



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	St. Teresa's Services
Name of provider:	Ability West
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 November 2019
Centre ID:	OSV-0004064
Fieldwork ID:	MON-0024524

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Teresa's Services is registered children's respite service which can provides respite services for up to nine children aged between six and eighteen years. The children have a diagnosis of intellectual disability and some of the children also have complex physical, medical and/or mental health issues. St Teresa's Service is located in Co. Galway and is a six bed bungalow. All of the bedrooms are spacious and two of the bedrooms are wheelchair accessible with private en-suites and have moving and handling equipment installed to meet the residents' high support needs. The centre also has two sitting rooms and a multi-sensory room to provide a quality and safe service for the children using this centre. Residents attending St. Teresa's Service generally access education by attending local schools during the week. The centre is staffed by two to three staff during the day and a waking staff at night.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 November 2019	10:00hrs to 18:30hrs	Thelma O'Neill	Lead

What residents told us and what inspectors observed

On the day of the inspection, the residents had left for school before the inspection commenced. There was no admissions to the house that evening, so the inspector did not meet any of the children on this occasion.

Capacity and capability

This inspection was completed to assess the provider's capacity and capability to meet the care and support needs of the children receiving respite in the centre. On the last inspection, in February 2018, the inspector found the centre was fully compliant, except for regulation five - individual assessments and personal plans. This regulation was reviewed again on this occasion, but was not adequately addressed, and the regulatory compliance of the centre had significantly deteriorated.

Since April 2019, there were a number of changes in the centre. Firstly, a new person in charge was appointed to manage the centre, and the financial resources available to the centre had reduced. This was attributed to a child moving onto an adult residential service and the crisis funding ceasing in the centre. As a result, the previous staffing supports available in the centre had decreased, which impacted on the children's care and support needs not being met as required.

The person in charge commenced post in May 2019. She met with the inspector during the inspection, and said she worked full-time in the organisation and had allocated twelve hours a week to this centre, and the remainder of her time was spent managing another designated centre. She was available to this centre when required. The inspector was told that the centre was providing respite services for up to nine families, but was only operating for 15 nights per month. The inspector reviewed three of the nine children's' files in detail and found that the changes in the resources had impacted on the flexibility available in the service to meet the family's needs. In particular, the inspector found the children's health, social care, education and risks were not being adequately met in line with their assessed needs and wishes.

The provider had a good governance structure in place. The board of management had appointed the chief executive officer to be the provider representative and a person in charge to manage the centre. There were clear levels of management responsibility within this governance structure in the organisation. However, the inspector found the systems in place to ensure effective oversight were not appropriately implemented or reviewed. The inspector found that although the provider had completed an annual review and two six monthly unannounced reviews

of the services, (one only two days prior to this inspection) their internal audits did not identify the ongoing risks in the centre. For example; the additional risks in the service in meeting the children health and social care needs, restrictions on the children's rights, and their education were not identified in the provider audits or in the centre risk register. On review of three of the children's files, the inspector saw there was an absence of appropriate assessments and support plans, infection control risks, staffing skill mix and restrictive practices in relation to managing behaviours of concern. Furthermore, there was no evidence these issues were escalated to the provider in line with their organisational policies and procedures. These issues are discussed in detail under quality and safety.

The person in charge supported a team of six social care staff, who were familiar with the children and their care and support needs. The staff had received ongoing training as part of their professional development, however, the inspector found the current skill mix of staff, did not have the required skills to meet the assessed needs of the children receiving respite in the centre. Many of the children had complex health issues, such as epilepsy, choking risks, mobility issues, and behaviours of concern. For example, one child diagnosed with an acute medical condition, who frequently required urgent medical assessment and treatment, was regularly admitted to hospital, or sent home to their family when they became unwell. This was due to the staffing skill mix not having the medical knowledge or expertise to manage the child's healthcare needs in the centre. The person in charge confirmed to the inspector that the centre did not have access to nursing support to assess and manage children with acute health conditions.

