and skirting boards in a number of areas, cracked tiles in a number of areas and broken surfaces on sofa in two areas.

**3. Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

All outstanding maintenance issues will be addressed by the end of November.

**Proposed Timescale:** 30/11/2016

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

**Theme:** Effective Services

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

At the time of the last inspection, the risk management policy did not set out the matters as set out in Regulation 26 (e) regarding 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. At the time of this inspection, the risk management policy was under review with final amendments to be made.

**4. 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:**

Risk Management Policy has recently been reviewed and updated and now reflects matters as set out in Regulation 26 (e).

**Proposed Timescale:** 09/12/2016

**Theme:** Effective Services

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

There was no register of risks in the centre and a limited number of risk assessments had been undertaken.

There was evidence that a health and safety audit had been commenced at the time of the last inspection. However, at the time of this inspection the audit had not yet been

completed.

**5. 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:**

Centre specific risk assessments are currently being conducted and will be included in the risk register when completed.

The needs of all service users are currently being reviewed to ensure all current risk assessments are fit for purpose and all potential risks are assessed appropriately. Health and Safety Audit to be completed ASAP.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

There were some gaps in fire safety check records.

The fire alarm system had not been serviced on a quarterly basis. The last recorded service of the system was January 2016.

**6. Action Required:**

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

All staff will be formally reminded of fire safety checks in unit meetings before Friday 10th Nov 2016.

Fire panel serviced 13/09/16.

**Proposed Timescale:** 10/11/2016

**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:**

Formal behaviour support plans were not available on three of the children's files who displayed behaviour that challenges.

**7. 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:**

Meeting held with Behaviour support specialist Friday 28th Oct. Follow up actions have included.

1. Each young person's folder has undergone a full and comprehensive evaluation and all client folders have been completely re-developed.
2. A new administrative system for filing behaviour support information has been presented and training on this will be on-going and monitored closely.
3. A staff training workshop curriculum has been developed and training will be rolled out in the coming quarter. A sample of this training curriculum will be made available to HIQA upon their next inspection.

**Proposed Timescale:** 04/11/2016

**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 formal oversight or review of restrictive practices in place.

An alarm was being used on one of the children's bedroom doors at night, but this had not been identified as a restrictive practice.

**8. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Restrictive practice log updated and now includes use of alarm on bedroom door. Audit of Restrictive practices to be completed by PIC by 30th Nov 2016.

**Proposed Timescale:** 30/11/2016

**Theme:** Safe Services

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

Intimate care profiles and plans were not available on some children's files to guide staff in meeting the intimate care needs of children.

**9. 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:**

Intimate care plans will be developed for all residents.

**Proposed Timescale:** 30/11/2016

**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:**

Two young people over 18 years were not engaged in an education or training programme at the time of inspection.

**10. 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:**

One of these residents has recently commenced a full time day service placement with another service provider.

Arrangements are currently being agreed to facilitate the other resident to attend day services with another service provider in another county while he awaits his move to that same providers residential service.

**Proposed Timescale:** 01/01/2017

**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 inspector found one entry in the previous week whereby the medication prescribed was not recorded as administered.

A number of PRN or as required medications had been prescribed with a stated frequency. However, the maximum dose in a 24 hour period had not been recorded.

A small number of staff required training in the use of a medication prescribed for one of the children in emergency situations.

**11. 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:**

Administration of medications discussed with all nursing staff at meeting (18/10/16)  
MPARS audit carried out 01.11.16 and weekly MPARS audits scheduled indefinitely.

GP to review all MPARS, PRN medication and updated protocols to include maximum dose in 24 hours.

Any staff without the required training necessary to work in the children's service will be prioritised for training.

**Proposed Timescale:** 01/01/2017

**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 provider or person in charge did not formally review care practices or processes in place on a regular or consistent basis.

Only a small number of audits had been undertaken in the centre and the person in charge did not sign off on individual work undertaken with children and or, other documentation in the centre on a regular basis.

There was poor oversight on the completion of certain tasks in the centre. For example safety checks and completion of tasks assigned on the cleaning schedule.

There was no risk register in the centre and only a small number of risk assessments had been undertaken.

**12. 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:**

A new schedule of annual audits has been introduced across the organisation to enquire that all audits are undertaken in a timely and consistent fashion.

These audits will be actioned by identified individuals and within agreed timescales and the implementation of same will be monitored by senior management.

New cleaning schedules have been introduced across the organisation. Cleaning duties have also been added to the shift planner recently introduced to ensure all staff are aware of what is expected of them when on duty.

Risk register now in place and review of all needs that require risk assessments currently being undertaken.

**Proposed Timescale:** 01/01/2017

**Theme:** Leadership, Governance and Management

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

The provider had not undertaken an unannounced visit on a six monthly basis to assess the quality and safety of care as required by regulation 23.

**13. Action Required:**

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

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

An unannounced visit to assess the quality and safety of care will be conducted by the end of November.

**Proposed Timescale:** 30/11/2016

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

One staff file reviewed did not include details of the dates on which the staff member commenced employment or the position the person held in the centre.

**14. Action Required:**

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

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

A full review of each staff members file currently working in the centre is underway and any deficiencies identified therein will be rectified.

**Proposed Timescale:** 30/11/2016

**Theme:** Responsive Workforce

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

There were three healthcare assistant and one clinical nurse manager 1 vacancies at the time of inspection.

**15. 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 vacant CNM 1 post has been filled.

The skill mix within the centre is currently being reviewed with the introduction of greater numbers of social care workers imminent.

**Proposed Timescale:** 01/01/2017

**Theme:** Responsive Workforce

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

A number of staff were not up to date with mandatory training requirements. For example, two staff required fire safety training and three staff required Children First, 2011 training.

**16. 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:**

Full review of all staff training requirements to be carried out and gaps addressed as a matter of priority

**Proposed Timescale:** 01/01/2017

**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 as per the frequency set out in the centres supervision policy..

**17. 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:**

As set out in centres policy each supervision will be conducted every month.



Planner devised to include all staff supervisions completed by end of November.

**Proposed Timescale:** 30/11/2016