### Centre name:
OCS-SM

### Centre ID:
OSV-0004030

### Centre county:
Dublin 7

### Type of centre:
Health Act 2004 Section 39 Assistance

### Registered provider:
Daughters of Charity Disability Support Services Company Limited by Guarantee

### Provider Nominee:
Theresa O'Loughlin

### Lead inspector:
Maureen Burns Rees

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
0

### Number of vacancies on the date of inspection:
6
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 29 November 2016 09:30
To: 29 November 2016 18:00

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 04: Admissions and Contract for the Provision of Services |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 11. Healthcare Needs |
| Outcome 12. Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
Background to the inspection:

This was a 10 outcome inspection carried out to inform a registration decision. It was the fourth inspection of the centre. The previous 18 outcome registration inspection was undertaken in January 2016 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

The inspector interviewed the regional services manager (subsequent to the inspection by phone), clinical nurse manager 3 (CNM), the person deputising for the person in charge on an interim basis and a staff nurse. The inspector reviewed care practices and reviewed documentation such as support plans, medical records, accident logs and policies and procedures.

There were no children availing of overnight respite at the time of inspection.
Description of the service:

The service provided was described in the providers statement of purpose, dated December 2015. The centre provided respite services for children from 5 to 18 years of age who presented with severe and profound intellectual disabilities, with complex needs. The centre was a single storey premises located on the grounds of a large campus in an urban area. It had access to many amenities such as public transport, public parks and the city centre. The campus facilities included a playing field, playground, sensory garden and gymnasium.

At the time of this inspection, only three children were availing of overnight respite in the centre and none of these children were attending on the day of inspection. A number of other children availed of day respite in the service but their files were not reviewed as part of this inspection.

Overall judgement of our findings:

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. 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 had put a number of systems in place. An Interim person in charge had been appointed in September 2016 to replace the person in charge who was on an extended period of leave.

However, over the previous three month period, there had been considerable changes in the centre. These included, the discharge of four children who had been living in the centre for a prolonged period, the re-establishment of the full respite service for a number of children and the commencement of three new staff working in the centre. This had impacted on the ability of the person deputising for the person in charge to effectively engage in the governance, operational management and administration of the centre on a regular and consistent basis.

Good practice was identified in areas such as:
- Children were treated with dignity and respect (Outcome 1);
- Children's healthcare needs were assessed and met in line with their personal plans. (Outcome 11);

Some areas of non compliance with the regulations and the national standards were identified. These included:
- Improvements were required in relation to arrangements for review of behaviour support plans and restrictive practices. (Outcome 7);
- The statement of purpose did not accurately describe the service provided. (Outcome 13);
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, additional supports for the interim person in charge needed to be considered. (Outcome 14);
- The full staffing complement for the centre was not in place at the time of inspection and a number of staff did not had formal supervision for a prolonged period of time. (Outcome 17).
**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**
Individualised Supports and Care

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

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

**Findings:**

Children were treated with respect and efforts were made to promote their right. However, improvements were required in relation to consulting with service users.

There was an easy to read, charter of rights booklet available and a poster outlining children’s rights was on display. Children had access to advocacy services. Children’s religious and cultural needs were considered and supported if so requested. At the time of the last inspection, inspectors found that children were not consulted with regarding their care and support needs. On this inspection, the inspector found evidence that children were consulted with as part of the admission process and separately during key working sessions with their key workers. However, house meetings with service users were not routinely taking place in the centre. It was reported that children would choose activities to participate in and food choices at the start of each respite visit but this was not always recorded.

Children were enabled to participate in some, but limited activities which suited their needs, interests and capacities. (This is discussed further with actions under outcome 5). There were an adequate number and variety of toys, games and craft materials in the centre and there was a suitable play area to the rear of the house. However, in the preceding 12 month period, four children had resided in the respite centre on a full time basis which had impacted on the ability of staff to take children on respite out on activities in the community. These children had recently been discharged to a more suitable designated centre and it was proposed that children would be facilitated to engage in a greater number and variety of community outings going forward.
There was a complaint policy in place and a child friendly leaflet in relation to the reporting of complaints. At the time of the last inspection, the inspectors found that there was no nominated person to deal with complaints and that complaint records did not always outline the outcome of the complaint and if the complainant was happy. Since that inspection a complaints officer had been appointed and her contact details were on display in the centre and outlined in the complaint policy. In addition, a new complaint register had been put in place which provided spaces and prompts to record all of the required information.

