

**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 RK Respite Services Ltd
Centre ID:	ORG-0008092
Centre county:	Tipperary
Email address:	kevinlfahey@hotmail.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RK Respite Services Ltd
Provider Nominee:	Kevin Fahey
Person in charge:	Kevin Fahey
Lead inspector:	Tom Flanagan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
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 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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 21 May 2014 09:20 To: 21 May 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was the first inspection of the centre carried out by the Authority. According to its statement of purpose, the centre provided fun-based respite residential weekends and mid-week services to children with mild intellectual disabilities. As part of this inspection, the inspector met with children, staff members, the person in charge and spoke to one of the children’s parents. The inspector observed practices and reviewed documentation.

The centre was located in a premises which was owned by a voluntary organisation and made available for the purposes of respite services. It was a large single-storey house on the outskirts of a town. A large enclosed garden to the rear of the centre contained facilities and space for children to play. Car parking was provided to the front of the premises. Five children were receiving a short respite service on the day of inspection. All of the children were engaged in educational programmes in one of the special schools in the area.

The service provided opportunities for children to enjoy a short respite break from home and develop social skills and friendships with their peers. Children received a child-centred service in an environment which was comfortable and supportive. Care was delivered by a committed and skilled staff team and there was evidence of good practice in many of the outcomes inspected.

However, areas for improvement were also identified. Medication management was unsafe and the inspector issued an immediate Action Plan in relation to this. The provider submitted a letter to the Authority within days of the inspection setting out

the measures he had put in place to address the issues of immediate concern. Other issues that required improvement included personal plans, risk management and fire safety, governance and management, training and staff supervision. Improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

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

Theme:

Effective Services

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Children had personal plans that were comprehensive and set out their individual needs and choices and the supports they required to enable them to maximise their potential and enjoy their respite break in the centre.

Inspectors viewed the personal plans of five children. They were developed with the active participation of the children's parents but there was little evidence of the children's involvement in their development. A parent of one of the children was aware of the plan for his/her child and the plans were available to children's parents should they wish to access them.

The personal plans were based on detailed application forms submitted by the children's parents, information received from a referring professional or the liaison nurse for children with disabilities and on discussion with the special needs teachers and special needs assistants. The plans were wide-ranging and included all aspects of the children's lives such as health, medical condition, education, personal care, communication, activities, dietary requirements and sleep patterns. In cases of children who had been assessed by specialists, the plans took into account the recommendations of these professionals as reported to them by parents or teachers but copies of these assessments were not maintained on the children's files. The person in charge told the inspector that the applications were reviewed by the admissions committee which included a number of health care professionals.

The personal plans had review dates in line with an annual review and the statement of purpose stated the personal plans would be reviewed with parents/carers on an ongoing

basis. The person in charge told the inspector that plans were also updated following feedback or new information from the liaison nurse.

There were adequate facilities for children to engage in play. A large indoor playroom contained a ball pool, a sensory room, a pool table and a range of games and toys. An outdoor area contained a go-cart track, a small games pitch and a safe playground area. There was evidence in the children's files that children went on outings and engaged in activities such as bowling and trips to the cinema. Children told the inspector that they loved coming here and described it as the "holiday house".

Children were supported as they made the transition from home or school. This involved staff contacting the children and families in advance to confirm the respite break, discussion with the parents about the current needs/requirements of the children and making the practical arrangements for collecting the children and returning them, usually to school, on the following day. A parent confirmed that feedback was provided to the parents on their children's stay and any issues that arose. The inspector observed the children on their arrival at the centre and on departure and saw that they seemed at ease and comfortable with the centre and the staff.

A child was discharged from the service when they reached 18 years or when they no longer required the service. The person in charge told the inspector that staff had no role in linking with adult services in relation to future placements and a parent who spoke to the inspector was aware that his/her child would not be able to use the service when she/he reached the age of 18 years. However, children who may have been using the respite service for several years, need to be prepared for their discharge from the service as not to do so may leave them confused about why could no longer avail of the service.

As the purpose of the respite service was mainly of a social nature and the respite breaks were of very short duration, it was not possible for staff to be involved in in-depth preparation of the children for independent living. There was evidence that children were encouraged to be involved in decision-making and in giving their opinions. A community meeting was held at the beginning of each respite break and children were asked their opinions on what they would like to do and what food they would like to eat. The opportunity to spend time away from home with their peers was also an opportunity for children to develop their social skills. A parent told the inspector that his/her child engaged with others and participated in activities in the centre in a way that surprised and delighted his/her parents. Children were also involved in a limited but appropriate way in the practical running of the centre by planning meals, assisting with shopping and meal preparation.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were systems in place to promote the health and safety of children visitors and staff. However, risk assessments for children needed to be made child-specific and fire safety measures needed to be improved.

