

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001753
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Western Care Association
Provider Nominee:	Bernard O'Regan
Lead inspector:	Eva Boyle
Support inspector(s):	Grace Lynam
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 July 2015 09:00	07 July 2015 17:00
08 July 2015 09:00	08 July 2015 16:00

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

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

Summary of findings from this inspection

This was an 18 outcome inspection, carried out for the purpose of registration. It was the first inspection of the centre and as part of the process inspectors reviewed policies, records, observed children's interaction with staff, met one parent, staff, the social care leader, the regional services manager for children, the executive director and observed the delivery of the service. One parent returned a questionnaire to inspectors.

The centre was located in a two storey house on the outskirts of a town in Co. Mayo. The premises was not suitable for all children who attended for respite, as it had not been adequately adapted to meet the needs of children who used wheelchairs.

Following the inspection, the executive director advised the Authority that in consultation with the children's families, that alternative plans for respite would be made for children with mobility needs.

The service was provided by Western Care who had applied to register the centre as a designated centre that provided residential and day respite services for three children from the ages of 6-18 years with a diagnosis of intellectual disability and or autism with moderate to intensive support needs. The provider was a limited company and a registered charity. A social care leader was the nominated person in charge and was suitably qualified and experienced. Twelve children and two adults availed of respite of which eight required support with their communication needs. Over the course of the inspection, five children received respite, three of whom had overnight respite stays.

Overall, children received a good quality service from a staff team who were attentive and respectful towards children. Children's choices were promoted by the staff and managers. Children had access to a wide range of activities in the local community. The assessment of children's needs was not comprehensive and personal plans did not reflect all of children's assessed needs. However, staff completed good quality work with children in relation to their behaviours. The staff team and social care leader were proactive in seeking additional supports for children. Medication management practices were good. The staff team had a good knowledge of the procedures to follow when they had concerns in relation to the welfare of a child.

There were sufficient, experienced staff in place to work with the children. There were some gaps in staff's mandatory training, but staff had received some additional training as part of their continuous professional development.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Formal consultation mechanisms were in place in regard to seeking children's views on the running of the centre. House meetings were held and involved children and their parents. Inspectors reviewed a sample of minutes from these meetings and found that external speakers often attended. For example, an independent advocate attended the meetings in June 2015 and provided information to the children and their parents on their rights and advocacy. The complaints procedures outlined children's right to advocacy and to access the ombudsman. Information in relation to the children's ombudsman was displayed in the centre, so children could access the information.

Children were aware of their right to choice, but information on children's rights was not displayed in the centre. Children were given some choices. Inspectors observed staff giving children options in relation to the food choices at breakfast time. Staff told inspectors that children chose what activities that they wished to participate in such as going out to lunch or going to the park. Children could choose to have time on their own and inspectors observed one child choosing to spend time alone in the sitting room.

The privacy of each resident was respected, but the physical layout of the building did not allow for the dignity of all residents to be upheld. Appropriate washing facilities were not in place for children who used wheelchairs and these children had to have bed baths during their stay. In addition, one child who used a wheelchair could not access all areas of the house and this impeded their right to free movement within the centre. These specific matters were only recently referred to the rights committee of the organisation by the social care leader and were due for discussion at the July meeting. Inspectors observed staff being respectful in their interactions with children on the days of the inspection.

The centre had a complaints process, but it did not meet all of the requirements of the regulations. The complaints policy outlined that the regional service manager was the complaints officer. However, it was not clear from the policy that there was a separate person in place to oversee the complaints process. Information in relation to the complaints process was displayed prominently in the centre for children and parents. The centre maintained a complaints and an informal verbal complaints book. There were no complaints recorded in the complaints book and only one complaint was recorded in the verbal complaints book. The verbal complaint was from a professional who was dissatisfied at the requests from the social care leader regarding the completion of paperwork, and the professional was given information on the formal complaints process. However, inspectors found that a parent had raised a concern in relation to the level of activities and the range of activities that their child participated in, but this was not recorded as a complaint and it was unclear how this concern was responded to. Parents told inspectors that they had received information on making a complaint and said that they would speak to the social care leader.

There were measures in place to protect resident's belongings. Children's bedrooms had sufficient storage space for items of clothing or other personal possessions to be stored and wardrobes could be locked if required. In addition, staff maintained an individual storage box for each child that contained items which children enjoyed using when they came in for respite. They contained items such as toys, books and sunhats and were stored in a locked cabinet. Children's ability to manage their monies was comprehensively assessed by staff and only two children required assistance in managing their monies. There were arrangements in place in relation to recording if children had any money in their possession and these were in line with the centre's policy on service user's monies. Staff recorded any monies that children spent, and gave receipts to parents.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children's communication needs were assessed and identified, but, the personal plan did not set out clear guidance on the how the child communicated and how to communicate with the child. For example, inspectors observed a child using specific language but their

communication profile in their personal plan did not reflect the words that the young person used to communicate. Despite this, inspectors found that staff had an in-depth knowledge of how the children communicated. However, for relief staff or new staff, the communication profile did not give adequate information in regard to the child's communication needs. The centre had a communication policy that gave guidance on assessment and communication plans. Staff members had received internal training from a speech and language therapist in relation to communication methods. The social care leader had also completed external training in relation to communicating with non verbal children.

Communication aids were consistently used. Inspectors observed the use of both the exchange of pictures and a format of sign language. Pictures were used extensively throughout the centre, in order to assist children in their understanding. Inspectors also observed staff communicating with children using clear and simple language. 'Talking tiles' were used to introduce staff to the children, a photo was displayed on the tile and the tile told children that the specific staff member was working with them.

Children had access to radio, television and music systems. Some young people brought their own hand held computer devices into the centre and they used these as a method of communication.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children attended the centre for respite and as a result of this, it was unusual for family members to visit during respite stays. However, there was regular communication with families and parents were involved in the centre. There were appropriate facilities in order for families to visit children if they wished during their stay. Children were encouraged to participate in activities in the community.

Children were supported to maintain relationships with family members. The centre had a visitor's policy and family members were welcome to visit their children in the centre. The facilities for visits within the centre were appropriate. The centre had a sitting room which could be used for family visits or visits with a social worker, and the resident's guide outlined that visitors were welcome.