**Judgment:**
Substantially Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Up-to-date written contract agreements, which detailed the terms upon which the child would avail of respite in the centre were not in place for a small number of the children.

At the time of the last inspection, inspectors found that up-to-date contracts of care were not on file for all of the children and that the contract of care did not specify the details of the services to be provided. Since that inspection, the template contracts had been revised to include all of the required details. However, up-to-date contracts of care were not in place for a number of the children.

Other aspects of this outcome were not inspected at the time of this inspection.

**Judgment:**
Substantially Compliant

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**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, who was availing of overnight respite in the centre had their health, personal and social care needs assessed within the previous 12 month period. However, it was not always documented if the child and or their representative was involved in the assessment to identify the child's individual needs and choices.

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, particularly in relation to social goals. It was evident that children engaged in a good range of activities within the centre but limited activities in the community. There was a template timetable of preferred activities on some but not all children's files. The inspector identified a number of incidences where recommendations from the multidisciplinary team were not reflected within the personal plan.

There were some processes in place to review children’s personal support plans. However, these reviews did not always adequately assess the effectiveness of the personal plan.

**Judgment:**
Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The health and safety of children and staff were promoted. However, some revisions
were required in relation to the risk register.

There was a risk management policy dated March 2015 which met the requirements of the regulations. There was also a safety statement in place and centre specific risk assessments which had been reviewed within the past 12 months. There was a list of identified people within the service who held health and safety responsibilities. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a risk register in place. However, it required revision as it referred to risks associated with a number of children who had recently been discharged from the centre, whilst risks for other children attending respite at the time of inspection had not been listed.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This meant that opportunities for learning to improve services and prevent incidences were being promoted. A copy of all incidents and accidents were submitted to the providers quality and risk department for review. There was a standard operating procedure in place for incident reporting. The inspector noted there had been a considerable decrease in the numbers of incidents following the recent discharge of four children from the centre. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and in a good state of repair on the day of inspection. There was a cleaning schedule in place. Colour coded cleaning equipment was used in the centre and securely stored. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. Posters were appropriately displayed.

Fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits 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. Records showed that staff had attended fire safety training but there was one newly appointed staff member who required training.

Staff had attended training in moving and handling services users if required. There was evidence that personal manual handling profiles and risk assessments had been completed for appropriate children.

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

Findings:
There were measures in place to keep children safe and to protect them from abuse. However, improvements were required in relation to arrangements for review of behaviour support plans and restrictive practices.

The centre had a policy and procedure for the protection of children from abuse and neglect dated March 2015, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. 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. Records showed that the three new staff had not yet completed their children's first training but that this was scheduled.

There were details of intimate care needs and requirements outlined in children's support plans which provided sufficient guidance for staff in meeting the intimate care needs of the children. There were intimate care guidelines in place, dated May 2014. Intimate care competency assessments had been completed with individual children. In a sample of files reviewed, intimate care checklists and consent forms for intimate care had been signed by individual children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. However, an up-to-date assessment and behavioural support plan was not on file for two children who displayed behaviour that challenged. Individual risk assessments in relation to behaviour that challenged had been completed for appropriate children. However, for one child this had not been reviewed for more than 12 months although the risks associated with the child's behaviour that challenged persisted. There were guidelines to support persons with behaviours that challenge, dated April 2014. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. The service had a psychologist, clinical nurse specialist in behaviour therapy and a clinical nurse specialist in Autism.
There were minimal restrictive practices in use in the centre at the time of inspection. A restrictive practice policy, dated July 2014 was in place. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. There was evidence of discussions with parents regarding the use of a specific restraints for individual children. The inspector noted that restrictive practices had been reduced since the recent discharge of four children. However, this was not adequately recorded on the restraint register/log. The provider had a restrictive practice monitoring committee whose remit was to audit restrictive practices in place. The inspector noted that a meeting of the committee was scheduled for the week of inspection. However, in the preceding 12 month period, committee meetings had not been occurring at regular intervals as proposed by the providers policy. Restrictive practices, for a small number of children, had not been formally reviewed by the multidisciplinary team for a prolonged period.