There was a health and safety statement in place which was centre-specific. However, it was not signed or dated and did not have a review date. Associated measures were in place to ensure the safety of children, staff and visitors. The premises was in a good state of repair and was brightly decorated and well maintained. Care had been taken to ensure that safe materials were used in the children's playground to the rear of the premises and safety measures such as spongy padding was secured to bars in the children's playroom to prevent accidental injury. The person in charge told the inspector that maintenance issues were addressed quickly and urgent issues were responded to immediately. The vehicle used for transporting children was taxed and insured and serviced regularly and it contained appropriate first aid and safety equipment. The exits and windows were linked to a voice-activated device which alerted staff that a particular exit door or window was opened.

Satisfactory procedures were in place for the prevention and control of infection. The premises was clean. The staff member on waking night duty was responsible for general cleaning. There was a roster of staff for deep cleaning of the premises and a checklist was used to record this. Colour-coded cleaning materials were used and all chemicals were kept in secure cupboards. There were sufficient facilities and materials available for hand washing. There was a hand hygiene policy and hand gel dispensers were located around the premises. All staff received training in first aid in 2013.

A risk management policy was in place and was implemented. However, it was not signed or dated and had no date for review. Accidents and incidents were recorded on specific forms which were signed off by the person in charge. Incidents were categorised as either general, medical or behavioural. The person in charge told the inspector that all incidents were reviewed quarterly by the person in charge and his co-director and there was evidence of incidents being reviewed and learning taking place as a result.

A risk register contained a range of centre-specific risk assessments. The assessments were wide-ranging and identified specific risks, the measures in place to control them and the name of the person responsible. However they did not contain dates for review. Risk assessments were maintained in the files of the children.

A number of precautions were in place to guard against the risk of fire but further measures were required. Suitable fire equipment was available and this was serviced on 20 March 2014. Emergency lighting was in place. The inspector observed that fire exits were unobstructed. A letter from an engineer, dated 27 August 2004, stated that the

centre complied with planning permission and building regulation requirements. A fire alarm was in place and was serviced 20 March 2014. However, the fire alarm was serviced every six months and not quarterly as required. Fire drills were undertaken monthly. The most recent fire drill had taken place on 8 April 2014 and the names of participants, which included both staff and children and details of the fire drill, with the exception of the time taken to evacuate the premises, were recorded. Staff were knowledgeable regarding the steps to be taken in the event of a fire. However, staff had not received any fire safety training for several years but the person in charge told the inspector that training was scheduled for July 2014. No daily or weekly checks on the fire equipment and on the means of escape were undertaken by staff. Fire doors were in place but a number of these doors were wedged open and there were no risk assessments in place for this. The inspector brought this to the attention of the person in charge who undertook to ensure that the doors were closed while the children were in the centre. No fire evacuation notices were displayed and there was no evidence that personal evacuation plans were in place for any of the children.

An emergency plan was in place for the safe evacuation of the premises. However, the emergency plan did not set out the arrangements in place for responding to other emergencies.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard the children and protect them from abuse. Staff required training in relation to behaviour that is challenging.

The person in charge was the designated person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. He was aware of his responsibilities and outlined these to the inspector. He demonstrated adequate knowledge in relation to the reporting of any allegations of abuse or neglect and he outlined the steps he would take in the event of an allegation of abuse of a child by a staff member. There had been no allegations or suspicions of abuse and neglect

recorded or reported in the centre.

The person in charge told inspectors he had completed training in Children First (2011) and had subsequently provided a briefing on Children First to all members of staff in January 2014. The inspector interviewed a staff member who demonstrated his/her knowledge of the signs and symptoms of abuse and neglect and was clear about how to report any concerns he/she had. The provider had adopted the Health Service Executive (HSE) policy and procedures on whistleblowing and told the inspector that staff had been briefed on this policy. Staff members confirmed this and felt confident that they could report any serious concerns they may have about the safety of the service.

There was a protocol in place to guide staff in ensuring that children were protected from abuse and neglect. A copy of a standard report form and the contact details of the local duty social work office was included. There were also detailed guidelines in place on child safety and these related to activities inside and outside the centre and while travelling in the centre bus. These documents contained useful guidance for staff but they were not signed or dated and had no dates for review.