The inspector also found staffing resources were not sufficient to meet the needs of the children. One of the children, who received respite for 13 nights a month, was assessed as requiring 2:1 staff support when on social outings. However, the child was unable to leave the centre for social activities and participates in their personal goals. This was due to the staffing resource not being available in the centre. This resource issue was not identified by the provider in their recent audit, and it was not recorded in the centre risk register as an ongoing resource issue.

The provider had a policy and procedure in place for complaints and feedback, there was a complaint's pathway and user friendly complaints information available in the centre. The inspector was told at the start of the inspection that they had not received any complaints in 2019; however, the inspector found evidence where a significant complaint was received from a family relating to the lack of qualified staff and resources to support their child when in respite. Their concerns were not identified, recorded or investigated as complaints in line with the organisation's policies and procedures.

Regulation 14: Persons in charge

The person in charge had the qualification and experience to manage this centre,

however, she is responsible for managing two designated centres and failed to ensure effective operational management of this centre.

Judgment: Substantially compliant

Regulation 15: Staffing

The registered provider had not ensured that there were the appropriate skill mix of staff available in the centre to meet residents' assessed needs. There was evidence that the current skill mix of staff did not have the required medical knowledge, experience or competence to manage children' healthcare needs. This had resulted in a delay in medical assessments, medication administration and children having to be either sent home or to hospital as a result of inadequate skill mix.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, including refresher training, as part of a continuous professional development programme.

Judgment: Compliant

Regulation 23: Governance and management

The provider had not ensured the governance and management of this centre was effective. While there were systems and audits in place to identify and manage risks in this centre, areas of concern were not effectively risks assessed and managed. For example; children' assessments and personal plans healthcare needs, medication management, staffing, managing behaviours of concern, general welfare and development, premise issues, and complaints.

Judgment: Not compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of quarterly notifications and found that

some restrictive practices in use, were not reported to the chief inspector as required. For example, the use of covert medication administration, and locked doors with the keypads locks.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector found there were concerns reported to staff by family members that were not recorded in the complaints log and investigated as per the organisational policies and procedures.

Judgment: Not compliant

Regulation 4: Written policies and procedures

All schedule five policies and procedures were present in the centre. These policies provided guidance to staff to ensure they were aware of the correct procedures when providing care to the children in this respite service.

Judgment: Compliant

Quality and safety

The inspector reviewed the quality and safety of care provided at the centre and found that while there were some good practices in place, recent changes in the centre's opening times, governance and management and support arrangements had resulted in some children's assessed needs not being met as required. Significant improvements were required in five areas such as; individual assessments and personal plans, health care, risks management, and medication management and further improvements were required in relation to the premise, protection against infection, general welfare and development and positive behaviour support.

The inspector found that the centre had a policy of assessing the children's health and social care needs every three years, and their assessed needs were subject to an annual review. However, in three of the children's care notes, the inspector found that these children's health, educational and social care needs had changed,

but their additional needs were not reflected in their individual support plans. This resulted in the children not receiving the required staffing, or medication, education, or behaviour management support, to meet their needs. In addition, a review of the children's assessed needs was identified on the last inspection as required, but on review this was not adequately addressed.

The inspector also reviewed the management of the children's health care needs. Some children presented with complex physical, medical, and/or mental health issues. They required support with feeding through a PEG tube, or adherence to 'Feeding, Eating, Drinking, and Swallowing' programmes (FEDS). Furthermore, some children had visual impairments, mobility issues, epilepsy or medical conditions that required the use of oxygen, epilepsy management plans, and support to manage behaviours of concern. The inspector found that although the children's healthcare needs were generally met in the centre, in the three files the inspector reviewed, the provider had not ensured that the individual healthcare needs of the children were being met. Some children had very complex medical needs, and the staff did not have the required medical training or knowledge to safely manage children with acute medical conditions admitted to the centre. The inspector was told that when a child became unwell, their parents were called to collect them or the child was sent to the hospital, as the staff were not medically trained. The inspector saw evidence in a child's case notes where the child's parents had complained that their child's healthcare needs were not met in this centre.