**Judgment:**
Substantially Compliant

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### Outcome 11. Healthcare Needs
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Children’s healthcare needs were assessed and met in line with their personal plans. However, health information on a small number of files was not up to date.

The needs of children availing of respite in the centre were met in line with their personal plans and assessments. There was a registered staff nurse on duty at all times. Children's healthcare needs and support requirements were identified in personal plans. Separate more detailed nursing health action plans were in place to meet specific needs and support requirements where required. Children had access to allied health care services as needed. Each of the children had their own GP whom they attended as required. There was evidence in children's files of where the centre had written to parents requesting updates in the health status of individual children. However, in a small number of children’s files, the health information was identified as not up to date.

There was a nutrition and hydration policy in place. The inspector observed that there was a nutritious, appetizing and varied menu available for the children. A range of healthy snacks were also available. The centre had a good sized kitchen come dining area which promoted meal times to be a positive and social event. There were cooking facilities in the centre. At the time of the last inspection, inspectors found that there
were no systems in place to ensure that children were provided with an adequate diet consistent with a child's individual dietary requirements. Since that inspection, a three weekly menu was provided in the centre and a log book was established to document each child’s nutritional and fluid intake. Individual children's dietary needs and support requirements were found to be documented in each child's personal plan. At the time of the last inspection, inspectors found that children were not supported to prepare and cook their own meals. Since that inspection, goals had been set for some children regarding food preparation and cooking as appropriate to their needs. The person in charge reported that meal choices were discussed with service users on each respite visit. However this was not always documented (Discussed further under outcome 1).

Two children availing of respite in the centre were on enteral feeds. There was a procedure for the care and usage of percutaneous endoscopic gastrostomy tubes. However, it was dated March 2010 and needed to be reviewed so as to ensure that guidance provided for staff was in line with the most up-to-date best practice.

Judgment:
Substantially 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 for the safe management and administration of medications. However, a small number of medications were transcribed in the centre on a regular basis and practices relating to same were not in accordance with best practice in this area.

There was a medication policy in place, dated January 2015. The inspector reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure cupboard in the staff office. 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 availing of respite to be responsible for their own medications. There were no chemical restraints used in the centre. At the time of the last inspection, the inspector observed inappropriate practices on a prescription sheet. This had since been rectified.
On this inspection, the inspector found that some medications were transcribed in the centre. However, controls, in line with best practice to minimise the risks associated with transcribing were not in place. For example, a second member of the staff team did not independently verify and co-sign all transcribed orders. It is recognised that transcribing of any clinical information is a high risk activity and should be subject to regular audit. An audit of medication practices had been undertaken in November 2016. However, the previous audit had been undertaken almost 12 months before that.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a written statement of purpose in place, which contained the majority of the information required by Schedule 1, of the Health Act 2007 (Care and support of residents in designated centres for persons (children and adults) with disability regulations, 2013. However, it did not accurately describe the service provided in that it included reference to three children who previously resided on a long term basis in the centre but had been discharged in the previous three month period.

At the time of the last inspection, the statement of purpose did not meet all of the regulatory requirements. Since that inspection, the statement of purpose had been revised and was dated December 2015.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.
**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
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 children's needs. However, additional supports for the interim person in charge needed to be considered.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. There had been some recent reconfiguration of the management structure with the appointment of a clinical nurse manager three (CMN3). An Interim person in charge had also been appointed. Appropriate notification had been submitted to HIQA advising that the person in charge was on extended leave and that an interim person in charge had been appointed to act in her absence. Three new staff nurses had also recently taken up posts. Staff spoken with had a clear understanding of the management structure.