Staff had regular contact with family members and kept them up to date. Inspectors reviewed the children's files and found that there was regular contact between staff and family members both at formal meetings such as circle of support meetings, house meetings, contact when parents were dropping off or collecting their children from the centre as well as telephone contact where staff gave updates on the children.

Children had some opportunities to develop and maintain personal relationships. Some of the children attended the same schools and where it was appropriate, some children attended for respite with children that they were friendly with.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There was a comprehensive admissions process in place. The centre had a waiting list of admissions and in July 2014, a decision had been taken that no new admissions of children who used wheelchairs would occur, due to the lack of appropriate facilities in the premises.

The centre had a clear policy on referrals, admissions, transfers and discharges. All referrals were reviewed by the service manager and the social care leader who met with children and their families as part of the process. The last new admission to the centre was in January 2015. Inspectors reviewed this child's file and found that staff had visited the child in their home and the child had completed a number of visits to the centre. The social care leader and service manager outlined that when children were placed together for respite they considered the children's wishes, the profile of children's needs and safety, but this was not documented. There were internal procedures for the transfer of young people to adult services and inspectors found that these procedures were followed for eighteen year old young people who attended the service. The centre's policy also outlined clear procedures for the discharge of young people from the service.

All young people had contracts of care that outlined the services and fees that were charged. Young people aged over sixteen years who were in receipt of a disability

allowance made a contribution of €13 per night and no fees were in place for younger children.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

All children were assessed prior to their admission but not all of the assessments were in the child's file. The social care leader outlined that all assessments were held in children's central files in the organisation and that a social worker completed a report in regard to the child's need for respite prior to the child's admission to the centre. These reports were not held on children's files in the respite centre. Children's needs had been assessed by staff in relation to their medical, psychological, communication, educational and religious needs. However, there were some needs that had not been assessed such as cultural needs which were relevant to a number of children. A comprehensive assessment is essential in order for staff to ensure that the child's personal plan takes into account all of a child's needs.

There was no system in place to re-assess children's holistic needs on an annual basis, but specific needs were re-assessed as changes arose. For example, children's education, medical needs or behaviours. Children's needs change greatly as they get older and develop, so regular updated assessments are key to ensure that all children's needs are appropriately identified.

Children's personal plans were not comprehensive, as not all children's needs had been assessed. However, inspectors found that the care plans were comprehensive in regard to the needs of children that were assessed. All children had personal plans and child friendly versions of personal plans were in place. However, children's wishes and views were not always clearly outlined. Some children's views, wishes and preferences were outlined in the 'my care plan section' of the personal plan, but it was not clear that all children had been consulted and involved in this process. Parents had contributed to the

personal plans.

All children had goals. However, some goals were broad goals that were dependant on services outside of the respite centre such as the goal for involvement of psychology services with a child. Other goals were more focused on achievable tasks for the child such as increased socialisation. Inspectors found that children were involved in activities where they had opportunities for the development of their social skills. Extensive work was completed with some children who had difficulties with fire drills such as with the sound of the fire alarm. Staff consulted with the behaviour support specialist and had a programme in place, which resulted in the children participating in fire drills.

Personal plans were reviewed regularly, but reviews were not always multi-disciplinary. Inspectors reviewed a sample of minutes of reviews, but the minutes did not reflect that the child's previous plan was discussed and evaluated. It was not clear to inspectors that children and parents had received copies of their children's personal plans.

Children received some preparation work for adulthood, but this was not always reflected in their personal plans. All children had been assessed by staff to establish their ability to manage money. Children participated in practical skills such as cooking and were observed participating in tasks such as setting the table.

Children were prepared for transitions, but there were delays in young people who were eighteen years old moving to adult services. Inspectors found that staff were child-centred when children were transitioning into the centre from home. Children gradually built up the time that they spent in the centre and this was reflected in records. Two young people were aged eighteen years and there were regular meetings held with parents and the child's social worker to discuss their move to adult services, but there were no time-frames outlined for this transition to occur. It is important that young people aged 18 years are placed in appropriate adult services in order for their changing needs to be met.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre did not meet the needs of all the children accessing the service. The centre was homely, clean and well maintained with sufficient, comfortable furnishings and appropriate cooking and dining facilities. There was suitable heating, lighting and ventilation. One child who had mobility needs could not access the sitting room or the back garden due to the dimensions of the doorframes, while a second child using a wheelchair required assistance. Appropriate ramps were not in place. This meant that two children could not access the garden. There were five bedrooms, three on the ground floor, one of which had a manual hoist and two bedrooms on the upstairs level. An upstairs bedroom was used as an office and for overnight accommodation for staff. All children were assigned a bedroom of their own when they attended for respite. The bedrooms were of sufficient size to meet the needs of all children.

There were not adequate toilets, bathrooms and showers, as they were not suitable for children who used wheelchairs. There was a grab rail in the downstairs bathroom, but the shower facilities were not adapted for wheelchair users.

There was sufficient space at the back of the premises for children to play. There was a secure enclosed external back garden. The back garden had a locked shed for storage. There was equipment in the garden such as basket ball net, swing set, go-cart and two sandpits, which these were not suitable for wheelchair users.

There was some assistive equipment available for residents, such as hoists. There were up to date records in place for the servicing of hoists and beds.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of some children and staff was not adequately promoted. There were procedures and safeguards in place in relation to fire prevention but they were not adequate to meet the needs of all children. The centre had a fire alarm and fire doors were observed by inspectors to close appropriately. All fire equipment was found to be maintained and tested on a regular basis. Daily fire checks of escape routes and weekly checks of the fire alarm were maintained. All staff had received training in fire safety. A fire assembly point was located at the front entrance to the house. All staff were trained

in fire safety and had participated in fire drills. Only one child had not experienced a fire drill. Twenty nine fire drills were completed since January 2015 and this included night time drills. The centre had an emergency plan and there was a contingency plan in place in the event that the centre had to be evacuated. All children had an individualised evacuation plan, but procedures were not robust for children who used a wheelchair. Inspectors were informed by staff that in the event of a fire at the front of the house, they would have to physically carry one child to safety as the dimensions of the back door were not large enough for the child to exit using their wheelchair. Following the completion of the inspection, the executive director advised the Authority that alternative arrangements for respite would be made.