The inspector reviewed the medication management practices in the centre, and found that there were various practices and procedures in use, to facilitate medication management within the respite centre. However, the inspector found one incident where a child had not received the prescribed medication to treat an acute illness, and became unwell while in respite and had to be admitted to hospital. In other incidents the inspector found the social care staff were routinely transcribing medications from the G.P.'s letters onto the medication management sheets (MARS). While it was a policy that social care staff could transcribe onto an MARS sheet in an emergency situation, this was a regular practice in the centre and there were no checks by a trained professional to ensure these written transcribes were correct. This practice is not in line with the organisation's medication management policy or procedures.

The inspector also found that the service was not adequately supporting a 12-year-old child to attend school, when accessing respite care at the centre. For example, records showed that the child had missed three school days every month since the summer, due to transport issues.

The premise was suitable for the assessed needs of children accessing it for respite care. The house was clean and suitably decorated. The house was spacious, and had two sitting rooms, a multi-sensory room, six bedrooms, (two with overhead hoists) kitchen, dining room, utility room and garden. Children who received regular respite had their personal possessions located in their favourite bedroom, in line with their wishes. However, the exterior of the premises required maintenance, as the roof was covered in moss and the pathway of the property was covered leaves. This was a health and safety risk to residents, staff and visitors. In addition, the

maintenance department had identified that the heating system required replacement, as well as new flooring in the hallway, dining room and sitting rooms. While the provider had identified these environmental risks, they had not put in place a maintenance plan or set time frames to do the required works internally, despite they remaining a hazard and reducing the general appearance of the centre.

The inspector reviewed the management of behaviours of concern and restrictive practices in the centre. The inspector was notified of eleven restrictive practices in the centre, but found three additional restrictions in use, that were not identified on the restrictive practice log or centres risk register, these were physical restraints, locked keypad door and covert use of medications. The use of a keypad on the front door and the use of covert medication administration for a child were not identified as a restrictive practice and its use had not been appropriately reviewed. Although, these restrictions were used to manage a number of children's behaviours of concern, the inspector was told that only one child had a behaviour support plan. This plan clearly identified the child's behaviours and outlined how staff should best support them when staff were attending to their intimate care needs. One of the recommendations was that staff could hold the child's hands during personal care. This practice was occurring daily; however, there was not protocol around the use of the physical restraint and it was not recorded in the centres restrictive practice log, or included on the risk register. Furthermore, the provider had not notified the chief inspector of all of the restrictive practices used in the centre as required under regulations.

The provider had procedures in place to assess risks in the centre. They were responsible for the assessment of risks and put control measures in place to minimise harm to the children. However, the inspector found some risks had not been recorded in either resident's individual risks assessments or the centre's risk register. For example, infection-control risks, the management of behaviours of concern, staffing resource/skill mix issues, medication management and restrictive practices. The inspector found that while the person in charge was aware of all of these issues and was managing them locally, within the available resources, they failed to adequately escalate some the risks to the provider. For example, care and welfare risks, staffing skill mix issues, medication administration issues, and the use of restraints in the centre.

There were good fire management systems in place in the centre. There was appropriate fire safety equipment in the centre, with fire extinguishers located throughout the house. Furthermore, the inspector found that each resident had personal evacuation plans that reflected their support needs, and simulated fire drills had been completed under all circumstances, including minimal staffing levels to ensure, residents could be evacuated safely from the centre in the event of a fire.

Regulation 13: General welfare and development

The children did not have access to opportunities to participate in activities in accordance with their interests, capacities and wishes while on respite, and they were not facilitated to attend school while receiving respite. In addition, children with high support needs were not supported to attend social outings while in respite.

Judgment: Substantially compliant

Regulation 17: Premises

The centre was suitable for meeting the needs of the children; however, it required a maintenance programme to be completed in relation to the exterior of the premises, the replacement of heating system, and flooring in the centre.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

Residents' individual risk assessments required updating to reflect their actual risks when admitted for respite to the centre. For example, some residents had health conditions, medication administration issues, behaviours of concerns, infection control issues, social support requirements in the community, educational requirements to be followed. However, these individual risks were not adequately risks assessed and managed. Furthermore, the centre's risk register did not accurately reflect all identified risks and required review.