The interim person in charge was found to be suitably qualified and skilled for the role. She had taken up the position in September 2016. She had a background as a registered nurse in intellectual disabilities and was in the process of completing a post graduate diploma in leadership. She had previously worked as a clinical nurse manager for three years within the wider service. The interim person in charge reported to the CMN3 who in turn reported to the regional services manager. She was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support needs and plans for the children availing of overnight respite in the centre.

The role of the interim person in charge was full time. However, over the previous three month period there had been considerable changes in the centre. These included, the discharge of four children who had been living in the centre for a prolonged period, the re-establishment of the full respite service for a number of children and the commencement of three new staff working in the centre. This had impacted on the interim person in charge's ability to effectively engage in the governance, operational management and administration of the centre on a regular and consistent basis.

An annual review of the quality and safety of care and support in the designated centre had been undertaken. The provider had undertaken unannounced visit to the centre on at least a six monthly basis and produced a report as per the requirements of the regulations. The most recent visit had been undertaken in July 2016 and there was evidence that actions had been undertaken to address deficits identified at the time of that visit.

On call arrangements were in place and staff were aware of these and the contact details.
Judgment:
Substantially 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:
There were recruitment procedures in place, which were managed centrally by the provider. However, the full staffing complement for the centre was not in place at the time of inspection and a number of staff had not had formal supervision for a prolonged period of time.

There was a recruitment and selection policy and procedure, dated June 2014. A staff induction checklist was in place and completed for all new staff. No volunteers were used at the time of inspection. The skill mix and qualifications of staff were suitable to meet the assessed needs and support requirements of the children. There were actual and planned staff rosters in place which had been appropriately recorded. However, at the time of inspection, there was a vacancy for one whole time equivalent staff nurse and one social care worker position. A number of the staff team, including the person in charge were relatively new to their post. This had necessitated the use of relief staff but the inspector noted that the same relief staff were used when required. This provided some consistency for the children in terms of care givers. It was reported that recruitment was underway to fill these positions.

There was a staff education and training in place, dated February 2014. At the time of the last inspection, some staff had not received the required mandatory training. This had been addressed since that inspection. At the time of this inspection, a training programme was in place for staff which was coordinated by the providers training department. There was evidence that a training needs analysis for staff had been undertaken. Training schedules for training identified as required had been put in place. It was noted that a small number of staff had not yet completed fire safety training but that this had been booked. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. They also had a good understanding of the care and support needs of children availing of respite in the centre.
The inspector observed that a copy of the standards and regulations was available in the centre.

Staff supervision arrangements in place were not adequate. The inspector reviewed a sample of supervision records and found that they were of a good quality. However, a number of staff had not had formal supervision for a prolonged period. There had been a similar finding at the time of the last inspection. The interim person in charge had taken up her post in September 2016, but had not yet received training in undertaking supervision. There had not been a staff meeting in the centre, since June 2016.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Company Limited by Guarantee</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004030</td>
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<tr>
<td>Date of Inspection:</td>
<td>29 November 2016</td>
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<tr>
<td>Date of response:</td>
<td>23 January 2017</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
House meetings with service users were not routinely taking place in the centre. It was reported that children would choose activities to participate in and food choices at the start of each respite visit but this was not always recorded.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
- The clinical nurse manager has a schedule in place for house/advocacy meetings to take place on a 6 weekly basis with service users for 2017.
- 2 staff members are appointed to co-ordinate and hold these meetings
- At beginning of each respite visit staff in the centre will meet the child /young person to determine their preferred activities while in Respite and staff will record his/her preferences in the activity sampling recording sheet.
- A new activity sampling document was developed on the 4th January to record activities offered and children/young persons experience of the activity.
- A daily log to record all food eaten by each child/young person will be in place by 23rd January 2017.
- A calendar of each child/young persons planned admission dates is now in place at the front of each child/young persons personal plan to record dates of overnight stays and any cancellations to those dates.
- The importance of consulting each child/young person in the organisation of the centre and the documentation of activities and food choices is an agenda item for staff meeting on 20th January 2017.