The inspector interviewed the parent of one of the children. He/she expressed confidence in the staff and said that his/her child was very happy here. He/she described how parents are made very welcome and that staff ensure that parents can contact their children at any time and that children can contact their parents if they are anxious or upset.

There was a policy on the management of behaviour that challenges which was titled "the management of inappropriate behaviour". The person in charge told the inspector that steps were taken to ensure that, insofar as is possible, major issues of behaviour that challenges did not present themselves. These steps included the assessment of needs, consultation regarding history of such behaviour and a child-centred approach to responding to needs. The person in charge told the inspector that he placed an emphasis was on creating a positive environment where the child felt valued and secure, on the development of good relationships between staff and children and on alleviating the underlying causes of behaviour that was challenging for individual children so that effective management of behaviour took place. He told the inspector that there had been no serious incidents of behaviour that challenges and no restrictive practices were used. He said that, in the event that behaviour that challenges persisted, staff would consult with the parents of the child in relation to managing the behaviour or returning the child to the parents' care.

Training records showed that staff had not received training in behaviour that challenges since 2006 and no individual behavioural support plans were evident in the children's files.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Medication management was unsafe. The policies required revision and significant improvements were required in the areas of staff training, administration of medication and management of controlled drugs.

None of the staff had received training in medication management or had been assessed in relation to their competency to administer medication. This is discussed further under outcome 17.

The person in charge told the inspector that, prior to the arrival of a child in the centre, parents gave details of the prescribed medication for their children and these details were, in turn, recorded in the children's files and written onto the administration sheets. Staff compared the details they were given by parents with the instructions on the boxes containing the medication. However, the prescriptions for medication administered to children were not maintained in the centre and staff members administering medication could not assure themselves that the medication they were administering to children matched the prescriptions signed by the children's general practitioners. This increased the risk that an incorrect dosage of medication could be administered to children.

Systems for the safe storage and administration of controlled drugs were not in accordance with the relevant provisions of the Misuse of Drugs Regulations (S.I. No. 328 of 1988), as amended. There was no facility for ensuring that controlled drugs, which the person in charge told the inspector were sometimes used in the centre, were maintained securely and no register of controlled drugs was maintained.

The policy on medication management was not sufficiently comprehensive to ensure the children's safety. Centre specific procedures were in place for the management of medication but they were not signed or dated and did not have a date for review. They did not refer to staff training in this area, to the need for up-to-date prescriptions to be maintained in the centre, to the management of controlled drugs or to the possibility that children who reside at the centre on respite breaks might be capable of self-medicating.

Parents delivered the children's medication to the centre at weekends and arrangements were in place for medication to be safeguarded while in transit on the bus from school on midweek respite breaks. Once the medication was received at the centre it was checked and records maintained in the children's files. Medication was stored securely in individual units in a locked cupboard.

The administration sheets did not contain photos of the children or their addresses or

the centre's address. Failure to include these measures increased the risk of medication errors.

The person in charge told the inspector that none of the children who came to the centre self-medicated during of their stay and no self-medication risk assessments had been carried out.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a detailed statement of purpose which set out the aims and objectives, the ethos and the services and facilities provided. Staff interviewed by the inspector were familiar with the statement and it was implemented in practice.

While the statement of purpose contained almost all the information required by the regulations, the statement was not dated and there was no date for review. The criteria for admission were not clearly outlined. The opening paragraph referred to the provision of services for children with mild learning disabilities whereas, later in the document, reference was made to children availing of the service having a diagnosis of one or a combination of intellectual or physical disabilities or emotional disturbance. In another section the referral criteria were given as mild learning disability and/or an identified disability such as autistic spectrum disorder or physical disability.

The statement of purpose was not available in a format that was accessible to children.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A management system was in place to support the delivery of care but improvements were required in the area of monitoring the quality and safety of the service provided.

The person in charge described a clear but simple management structure, which identified the lines of authority and accountability in the centre and this was set out in the statement of purpose. Care assistants reported to the person in charge, who was one of two co-directors of the organisation which provided the service. The premises was owned and maintained by a local voluntary organisation for children with special needs.

Management systems to review the safety and quality of care and support to residents were not fully developed. There was evidence of regular consultation with parents and children in order to elicit feedback on their experience of the service but there was no written report on the safety and quality of care and support provided and no plan in place to address any concerns about quality and safety of care. The person in charge told the inspector that the organisation planned to set up a quality committee, which comprised both directors, to review the service. However, since there was no health or social care professional involved in monitoring the service, it was not clear how safety issues such as the need for medication management training for staff would be identified at an early stage in the future.