Judgment: Not compliant

Regulation 27: Protection against infection

Some children were at risk of healthcare associated infections and displayed behaviours during personal care that were a risk of spreading infections to themselves or others, however, these risks were not identified and managed in line with national or organisational policies and procedures and required review.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire safety management was compliant in this centre. The provider had appropriate procedures in place for fire prevention; such as, fire equipment, personal evacuation plans, fire drills and staff training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Staff had not administered medication as prescribed. and the staff were not adhering to the organisations medication management policy and procedures. For example, untrained staff were transcribing from G.P. letters, onto a MARS sheet on a regular basis, without proper oversight and this was not in line with their medication management policy.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Children's health, and social care assessments were only completed every three years and the inspector found their support plans were not updated to reflect the changing needs of the children. For example; children's health conditions, and staffing support requirements. In addition some children were not supported to attend school while in respite and children's personal goals were mostly centre-based and not aspirational in nature. Some of the children's goals to be achieved outside of the centre, were not achieved. These issues were also actioned on the last inspection and were not completed.

Judgment: Not compliant

Regulation 6: Health care

Access to allied health professionals, such as, nursing support was not available, despite many of the children having complex medical and healthcare needs.

Judgment: Not compliant

Regulation 7: Positive behavioural support

While the staff were supporting children that had behaviours of concern, the children did not all have plans in place for staff to support them in managing their behaviour in an appropriate manner. Furthermore, there were a significant number of restrictive practices in use in the centre and all of the restrictive practices were not recorded in the restrictive practice log in line with their organisational policies and procedures.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for St. Teresa's Services OSV-0004064

Inspection ID: MON-0024524

Date of inspection: 21/11/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 14: Persons in charge	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>The Person Participating in Management will meet with the Person in Charge on a monthly scheduled basis initially with a structured agenda to include issues highlighted in this inspection, these meetings will ensure that all necessary actions herein are completed in the timeline indicated, with any obstacles to completion identified in a timely manner, and any required remedial actions undertaken.</p> <p>An action plan will be completed by Person in Charge and overseen by the Person Participating in Management to ensure all actions completed.</p> <p>More frequent Provider Led Audits are being instigated by the Registered Provider as indicated under action for Regulation 23 below, and will be undertaken by the Quality and Compliance department. An action plan will be completed by Person in Charge and overseen by the Person Participating in Management to ensure all actions completed arising from internal audits.</p> <p>The Registered Provider is satisfied with such processes in place this will ensure the effective governance, operational management and administration of the designated centre.</p>	
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Arising from inspection, Director of Client Services, Assistant Director of Client Services, Head of Quality and Compliance and Person in Charge met on 10th December to discuss initial actions required. The PIC has escalated through internal processes concerns</p>	

regarding the suitability of the skill mix in St. Teresas to meet the needs of a particular resident.

(i)As concerns have been raised regarding the suitability of the skill mix in St. Teresas and their ability to safely provide for the resident’s changing health needs, the Registered Provider will ensure that an independent Nursing assessment is carried out to ascertain a particular residents care needs. This will indicate the competencies needed to address the resident’s requirements, skill mix and take account of the current statement of purpose. This assessment will take place in January 2020.

In the meantime , prior to nursing assessment being carried out a team meeting is being organised dedicated to the current protocols and care plans of the individual, this will include identification of any further information requirements.

(ii)Organisationally a review is taking place currently, led by Head of Psychology and with the support of Multi-Disciplinary team to identify thresholds and competencies of Ability West services to provide support when medical needs change as services are led by Social Care model. This review will inform the Registered Provider regarding capacity of services to meet needs. This review will inform and enable services to react in an appropriate manner and escalate any concerns regarding service provision in a timely manner. This review will be completed by end of Q1 2020