The centre had an organisational safety statement with supporting documentation on local hazards and risks. Individual risk assessments for the children were completed as well as environmental risk assessments. Inspectors observed a number of safety measures which had been put in place such as chemicals being locked away, upstairs bedroom windows being restricted and the provision of a protective safety surface underneath a swing set in the garden. However, not all hazards had been identified. Inspectors observed gloves stored in one area within easy reach of some children, and there was no risk assessment in place in relation to the risk of children ingesting these. The social care leader moved these during the inspection and directed staff in relation to the future storage of gloves. The premises was at a corner of two roads from an estate, that led directly onto a busy main road. There was a large entrance to the property that was not gated. This had not been risk assessed. Inspectors did observe children being vigilantly supervised by staff as they left the centre to board the bus at the front of the house.

The majority of staff had received training in relation to manual handling but one staff members required refresher training since June 2015. Comprehensive records were held in relation to the upkeep of the centre's mini-bus. A record of maintenance requests for the house was kept but it was not routinely recorded when the maintenance was completed and therefore It was unclear how management reviewed the timeliness and completion of maintenance requests.

There was a risk management policy in place but it was not compliant with regulation 26 and did not provide sufficient guidance for day to day practice. The policy focused on the individual risk assessments and planning for individual children. It provided sufficient guidance in relation to the arrangements in place to ensure that risk control measures were proportionate to the risks identified and the impact on the quality of life on the child. The centre had separate policies in relation to accidental injury to residents, visitors or staff, aggression and violence, self-harm and the arrangements in the event of an unexplained absence of a child but there was no reference to these procedures in the risk management policy. The policy did not outline the arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents and it did not provide sufficient guidance on hazard identification and assessment of risk throughout the designated centre, and how to put measures in place to control identified risks.

While there was a process for reporting incidents and accidents, there was no risk register in place. The executive director told inspectors that the risk management

processes were being developed. Staff were aware of the process for incident reporting. Incidents such as behavioural incidents, injuries, near-misses, medication incidents/errors were recorded on incident forms. There was a space on the form for staff to reflect on the incident and the manager to review and make recommendations. For example, in relation to specific behavioural incidences, it was recommended that the staff team consult with the behaviour support specialist.

There were some good infection prevention and control measures in place, but there were improvements required in relation to the storage of food. The centre was observed to be clean. Schedules were in place in relation to cleaning and the social care leader provided oversight. There was a colour coded cleaning system in place. Staff had access to preventative, protective equipment (PPE) such as gloves. Signage in regard to hand hygiene practices were displayed at sinks and hand gels were available. There were procedures in place in relation to clinical waste. While there had been no reported incidents of outbreaks of infection, inspectors found that staff did not routinely label food in the fridge and freezer when it was purchased or opened and there was no system in place for the ongoing monitoring of the temperature of the fridge or freezer. Therefore, it was unclear what period of time that frozen foods had been opened or frozen in line with good food hygiene practice.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

The centre had an organisational policy on child protection which was in line with Children First: National Guidance for the Protection and Welfare of Children (2011). All staff were trained in the protection and welfare of children. Inspectors found that staff had a good knowledge of what to do if they had concerns in relation to the welfare of a child. The team discussed safeguarding issues at team meetings. All staff members knew who the designated and deputy designated liaison persons were.

There were some good safeguarding practices in place in the centre. Staff members

treated children with respect and warmth and were observed by inspectors as being attentive to children's needs. Safeguarding measures such as risk assessments on individual children, computer safeguards, completion of staff vetting were completed and clear procedures were in place in the event that children left the centre without permission. The social care leader had assessed children's level of need and considered this when making decisions in relation to the number of staff rostered to work with individual children. Good quality intimate care plans were in place that provided staff with clear guidance in relation to the intimate tasks where individual children required support or assistance. However, the policy on intimate care was not comprehensive as it did not provide extensive guidance for staff on the provision of a range of intimate care tasks.

One standard report form was appropriately sent to the Child and Family Agency (the Agency) when there were concerns in regard to physical abuse. Inspectors reviewed records and found that the matter had been appropriately followed up and the service had received an outcome from the Agency.

Behaviours were well managed. Some children exhibited some challenging behaviours. The centre's policy on behaviour management referenced a model of positive behaviour support used by the staff team. There were good quality individual plans in place in relation to the management of behaviours. Individual risk assessments were completed on children who had challenging behaviour. Inspectors found that staff had a good knowledge of the children's triggers and appropriate de-escalation techniques to use. The staff team had regular contact with the behaviour support specialist. Inspectors observed staff preparing the environment in the house, prior to children coming into the centre to ensure that the environment was suitable for a child with a diagnosis of autism. Behaviour incidents were recorded by staff on incident forms and were reviewed by the social care leader.

Restrictive practices were employed, but it was not always the least restrictive practice. The centre had a comprehensive policy in relation to restrictive practices that provided guidance and procedures on the use of chemical, mechanical and environmental restrictive practices. Risk assessments were completed in relation to the use of restrictive practices for individual children. Restrictive practices used in the centre included locked external doors, bed rails, lap straps and chemical restraint. Inspectors found that an occupational therapist, a child and adolescent psychiatrist, where appropriate and/or the rights committee approved and reviewed these practices. Clarifications were sought by the rights committee, such as where chemical restraint was prescribed by a child and adolescent psychiatrist, the committee sought clarification in regard to its use. Inspectors found an example where a recommendation was made by an occupational therapist that the staff team commenced a trial period of a child not using bedrails, but this did not occur as parents did not consent to this. It is important that the staff work with parents to ensure that the least restrictive practice is in place for children.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The majority of notifications were appropriate and sent into the Authority in a timely manner. Inspectors found one notification in regard to a child protection concern that had not been notified to the Authority. However, this was subsequently submitted in a timely manner following the inspection at the request of the inspector.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

The children participated in a range of activities both in and outside of the centre. There was a good supply of age appropriate books and games in the centre including a basket ball ring, balls, sand pits and a swing set for children to play with in the back garden. Inspectors observed a little girl having her nails painted by staff, as she watched a DVD, while a second child was outside in the garden drawing. Children also participated in activities in the community such as bowling, swimming, going to parks and going out for lunch. Inspectors observed two children using the picture exchange system to indicate their choice in relation to an activity they were going to go on in the community. A parent told inspectors that their children went places and did activities that it would not be easy for the family to do with them. However, inspectors noted that a parent raised a concern that their child should participate in more activities like bowling, swimming and attending a broader range of places for lunch. It was unclear what steps the social care leader had taken to progress this matter.