The person in charge, whose primary qualification was in education, had been managing the centre since 2008 and had previously worked in the centre as a care assistant since 2002. His position was not a full-time position but he demonstrated that he managed all aspects of the centre and told the inspector that he was present in the centre at the beginning of each respite break, visited regularly during the children's stay and was available to respond immediately should staff require his presence. When interviewed, he demonstrated adequate knowledge of the legislation and of his statutory responsibilities. He demonstrated leadership by ensuring that a good communications system was available for staff. There was evidence that he knew the children and was aware of their needs. Staff told inspectors that they were well supported by the person in charge.

The person in charge ensured the governance, operational management and administration of the centre. He told the inspector that he had attended national seminars on the Standards and Regulations. He had recently produced a document entitled Quality Improvement which set out the governance arrangements for the centre and he had engaged in a review of the policies and procedures, the development of a formal system of meetings for staff and for managers and the renewal of contracts for

all staff. The document was not signed or dated.

The inspector read a number of the policies and procedures and found that they required further development and needed to be signed and dated and contain dates for review. The minutes of management meetings and staff meetings showed that the entire staff group met on two occasions in 2014 and the two managers met formally on three occasions in 2014. The minutes of meetings were brief and set out the agenda for meetings but no decisions were recorded.

The inspector viewed a copy of the 2013 service level agreement with the Health Service Executive (HSE) as the agreement for 2014 had not yet been completed. The agreement set out requirements in relation to policies, practices, staffing and systems such as quality and safety systems. Key performance indicators in relation to occupancy, staffing levels and finances were maintained and these were returned to the HSE each quarter. An annual report was submitted to the HSE and the person in charge told the inspector that the HSE Disability Manager was a member of the admissions committee.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a sufficient number of staff to meet the needs of residents. Continuity of care was ensured, staff were experienced and the staff team had a mix of skills.

Improvements were required in the areas of training and supervision.

The staff team comprised the service manager, the person in charge and 14 care assistants. All worked part-time, making up a whole time equivalent of 5.2 whole time equivalent staff. The staffing levels took into account the needs of the children and the size and layout of the premises. For example, there were normally three staff rostered from 3pm until 9pm, two staff from 9pm until 11pm and two staff on night duty, one of these sleeping over and one on a waking night. The inspector viewed the staff rota for the time of inspection and for the following month and saw that staffing arrangements were organised to have a minimum level of staff on duty while children were at school and a maximum number of staff on duty when residents were in the centre and

participating in activities. Staff members had a range of skills and experience which were recorded in their files. The team included staff with qualifications such as social care, montessori teaching and all had significant experience of working as special needs assistants in special schools.

The staff rota was planned in advance. The person in charge told the inspector that the majority of staff had been working in the centre for many years, the latest recruitment was in 2010, and that this ensured continuity of care for the children concerned and meant that staff were very knowledgeable regarding the needs of the children they worked with. The inspector observed the interactions of staff and children and found that the children responded very warmly to staff and staff treated the children with respect and were caring in their interactions and attentive and responsive to their needs.

The person in charge told the inspector that an analysis of training needs was underway but had not been completed. Training records showed that all staff had undertaken a two-day training in first aid in July 2013 and that the person in charge had given a briefing to all staff on Children First in January 2014. Training in fire safety was proposed for July 2014. The fact that staff administered medication without having received any training in medication management constituted a major non-compliance with the regulations and posed a risk to the health and safety of the children. An immediate action plan was issued to the provider to put such training in place. Correspondence received for the provider subsequent to the immediate action plan indicated that the provider had acted to put a training programme in place within days.

The inspector observed staff interacting with the children and found that they were very familiar with the children and the children were at ease in their presence. All of the children present knew the person in charge. Staff who were interviewed were aware of the policies and procedures and the legislation and Standards.

The provider told the inspector that an appraisal was carried out on all staff in 2013 and that this was based on informal supervision during the year but there was no formal system of supervision in place and no supervision records.

There was a recruitment policy in place. Inspectors viewed a sample of five staff files. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible. All five files contained all the information and documents specified in Schedule 2 of the Regulations.

There were no volunteers working in the centre.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Tom Flanagan
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 RK Respite Services Ltd
Centre ID:	ORG-0008092
Date of Inspection:	21 May 2014
Date of response:	14 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

The personal plans did not contain children's communications passports or evidence that the children were involved in their development.

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:

Individualised assessment and Personal Plans are under review. A child friendly document designed to capture children's wishes in the areas of managing their

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

medication, food choices, intimate care, routines and activities will be completed and ready for role out by September 2014 (centre is closed from July 20th to September 5th). This document will inform the updated Personal Plan, along with other assessments, which in turn will be formally reviewed annually. Personal Communication Passports will be developed as part of the personal plans of children with communication difficulties.