Proposed Timescale: 23/01/2017

Outcome 04: Admissions and Contract for the Provision of Services
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Up-to-date written contract agreements, which detailed the terms upon which the child would avail of respite in the centre were not in place for a small number of the children.

2. Action Required:
Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident’s assessed needs and the statement of purpose.

Please state the actions you have taken or are planning to take:
- The Clinical nurse manager and service manager have reviewed and amended the contracts of care as of 31st December 2016.
- All families were invited in to meet social worker and clinical nurse manager to review their respite requests.
- Contracts of Care were re-issued on 16th January to all service users who are on the existing database of respite users.
- For new admissions to respite the Contract of care is discussed with each child / young person and their parent /representative as part of their initial introduction and
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:
It was not always documented if the child and or their representative was involved in the assessment to identify the child's individual needs and choices.

3. Action Required:
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
• Each child/young person and their parent /representative is invited to attend meetings.
• Assessment documentation has a section to record who is involved and who attended meeting.
• The clinical nurse manager has communicated this to all staff through the communication book in the unit and also is an agenda item for staff meeting on 20th January.
• An audit of assessments will take place by the clinical nurse manager every 3 months to monitor compliance.

Proposed Timescale: 20/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The level of detail in personal plans varied and did not always identify individual choices, particularly in relation to social goals.

It was evident that children engaged in a good range of activities within the centre but limited activities in the community.

The inspector identified a number of incidences were recommendations from the multidisciplinary team were not reflected within the personal plan.

4. Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the
Please state the actions you have taken or are planning to take:

- A new activity sampling document was developed on the 4th January to record each child’s/young persons preferred choice of activity per visit is in place.
- A menu of local community activities/resources is available and is used to support each child/young person in choosing their preferred activities.
- An audit of activities offered to assess range of activities and exposure to different activities and environments will be carried out by each keyworker on a monthly basis.
- Keyworkers will review audits with clinical nurse manager every 3 months.
- MDT members will be contacted by the clinical nurse manager to agree priority recommendations with the child/young person and keyworker during their Respite visit and these will be included in each child/young person’s personal plan.
- The CNM3 is scheduled to attend a training day on “Good Life Champions” on the 30th January and thereafter will be a support to staff in promoting inclusion in community activities.

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

Personal plan reviews did not always adequately assess the effectiveness of the personal plan.

5. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

- There is a local policy and procedure in place on how to complete Person Centred Plans. This policy and procedure to be reviewed at the next children’s services managers meeting on the 7th February 2017.
- The importance of evaluation of the effectiveness of each plan is an agenda item for staff meeting on the 20th January.
- A training session on how to evaluate personal plans is scheduled for staff on the 6th February.

Proposed Timescale: 28/02/2017

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:
There was a risk register in place. However, it required revision as it referred to risks associated with a number of children who had recently been discharged from the centre, whilst risks for other children attending respite at the time of inspection had not been listed.

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

Please state the actions you have taken or are planning to take:
• The Risk Register is being reviewed and update will be completed by 31st January.
• The clinical nurse manager along with the CNM3 have a schedule of dates in place to review the risk register on a monthly basis and update as necessary to accommodate the risks associated as new children are introduced to the centre.

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records showed that staff had attended fire safety training but there was one newly appointed staff member who required training.

7. Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
• A complete update of all staff training logs was forwarded to the unit by the Education Department on 12th January 2017.
• Staff member outstanding for Fire training is scheduled to attend on 2nd February 2017.

Proposed Timescale: 02/02/2017

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:
An up-to-date assessment and behavioural support plan was not on file for two children who displayed behaviour that challenged.

Individual risk assessments in relation to behaviour that challenged had been completed for appropriate children. However, for one child this had not been reviewed for more than two years although the risks associated with the child's behaviour that challenged persisted.