Educational achievements were valued in the centre and children were facilitated to attend their schools while on respite. The policy on education and training outlined that children were supported in their school placements and it was clear that the staff team were actively involved in supporting some children in their school placements. Staff communicated and engaged with children's teachers where appropriate. There were high levels of communication between staff and the schools in regard to some specific children. However, the level of information in relation to children's education varied. Inspectors found that in some personal plans there was extensive information in relation to the child's school placement, their level of attainment and educational goals. However, in other personal plans, the name of the child's school was recorded, but the child's attainment or individual educational plan was not referred to. There was a possibility that not all staff may be aware of the child's educational ability.

Plans in relation to training for young people leaving the service and finishing school were discussed at personal plan reviews. Inspectors reviewed the young people's files who were aged eighteen and found that there were extensive discussions about different training options. The young person's views in relation to their life after school were recorded and there were records of different day service options that the young people had been referred to. However, there were delays in placements for further training being identified which was outside of the control of the respite service.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Young people's health care needs were appropriately assessed and met. Children had timely access to medical practitioners and to a range of allied health professionals such as a behavioural support, social workers, psychologists, occupational therapist and speech and language therapists. Staff members worked in partnership with parents accessing services such services. In addition, the social care leader frequently, with the consent of parents, requested follow up appointments or requested further information in relation to children's medical conditions. Staff supported families when children attended medical appointments. Contact information for general practitioners (GP), an out of hours GP service, hospitals and specific teams within hospitals were readily available to staff in the event of an emergency. Some staff members had been trained in

end of life care.

Children's medical background information was available. Inspectors found that there were copies and records of information in relation to children's ongoing attendance at medical specialists, allergies and immunisations. In addition, the staff team were completing a hospital passport for the children which provided comprehensive information in relation to children's background, medical history, names of relevant medical personnel that the child attended, their current prescribed medication and how individual children were administered their medications. This was an inventive means of ensuring that in the event of a hospital admission, all up to date medical information was readily available for staff to bring to the hospital.

Inspectors found that there were individual seizure management plans in place for a child who had a diagnosis of epilepsy that were signed by the social care leader, parent and child's doctor. The plan gave clear guidance in relation to the administration of the as required medication and also guidance for contact with medical personnel. This was an example of good practice where parents, staff and doctor had worked in partnership to achieve a clear protocol in the event of a child having a seizure. Three members of staff had received updated training in the management of children with epilepsy and were on duty when the children with epilepsy were on respite.

Children's nutritional needs were appropriately assessed by the staff team. A nutritional screening was completed by staff which focused on a child's weight and body mass index. Where appropriate, staff monitored children's weights especially if there was a concern in relation to weight gain/loss. The advice of dieticians and other specialists were implemented in accordance with each child's personal plan. One child required a PEG (tube) feed and there were up to date protocols in place. Some staff had been trained in PEG feeding. Staff told inspectors that some children had specific needs in relation to the consistency of their food and this was outlined in their plan.

Children received a nutritious and varied diet. Meal times were sociable events and inspectors observed good communication between children and staff. Staff were observed providing the children with choices in what they ate or drank. Inspectors found that there was a good supply of fresh and frozen food in the centre. Fresh fruit and yoghurts were available to children if they required a snack.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The centre's medication management policy gave clear guidance on the administration, prescription and administration of medication. Information and procedures in relation to controlled drugs was also provided. Effective practices were in place in relation to the safe administration of medication. All medication that came into and went out of the centre was recorded by staff in a medication stock book and inspectors found that this was up to date. A staff member told inspectors that they collected some children from their homes, and that they had a specific medication bag to transport medication from the child's home to the centre. Staff told inspectors the steps that they took from receiving medication into the centre, to the process for administration. However, two members of staff, who administered medication, had not received the relevant training. This meant that they may not have had sufficient knowledge in the administration of medication to safely administer medication.

Medications were stored in line with the directions supplied by the pharmacy. Inspectors found that medications were appropriately stored. There were no controlled drugs in use. The social care leader told inspectors that if a child was prescribed controlled medication that appropriate arrangements would be put in place.

There were prescription sheets in place for all medications. A sample of prescription sheets were reviewed and found to be complete, accurate and signed by a medical practitioner for all medications (PRN). The administration of medication was in line with good practice. All prescription sheets had the name of the child, photographic identification, the name of each medication, time of administration, dosage, space for one member of staff to sign off the administration of the medication as per the centre's policy and space for a comment. Staff members had signed a signature sheet. Therefore, the administration of medication was always traceable.

No out of date medication was held in the centre and there were systems in place for the recording of medication that was returned to the pharmacy. In addition, there were records kept of occasions when staff queried specific information from the pharmacist such as a query in relation to as required medication.

There was an effective system in place for the recording and review of medication incidents and errors. There had been one incident and two errors, ranging from a child attending respite without their medication which was classified as an incident, to administration errors. Staff followed up appropriately and sought medical advice in relation to all three situations. The events were reviewed by the social care leader who subsequently discussed them with the staff team and with individual staff members, as relevant.

Regular good quality audits of medication management were completed by the social care leader. The social care leader reviewed all processes in relation to the safe administration of medication. It was clear from supervision records, that the social care leader appropriately supported staff in improving their standard of practice in this area. Staff told inspectors that they had a medical reference book available to them if they

had a query in relation to a specific medication. There were also medical protocols in place for some children which were signed off by the pharmacist. These outlined information in relation to specific medications, maximum dosage, and gave guidance in relation to when medical advice should be sought.

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):

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

Findings:

The centre had a statement of purpose, but it did not contain all of the requirements of Regulation 3.

The statement of purpose outlined that the centre provided respite care to children aged between six to 18 years with a diagnosis of intellectual disability/autism who had moderate to intensive support needs. The statement of purpose adequately described the aims, objectives, activities for children, arrangements for contact between the child and their family and their representatives.