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

The designated centre originally opened and was resourced for part time opening of 15/28 nights; this was required to be increased for a particular period of time to accommodate a crisis until one child entered adult services at which stage the designated centre reverted back to its original funded allocated resource. The current service provision and resourcing allocation is reflected within the Statement of Purpose. The Person Participating in Management will meet with the Person in Charge on a monthly scheduled basis initially with a structured agenda to include issues highlighted in this inspection, these meetings will ensure that all necessary actions herein are completed in the timeline indicated, with any obstacles to completion identified in a timely manner, and any remedial actions undertaken. An action plan will be completed and overseen by the PPIM to ensure all actions completed. More frequent Provider Led Audits are being instigated by the Registered Provider, and will be undertaken by the Quality and Compliance department. Centre Risk Register has been updated, to include areas of concern such as: Complex Health Needs, Educational needs of Children, Medication Management, Infection control, Maintenance of premises. Individual risk assessment has been updated and all residents individual risk assessments will be updated by 31/1/2020. Arising from this inspection, the Corporate Risk register as been updated and Board of

Directors informed. The Registered Provider will ensure that an independent Nursing assessment is carried out to ascertain a particular residents care needs. This will indicate the competencies needed to address the resident's requirements, skill mix and will take account of the current statement of purpose.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

Notification of restrictive practices of key pad for front door and covert medication will be submitted from Q4 of 2019. Referrals are being processed to the Restrictive Practices Committee and relevant records completed, including the restrictive practices centre log. In addition, with regard to the key pad for the front door - objects of reference and/or appropriate aids will be available at the door and staff will facilitate individuals in exiting the front door if they so wish. With regard to medication - protocol regarding medication administration is being reviewed by the Person in Charge, in consultation with a particular residents G.P. to ensure clarity including preferred method of administration as indicated by the resident.

Regulation 34: Complaints procedure	Not Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

The concerns reported to staff by family members on records, have been logged in the complaints log system and are going through the organisation's policy and procedure on complaints. As part of the process, the complaints noted have been allocated to an identified Complaints Officer to review the solutions reached with parents in meeting in July 2019, and satisfaction levels in this regard. Furthermore, information on complaints processes has been re-circulated to all parents/guardians.

Regulation 13: General welfare and development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 13: General welfare

and development:

Interests, wishes and developmental needs are ascertained in collaboration with the individual's school; and a review meeting is being scheduled for January 2020 with relevant school to discuss attendance, alternative options available, and to explore creating greater opportunities to participation in activities in accordance with the person's developmental needs. Opportunities are presented to participate in meaningful activities within the designated centre, and where possible in the community, within the resource package available, being cognisant of the complex health needs of the residents. A copy of 'My Plan' will be sent by Person in Charge to all families to complete, thereafter meetings will be arranged by Person in Charge to review same and agree goals with the residents and their families as per their wishes.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance work has been completed on the exterior of the premises, and roof cleared of moss, and the pathway of the property has been cleared of leaves. A timeline has been identified for the boiler to be replaced for the heating system, following quotation received in November 2019. A timeline has been identified for new flooring in the hallway, dining room and sitting rooms. A maintenance schedule is being developed by Person in Charge in consultation with CE scheme staff.

Regulation 26: Risk management procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Centre Risk Register has been updated, to include areas of concern such as: Complex Health Needs, Educational needs of Children, Medication Management, Infection control, Maintenance of premises. Individual risk assessment has been updated and all residents individual risk assessments will be updated by 31/1/2020. Arising from this inspection, the Corporate Risk register as been updated and Board of Directors informed. Risk management will form the main focus of the next Provider Led Audit. Risk Identification training for staff team has been sought by Person in Charge and this will be carried out by Quality and Compliance Department in February 2020.