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:
• A request by the clinical nurse manager to the Clinical nurse specialist in Autism/Behaviour has been forwarded to update the assessment and behaviour support plans of the two service users who do not have these records on file. These to be in place by 3rd February 2017.
• For all new children and young people to the centre a proactive risk assessment is carried out prior to admission to determine risks and to group children according to needs and abilities.
• For each child /young person who require a specific challenging behaviour risk assessment this will be completed within a month of their first overnight stay.
• Each challenging behaviour risk assessment will be reviewed annually or sooner if need arises by keyworkers.
• A visual log of all reviews that need to take place and dates will be displayed in the office as a reminder for all staff.

Proposed Timescale: 03/02/2017
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Restrictive practices, for a small number of children, had not been formally reviewed by the multidisciplinary team for a prolonged period.

9. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:
• All restrictive practices for children and young people are reviewed by the local MDT.
• A review took place on the 1st December 2016 and further dates are scheduled for 2017 on a 3 monthly basis, 9th March, 8th June, 7th Sept and 7th December 2017.
Proposed Timescale: 23/01/2017

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
In a small number of children's files, the health information was identified as not up to date.

10. **Action Required:**
Under Regulation 06 (2) (e) you are required to: Support residents to access appropriate health information both within the residential service and as available within the wider community.

Please state the actions you have taken or are planning to take:
- The CNM3 is in process of carrying out an audit of health Action Plans for all existing service users care plans. This will be completed by 30th January.
- An action plan will be put in place to ensure that all children’s Health action Plans will be updated by 28th February.

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:
Some medications were transcribed in the centre. However, adequate controls, in line with best practice to minimise the risks associated with transcribing were not in place.

It is recognised that transcribing of any clinical information is a high risk activity and should be subject to regular audit.

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:
- A new medication system has been devised for children’s services which will eliminate the need for transcribing.
- This system has been on trial for a small number of service users. A meeting took place with managers in Childrens services on the 19th January to review the system.
and this will be forwarded to the service Medication management committee for approval at next meeting on 31st January.

- Once approved this new system will be rolled out for all children/ Young people availing of the respite service
- The new system will be reviewed after 3 months of commencement date.
- An audit of existing MPARS system will be carried out on a monthly basis until new system is in place

**Proposed Timescale:** 01/03/2017

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not accurately describe the service provided in that it included reference to three children who previously resided on a long term basis in the centre but had been discharged in the previous three month period.

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

**Please state the actions you have taken or are planning to take:**
- The Service Manager along with the Clinical Nurse manager has reviewed the Statement of Purpose and now accurately describes the service provided.

**Proposed Timescale:** 05/01/2017

### 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:
Over the previous three month period there had been considerable changes in the centre. This had impacted on the interim person in charge’s ability to effectively engage in the governance, operational management and administration of the centre on a regular and consistent basis.

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

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

- A newly appointed CNM3 commenced on 17th October and provides regular support to the interim PIC through individual meetings scheduled fortnightly and supervision meetings scheduled every 8 weeks.
- The Children’s service manager has scheduled Manager team meetings on an 8 weekly basis commenced on 6th December for all managers in Children services and agenda items include operational management issues as well as Governance issues and information sharing. This creates opportunities for shared learning and peer support.
- The Childrens services manager and CNM3 meet formally on a monthly basis and minutes of meetings are maintained.
- The CNM3 participates in clinical supervision meetings with line manager. These commenced on 13th December and are scheduled 8 weekly.

**Proposed Timescale:** 23/01/2017

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A number of staff had not had formal supervision for a prolonged period. There had been a similar finding at the time of the last inspection.

The person in charge had taken up her post in September 2016 but had not yet received training in undertaking supervision.

There had not been a staff meeting in the centre, since June 2016.

14. **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 clinical nurse manager is scheduled to attend supervision training on 6th February 2017.
- A senior staff member resumed her position in the centre on 3rd January 2017. This staff member is trained in supervision and she has delegated responsibility for supervision with Junior Colleagues.
- A schedule of supervision dates have been agreed for 2017
- The clinical nurse manager has scheduled staff meetings for 2017 and last meeting was held on 20th January.
- Minutes of all meetings will be maintained.
Proposed Timescale: 06/02/2017