There was inadequate information provided in relation to the following areas:

- the arrangements for privacy and dignity for children
- the arrangements for a contingency plan in the event of an evacuation of the centre
- admissions and re-admissions to the centre.
- complaints
- the organisational structure.
- the educational arrangements
- day supports/day respite/outreach home based service
- staffing complement,
- therapeutic techniques

The statement of purpose had some omissions;

- the model of care
- the specific arrangements for children to have private time with their social worker
- the arrangements for supervision of therapeutic techniques
- criteria for emergency placements/crisis supports
- the arrangements for children with physical disabilities

The statement of purpose did not reflect whether the service provided care for children with physical disabilities. Families had received a copy of the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clear management structure in place with lines of authority and accountability but reporting structures to the board were not robust. Staff who spoke with inspectors were clear about their reporting relationship and what they were accountable for. All staff reported to the manager of the centre, who in turn reported to a services manager who reported to the executive director. Inspectors met with the executive director of the service and found that he had a good knowledge of the children living in the centre and a good understanding of day-to-day operational issues that arose. He was aware of his/her responsibilities under the regulations. The monthly senior management team meeting was chaired by the executive director, who reported to the board. The board received summary reports on notifications to HIQA, briefings on inspections, but the executive director told inspectors that the board would not have been aware of the identified issues in relation to the premises of the service. Therefore, it was not evident how the board could hold the executive director and senior management team to account when this information was not reported.

The social care leader, as nominated person in charge, was experienced and appropriately qualified. She had a good knowledge of the regulations and her/his statutory responsibilities. She had a degree in social studies and had ten years experience in the disability sector. She had good knowledge of the children living in the centre. The social care leader was employed as .77 in whole time equivalent hours and usually worked four to five days per week and sometimes completed sleep over's. The shift leader on duty and/or regional manager was delegated responsibilities in her absence.

The arrangements for covering the responsibilities of the person in charge when not rostered to work required improvement. The shift leader was identified to take over the role of person in charge, but on occasions the shift leader was not a qualified staff member. An on call system was in place, but the social care leader was available at all times. The service manager was on call when the social care leader was on annual leave. The social care leader told inspectors that she was responsible for this practice and that calls to him/her were infrequent out of hours. Staff outlined that the social care leader was always available. However, it is unlikely that this arrangement is sustainable in the long term.

There were some good management systems in place. Inspectors found that there were good communication systems in place. Inspectors observed good communication between staff and the social care leader. A communications book was used on a daily basis and key information was recorded there. Staff told inspectors that they read the communications book when they commenced their shift. There were regular team meetings and the agenda items included HIQA, individual children, child protection, and housekeeping issues. In addition, the minutes of the area meetings were discussed at team meetings. This was an effective way of ensuring that the staff team were clear about decisions that were made that impacted on the day to day running of the service.

Some quality assurance systems were in place but improvements were required. The social care leader completed audits, for example, medication and petty cash and had begun to audit personal plans. However, the focus of the personal planning audits did not sufficiently focus on the quality of personal plans but more on documents that were required to be included on the personal plan. A template for feedback from family members was completed but was not operational at the time of the inspection. This was an important development to ensure that there was regular feedback from parents and guardians in relation to their experience of using the service. The services manager had completed a review of 13 incidences that had occurred during the first quarter of 2015. She identified that there had been a lack of clarity in relation to recording incidences where children had bruises of unknown origin. Staff were subsequently provided with clear guidance in relation to the recording of such incidences.

A draft annual review of quality and safety of care and support was completed in June 2015 but it was not comprehensive. The annual review outlined processes that were in place, but did not comment consistently on the quality and effectiveness of them. For example, while there were some identified deficits in the recordings of personal care plans, the outcomes for children were not commented on. Some children and families were consulted in relation to the process. Identified actions for change were focused, primarily, on the premises, but this issue had been highlighted for a substantial length of time, yet no substantive progress had been made. The regional services manager had undertaken three unannounced six monthly visits with a written report on the safety and quality of care and support provided in the centre. The most recent six monthly unannounced visit was completed days prior to this inspection. The report was structured around reviewing the 18 outcomes and identified issues in relation to specific children's files and premises and a work plan was formulated for the social care leader based on the report.

Other management systems included policies and procedures. These were in place to

guide staff and audits were completed to review staff's compliance with them. Staff demonstrated a working knowledge of policies and procedures. Risk management processes were not effective as a number of some hazards had not been identified and other significant risks had not been appropriately managed and or mitigated.

There were arrangements in place for staff to exercise their professional accountability and staff were aware of the process. There were procedures in place in relation to performance management issues.

There was a service level agreement in place with the Health Service Executive (HSE) for 2015 and this included some monitoring processes such as the number of children who availed of respite and complaints. The executive director outlined that the service made returns on the above information directly to the HSE on a six monthly basis.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector found that there were appropriate arrangements proposed regarding any absence of the person in charge. For example, there was a shift leader identified on the roster in addition to deputising arrangements whereby the regional service manager would oversee and manage the designated centre in the absence of the person in charge. The inspector found there were no instances whereby the person in charge was absent for 28 days or more. The director of service was aware of his regulatory responsibility to inform the Chief Inspector of any proposed absence of this duration.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

There were enough resources to support residents to achieve their individual personal plans. However, structurally the premises was not suitable to meet the needs of all residents and this has been outlined in outcome 6 as the premises was not adapted to meet the needs of wheelchair users. The premises was rented and there was no lease in place at the time of the inspection. The executive director outlined that there was no resources in place for capital expenditure for any adaptations of the premises and that he was confident that an extended lease would be secured.

There were sufficient resources in place for the running of the centre on a day to day basis. The social care leader was provided with a sufficient amount of petty cash on a monthly basis to support the needs of the children who attended the service. Petty cash balances, and receipts were reviewed weekly by the social care leader and were reconciled. This information was reported to the regional services manager for children. An internal financial audit of the centre was completed in December 2014 by the finance officer and all financial matters were deemed to be in order. There were sufficient staff in place and there was a pool of three relief staff that consistently worked when required in the service.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were effective recruitment procedures in place and the staff files met the requirements of schedule 2. There was a recruitment policy in place which was in line with good practice and provided some safeguards for children. Four staff files were

reviewed and inspectors found that all staff had been vetted by An Garda Síochána. Full employment histories and appropriate verified references were on file. Staff were well inducted into the centre and the induction included information on the organisations values, confidentiality, orientation tasks and a two week period of shadowing practices of their colleagues in the centre. Two new members of staff told inspectors that they had received a comprehensive induction by the social care leader.