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Risks pertaining to healthcare associated infections and displayed behaviours during personal care have been included in the Centre risk register and safety measures included. Additionally, the policy and procedure on infection control and prevention will be revisited by the staff team and signed off accordingly. All staff have completed training on infection control and hand hygiene. Protocol will be devised in relation to one resident in relation to control and prevention of infection particularly as it applies to personal care.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>On review of staff transcribing medication, the staff member transcribing on a regular basis, is a qualified nurse on the live register and all transcriptions are co-signed by a medication administrator as per Organisational Policy. In the event of emergency transcribing being required any staff transcribing have up to date medication training and are 'medication administrators' as per the organisation's policy and procedure. The policy and procedure on medication management is being reviewed to provide greater clarity on this element, this will be carried out by the Policy Advisory Group of the Registered Provider. On the one occasion referred to regarding non administration of medication, staff followed organisational policy and procedure applicable to situations whereby medication comes in from home and requires further clarity in order to administer safely. Peer medication audit is arranged and will be completed in January 2020. Reminder is being issued to all families of individuals regarding requirements for medication coming in from home.</p>	
Regulation 5: Individual assessment and personal plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p>	

A comprehensive review and assessment of each individual is carried out at least on an annual basis. This is documented on each individual's case review record, assessment of needs, service user profile, and individual care plans, such as intimate and personal care plan, specific health care plan. The template for use of the individual's person centred plan profile complements this with review of goals from this on a yearly basis, documented as part of the individual's annual review and progress records are completed throughout the year. Going forward, the date of such review will also be recorded on each individual's person centred plan profile and any updates to same recorded. A copy of 'My Plan' will be sent by Person in Charge to all families to complete, thereafter meetings will be arranged by Person in Charge to review same and agree goals with the residents and their families as per their wishes. From an organisational perspective and the current strategic plan, a review of person centred planning is one on the key areas under review.

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Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 As concerns have been raised regarding the suitability of the skill mix in St. Teresas and their ability to safely provide for the resident's changing health needs, the Registered Provider will ensure that an independent Nursing assessment is carried out to ascertain a particular residents care needs. This will indicate the competencies needed to address the resident's requirements, skill mix and take account of the current statement of purpose. There is a significant Multidisciplinary team support in place for residents, both internal and external, including Consultant Paediatricians and Consultant Psychiatrist. Portiuncala Hospital has a dedicated Paediatric unit, and is within 5 minutes' drive of designated centre in the event of emergency support being required.

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
 All individuals who require support with behaviours that challenge have behaviour plans and/or guidelines, as per current policy and procedure on Positive Behaviour Support. One Behaviour Support Plan has been updated since inspection to include greater detail in relation to appropriate interaction when dealing with personal care Referrals of restrictive practices are being processed to the Restrictive Practices Committee and relevant records completed, including the restrictive practices centre log



Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Substantially Compliant	Yellow	31/01/2020
Regulation 14(4)	A person may be appointed as person in charge of more than one designated centre if the chief inspector is satisfied that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.	Substantially Compliant	Yellow	31/01/2020
Regulation 15(1)	The registered provider shall ensure that the	Not Compliant	Orange	01/04/2020

	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.			
Regulation 15(2)	The registered provider shall ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.	Not Compliant	Yellow	31/01/2020
Regulation 17(4)	The registered provider shall ensure that such equipment and facilities as may be required for use by residents and staff shall be provided and maintained in good working order. Equipment and facilities shall be serviced and maintained regularly, and any repairs or replacements shall be carried out as quickly as possible so as to minimise disruption and inconvenience to residents.	Substantially Compliant	Yellow	15/02/2020
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre	Substantially Compliant	Yellow	31/01/2020

	is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/01/2020
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	31/01/2020
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the	Substantially Compliant	Yellow	15/01/2020

	prevention and control of healthcare associated infections published by the Authority.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	29/02/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental	Substantially Compliant	Yellow	31/01/2020

	restraint was used.			
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Not Compliant	Orange	15/01/2020
Regulation 05(1)(b)	The person in charge shall 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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Not Compliant	Orange	31/01/2020
Regulation 05(8)	The person in charge shall ensure that the personal plan is amended in accordance with any changes recommended following a review carried out pursuant to paragraph (6).	Not Compliant	Orange	31/01/2020
Regulation 06(2)(d)	The person in charge shall ensure that when a resident requires services provided by allied health professionals, access to such services is provided by the registered provider	Not Compliant	Orange	31/01/2020

	or by arrangement with the Executive.			
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Substantially Compliant	Yellow	31/01/2020