There were sufficient experienced, skilled and competent staff, but there was not always a qualified member of staff on duty. There were eight permanent staff members of staff (including the social care leader) and there was a relief panel of three staff members who were rostered as required. The social care leader maintained a planned and actual rota. Inspectors reviewed a sample of rotas and found that two staff members were on duty during day time hours. The number of staff assigned to work at night was dependent on the needs of the children. Rostering reflected the skills and competency of the team. On the majority of nights, two members of staff were assigned to sleepover, or one of the two staff members worked a waking night. While not all staff members were qualified inspectors found that these staff members were experienced and had a good awareness of the children who attended the service. Occasionally, one staff member completed a sleepover when a child with low level needs was attending for respite. Staff from a relief panel were used on occasions to supplement the core staff.

Staff received regular good quality supervision. All staff received supervision every eight weeks by the social care leader. Staff members outlined that they found the supervision process useful, and supportive with discussions including individual children, staff performance, training and annual leave. Inspectors found that the social care leader challenged staff appropriately on their practice, where improvements were required and also supported staff in the development of their skills. Staff told inspectors that they felt well-supported by the social care leader.

Staff had received some continuous professional development but there were some gaps in mandatory training. The social care leader had completed a training needs analysis that took into account the needs of the children attending the service, children's behaviour, specific incidents, restrictive practices and handling issues. Training gaps were identified in this analysis. Inspectors found that training needs were also discussed at individual supervision sessions. As a result of this staff had attended some external training caring for children with life ending conditions and in communications skills with children who were visually impaired. All staff had received training in child protection and fire. Updated training was required for some staff in managing challenging behaviour, medication management and manual handling. The majority of the staff team had received training in PEG (tube) feeding. Other training provided to some staff included caring for children with autism, first aid, food and epilepsy.

The centre had one recently recruited volunteer who had been appropriately vetted but had yet to join the team. The centre had a policy in relation to the role of volunteers and the tasks that the volunteer would complete had been finalised.

Staff had a good understanding of the regulations and copies of the regulations and standards were available. Inspectors found that the regulations and standards were regularly discussed at staff meetings.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The majority of records required by schedule three and four of the regulations were in place. Checks/servicing by external contractors in regard to fire were maintained. The quality of recordings was generally good, but inspectors found some areas where some minor improvements could be made in order to make information clearer, for example the recording of how children contributed directly to their personal plans.

The resident's guide met the requirements of the regulations. It provided sufficient information on the services, facilities, arrangements for children's involvement in the running of the centre. A register of residents was maintained and it was compliant with the regulations.

Paper records were well ordered, indexed and stored securely to prevent data protection breaches and preserve the children's information in a confidential manner. Children's files included their photograph, some medical details, next of kin details, and all correspondence relating to each child. Reports and correspondence from other professionals were consistently on children's files. There were no records of children having accessed their own records. Arrangements were in place for records to be archived.

Policies were in place in relation to Schedule 5. Policies had been developed and reviewed during 2013 and were reviewed on a three yearly basis. Specific policies were identified by inspectors as not providing sufficient guidance to staff. For example, the risk management and intimate care policies. Therefore, all staff may not be aware of their responsibilities and duties in these specific areas.

The centre was appropriately insured to the end of March 2016.

Judgment:

Substantially Compliant

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:

Eva Boyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Western Care Association
Centre ID:	OSV-0001753
Date of Inspection:	07 July 2015
Date of response:	03 September 2015

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:

Information on children's rights was not displayed in the centre.

1. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

- 1.The Service provider has made available information on children's rights within the designated centre. Proposed Timescale: 31/08/15.
 - 2.Each child and their representative will have information on rights made available to them in a format individualised to their needs. Proposed Timescale: 31/10/15
 - 3.Information sessions will be developed using the "Its about ability" rights based programme from the Unicef Foundation. These sessions will be held with children and families over the coming term. Following which a review will be held with children and families to determine what further practical steps are needed with individuals to promote understanding of individual's rights. Proposed Timescale: 18/12/15
 - 4.Access to external advocacy services will be pursued by following up with external agencies such as EPIC, The National Independent Advocacy Service, ISPCC, The Childrens Rights Alliance and the Children's Ombudsman. Advice will also be sought from the National Federation of Voluntary Bodies. Unlike the adult sector as there is no statutory assignment for advocacy for children in disability services, it will take further problem-solving to source this service for the children and families attending the designated centre. The service provider will provide an update to the inspector on their progress in securing this service by 30/09/15.
- 18/12/15

Proposed Timescale: 18/12/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Children's privacy and dignity was not always respected due to the physical premises.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

The privacy and dignity of all the children using the centre has been reviewed and will continue to be reviewed and the two children identified whose needs were affected in this regard by the physical premises have been accommodated through alternative services.

24/07/15

Proposed Timescale: 24/07/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

There was no nominated person to ensure that all complaints are appropriately responded to and records are maintained.

3. Action Required:

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

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

The service provider will nominate a person who will fulfil a support and advocacy role and be available to the children and their representative to ensure that all complaints are appropriately responded to and that a record of all complaints are maintained. This person will have full oversight of the complaints process to ensure that it is managed appropriately.

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

The complaints process was not effective as not all complaints had been identified as such.

4. Action Required:

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

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

The complaints procedure will be reviewed to ensure the same system is in place for all complaints received, either verbal, written or from whatever source. In line with the regulations the complaints procedure will be in accessible and age-appropriate format and include an appeals process.

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

Not all complaints were recorded.

5. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a

complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1.All feedback on service will be reviewed by PIC and any identified complaint will be actioned through the complaints procedure, including recording as per procedure.

Proposed Timescale: 31/10/15

2.To comply with the regulations, the 'nominated person' will fulfil the role of the requirements therein. Proposed Timescale: 31/10/15

Proposed Timescale: 31/10/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Communication profiles did not adequately describe how children communicated.

6. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The service provider will provide assistance and support to each child to communicate at all times in accordance with their needs and wishes as follows:

- Individual communication profiles will be reviewed for each child with the involvement of both staff and families to enhance the quality and detail of information on communication preferences. This process will prioritise children who rely on nonverbal communication systems. Proposed Timescale: 31/10/15

- Advice will be sought from Speech & Language Therapy Department regarding the quality and monitoring of an individualised communication profile and a review of the supporting guidance as set out in the communication policy.

Proposed Timescale: 31/10/15

- Monitoring of the use and ongoing review of the communication profile will be undertaken by the social care worker when leading out the shift, the person in charge during both observation visits to the service, reviews of individuals files and support and supervision with individual staff. Proposed Timescale: 31/10/15

- Support to staff will be provided in the development and implementation of the updated communication profiles through in service training. Proposed Timescale: 31/03/16

Proposed Timescale: 31/03/2016

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:

There was no documentation to support that managers had taken account of the need to protect children from abuse by their peers when considering admissions.

7. Action Required:

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

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

The Service Provider will review the Admissions Policy to ensure that the potential for peer to peer incidents are taken into account and addressed prior to admission.

18/09/15

Proposed Timescale: 18/09/2015

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:

Personal plans did not reflect all of the children's needs.

8. Action Required:

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

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

The PIC, Regional Service Manager and Evaluation & Training Department will refine the individual planning system to reflect assessment of needs including cultural needs and the personal plans will identify and reflect goals based on same. As per the regulation, the Provider will ensure that personal plans are in place no later than 28 days after admission to the centre.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Not all children's assessments were available in the centre.

9. Action Required:

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

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

For all new admission to the centre, a comprehensive assessment will be completed through the individual planning system prior to admission to the centre by an identified health care professional i.e. Social Worker PIC or relevant other.

Proposed Timescale: 31/10/2015

Theme: Effective Services

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

Not all children's needs were re-assessed on at least an annual basis.

10. 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:

Based on the completion of the refined Individual planning system, the person in charge will ensure that a process of comprehensive assessment of the health, personal and social care needs of each resident is completed at least annually for all children using the designated centre.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The designated centre was unable to meet the assessed needs of two children

11. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

- The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children. Proposed Timescale: 24/07/15
- The Statement of Purpose was updated to state that this Centre cannot provide a

respite service in the Centre, to children who are wheelchair users. Proposed Timescale:
24/07/2015
24/07/2015

Proposed Timescale: 24/07/2015

Theme: Effective Services

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

Not all personal plan reviews were multi-disciplinary.

12. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

Relevant Multi - Disciplinary personnel will be requested to input to and attend personal plan reviews.

Proposed Timescale: 24/08/2015

Theme: Effective Services

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

It was not always clear that young people participated or chose not to participate in their personal plan reviews.

13. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

All personal plan reviews will be conducted with the maximum participation possible for each child and his/her representative in accordance with the regulation. Where a child declines to participate this will be documented. Their participation and contribution will be documented and reflected in minutes of the personal plan reviews.

Proposed Timescale: 24/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

It was not evident that the effectiveness of personal plans was evaluated during personal plan reviews.

14. 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:

- A guidance template will be developed to support the review of effectiveness of personal plans. Proposed Timescale: 31/10/15
- This guidance template will be used by each named staff to support the review of individual plans and their effectiveness, taking into account changes in circumstances and new developments. This work will take place over the natural cycle of scheduled plan review over the coming months.

Proposed Timescale: 31/03/2016

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 consistently outline the reason for proposed changes and the rationale for those changes.

15. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

As per above action, a guidance template will be used to streamline the process whereby named staff capture recommendations arising out of each personal plan review, the rationale for any proposed changes; the names of those responsible for addressing objectives and the timelines for completion of agreed objectives.

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises did not meet the needs of all residents.

16. Action Required:

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

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

Proposed Timescale: 24/07/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Bathrooms did not meet the needs of all residents.

17. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

Proposed Timescale: 24/07/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all children could access the back garden.

18. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

Proposed Timescale: 24/07/2015

Theme: Effective Services

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

There was inadequate equipment in place to promote independence for children who used wheelchairs.

19. Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

Proposed Timescale: 24/07/2015

Theme: Effective Services

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

The premises was not adequately adapted to meet the needs of wheelchair users.

20. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

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Proposed Timescale: 24/07/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not provide sufficient guidance on hazard identification and management of risk throughout the designated centre

21. Action Required:

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

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

The providers "Risk Management Policy" will be amended to cross reference the Department Safety Statement that includes the Hazard Identification and management of same to meet the Regulation.

Proposed Timescale: 11/09/2015

Theme: Effective Services

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

The risk management policy did not provide sufficient information on the measures and actions to control identified risks,

22. Action Required:

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

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

The providers "Risk Management Policy" will be revised to cross reference the policies and procedures which are relevant to this regulation.

Proposed Timescale: 11/09/2015

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control the unexplained absence of a child.

23. Action Required:

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

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

The providers "Risk Management Policy" will be revised to cross reference the policy on "Missing Persons" which is relevant to this regulation.

<p>Proposed Timescale: 11/09/2015</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The risk management policy did not provide guidance in relation to the measures and actions in place to control accidental injury to visitors, staff or sufficient guidance in relation to children.</p> <p>24. Action Required: Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.</p> <p>Please state the actions you have taken or are planning to take: The providers Risk Management Policy will be revised to cross reference the organisational and department safety statements.</p>
<p>Proposed Timescale: 11/09/2015</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The risk management policy does not provide guidance on the measures and actions to control aggression and violence</p> <p>25. Action Required: Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.</p> <p>Please state the actions you have taken or are planning to take: The providers Risk Management Policy will be revised to cross reference the Organisational Safety statement and the policy on "Listening and Responding to people who challenge services".</p>
<p>Proposed Timescale: 11/09/2015</p> <p>Theme: Effective Services</p> <p>The Registered Provider is failing to comply with a regulatory requirement in the following respect: The risk management policy does not provide sufficient guidance in relation to the measures and actions in place to control self-harm.</p>

26. Action Required:

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

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

The providers Risk Management Policy will be revised to cross reference the existing policy on "Listening and Responding to people who challenge services".

Proposed Timescale: 11/09/2015

Theme: Effective Services

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

The risk management policy did not provide guidance in regard to the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents

27. Action Required:

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

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

The providers Risk Management Policy will be revised to cross reference the Incident Reporting procedure.

Proposed Timescale: 11/09/2015

Theme: Effective Services

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

Frozen food items were not labelled with the date of opening of packaging.

28. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Within the Designated Centre, all frozen food items will be labelled with the date of opening of packaging.

Proposed Timescale: 13/07/2015

Theme: Effective Services

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

Adequate means of evacuation was not available at all times for children who wheelchairs.

29. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

The Service Provider has reviewed the needs of all the children in relation to the suitability of the premises and alternative arrangements are in place for two identified children.

Proposed Timescale: 24/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The centre did not always apply the least restrictive practice for the least amount of time in line with national policy.

30. 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:

- The designated centre will ensure that where restrictive procedures are used, they are applied in accordance with national policy and evidence based practice including HIQA's guidance on the matter and the service provider's policy on the rights of people using services. Specifically, the use of any restrictive practice, its rationale, duration, plan for review and removal will be clearly documented. Children and their representatives will be fully involved in this process.
- There will be a process of information sharing and education with families in supporting them to understand the importance of safely reducing and/or eliminating restrictive practice.
- The person in charge will closely monitor the use of any such practices during on shift duties and house visits. She will check the ongoing review and reduction of any such restrictions through the regular file audit and discuss progress in this regard with individual staff members during support and supervision and staff meetings.

Proposed Timescale: 31/10/2015

Theme: Safe Services

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

The intimate care policy did not provide sufficient guidance for staff.

31. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The intimate care policy will be reviewed to encompass additional guidance for staff on the range of intimate care tasks. This will include crucial safeguarding measures.

Proposed Timescale: 31/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all allegations of abuse were notified to the Authority in line with the regulations.

32. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

The allegation has been notified to the Authority in line with the Regulations on foot of clarification from HIQA that such issues are subject to notification regardless of where they occur for the child.

Proposed Timescale: 13/07/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Information in relation to children's level of attainment in school or their individualised educational plan was not routinely referred to or held on children's files.

33. Action Required:

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

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

The Service Provider will ensure that all children, whether existing users of the centre or new admissions, have educational attainment targets included in their Individual Plan. This will be achieved by discussions with the child and family/representative, the relevant teacher (with parental consent). The IEP, where obtainable, will be secured and referenced. These actions will be captured in the child's individual planning process.

For current children, as part of the natural cycle of review: 31/03/16

Proposed Timescale: For new admissions, 03/09/15

Proposed Timescale: 31/03/2016

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:

Not all staff who administered medication had received the relevant training.

34. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Of the 2 staff who were identified as not having completed their medication training, one staff had completed her 2 day theory course prior to inspection and is awaiting her clinical assessment on September 24th, 2015. The second staff has been approved for training on 16th and 17th September, 2015.

Proposed Timescale: 24/09/2015

Theme: Health and Development

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

There were no controlled drugs register or specific storage for controlled drugs in the

centre.

35. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

As per Providers medication policy, the Centre will implement all laid down requirements regarding controlled drugs in the event that a service user is prescribed a controlled drug in the future.

Proposed Timescale: 31/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet all of the requirements of Regulation 3 and two 18 year olds were being accommodated in the centre.

36. 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 Statement of Purpose will be amended to detail all requirements as outlined in Schedule 1. Proposed Timescale: 30/09/15
- The service provider will amend the Statement of Purpose to confirm that the service will be for children only. Where a child becomes 18, the service will only continue up to the 31st of August following their completion of school.
- The service provider will continue to implement a plan to support the transition to adult respite services for the three young people directly affected by this change. Proposed Timescale: 31/10/15

Proposed Timescale: 31/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Not all management systems were effective within the centre.

37. Action Required:

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

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

A full review will be undertaken of the management structure and systems, process of decision making and clarity of roles within the designated centre to ensure that there is full compliance with the regulations, including when the person in charge is off duty.

Proposed Timescale: 31/10/2015

Theme: Leadership, Governance and Management

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

The annual review did not consider the quality and safety of the care and support provided to the children.

38. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

- The draft annual review on site will be finalised and amended to review the quality and safety of care and support within the designated centre in accordance with the regulations. Specifically it will capture improvements to be carried out on the tracking of the effectiveness and implementation on individual plans and outcomes for children.

Proposed Timescale: 30/09/2015

Theme: Leadership, Governance and Management

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

The board were not sufficiently informed about the running of the centre.

39. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A full review will be undertaken of the management structure and systems, process of decision making and clarity of roles within the designated centre to ensure that there is full compliance with the regulations, including informing the board of the operational issues pertaining to the designated centre.

Proposed Timescale: 31/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was no lease in place for the premises. Structurally, the premises was not suitable to meet the needs of all residents who attended the service for respite.

40. Action Required:

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

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

- A 3 year lease has been negotiated and signed by both parties. Timescale: 21/08/15
- The Service Provider reviewed the premises and the two identified children who use wheelchairs are receiving an alternative. Timescale: 24/07/15
- The Statement of Purpose has been updated to state that this Centre cannot provide a respite service in the Centre, to children who are wheelchair users. Timescale: 24/07/15

Proposed Timescale: 21/08/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all staff held a professional qualification.

41. Action Required:

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

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

Staff who operate as Social Care Workers and lead out the shift will have a recognised third level qualification in accordance with the Providers, "Recognised Qualification Procedure" (3a 1).

Proposed Timescale: 31/10/2015

Theme: Responsive Workforce

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

Not all staff had received up to date mandatory training.

42. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

One staff member had already been approved for mandatory training prior to the inspection and completed same on the week following inspection. The second staff member is on maternity leave and will attend training on return.

Proposed Timescale: 16/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies provided sufficient guidance for staff, were in keeping with the regulations and were fully implemented.

43. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Provider will prioritise the policies for review and ensure their compliance with Regulations to include:

- Intimate Care.
- Risk Management.
- Communication Policy.

- Service Users Money/Service Users Property.
Proposed Timescale: 21/12/2015