Drafts approved by September 30th 2014 and rolled out to all clients by October 31st 2014. All Personal Plans updated, with review dates included by December 2014.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The discharge of children from the service was not adequately planned for with the children and/or their representatives.

Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

A Discharge Programme will be developed and implemented before any current clients (as of July 20th 2014) are due to leave the service. No clients are due for Discharge from the service until June/July 2015. This will include a six month notification period prior to discharge.

Programme will be in place by December 31st 2014 for effective implementation for clients due for discharge in June/July 2015.

Proposed Timescale: 31/12/2014

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:

A number of fire doors were wedged open and there were no risk assessments on this practice.

The fire alarm was serviced every six months but not every quarter as required.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

services.

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

A risk assessment and review will be conducted in consultation with a fire safety expert on the safe operation of the fire door system in terms of usage and release system in the event of fire while children and staff are in the centre. This is scheduled for July 2014.

External Fire Safety firm are contracted to service fire alarm every quarter from March 2014.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

There was no system for daily or monthly checks on the fire alarm, means of escape and fire precautions.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

A formal Fire and General Register has been acquired which will be used to record the daily inspection of means of escape routes, fire alarm panel, monthly fire drills, equipment inspection and servicing, training and actions required and undertaken as a result of any faults discovered.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Staff had not received training in fire safety for several years.

Action Required:

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

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

A Fire Safety Training session was held at our centre, delivered by an external Fire Safety Company, Fire Direct, on 30th June 2014. Certification of same for all staff will be received and maintained in staff files and this certification will be kept updated as

part of ongoing Staff Training initiative.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The procedures to be followed in the event of a fire were not displayed in prominent places throughout the centre.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

Procedures to be followed in the event of a fire have been displayed in a number of additional places throughout the centre.

Proposed Timescale: 31/05/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff had not received training in the management of behaviour that is challenging since 2006 and did not have up to date knowledge and skills appropriate to their role.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Training in the area of Behaviour Management is scheduled for October 2014.

Proposed Timescale: 31/10/2014

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:

Medication administration practices were unsafe. The prescriptions for medication administered to children were not maintained in the centre and staff members administering medication could not assure themselves that the medication they were administering to children matched the prescriptions signed by the children's general practitioners.

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:

A full review of Medication Management has been undertaken in consultation with all stakeholders of our service and external expertise. New procedures in place since the beginning of June 2014 require that a signed, dated letter from each child's G.P. accompanies all prescribed medications so that staff can assure themselves that the medication they are administering match what has been prescribed.

Proposed Timescale: 01/06/2014

Theme: Health and Development

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

Systems for storing controlled drugs were not in accordance with the relevant provisions of the Misuse of Drugs Regulations (S.I. No. 328 of 1988), as amended. There was no facility for ensuring that controlled drugs, which the person in charge told the inspector were sometimes used in the centre, were maintained securely and no register of controlled drugs was maintained.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

A full review of Medication Management has been undertaken in consultation with all stakeholders of our service and external expertise. New procedures in place since the beginning of June 2014 require that separate Register of Controlled Medications is kept for all controlled medications as identified in consultation with pharmacist. A safe has been installed within our locked medication press where controlled medications can be secured safely.

Proposed Timescale: 01/06/2014

Theme: Health and Development

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

There was no system in place to ensure that children who were capable of self-administering their medication were appropriately assessed and encouraged to do so.

Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

A full review of Medication Management has been undertaken in consultation with all stakeholders of our service and external expertise. As part of this process a simple assessment form has been drafted to be completed by staff in consultation with parents and a health care professional to assess children's capabilities in terms of self-medication and to ascertain at what level individual children can safely be involved in their medication regime during their stay.

Ready for roll out in September 2014 (centre is closed from July 20th to September 5th)

Proposed Timescale: 30/09/2014

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 was not dated and there was no date for review.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The centre's Statement of Purpose has been dated and a date for its review is included.

Proposed Timescale: 01/06/2014

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in a format that was accessible to children.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

A child friendly accessible version of the centre's Statement of Purpose is currently being drafted and is scheduled to be ready for roll out to all clients by the end of September 2014 (centre is closed from July 20th to September 5th)

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

The criteria for admission were not outlined clearly in the statement of purpose.

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:

In reviewing the Statement of Purpose the criteria for admission have been more clearly outlined.

Proposed Timescale: 01/06/2014

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:

There was no written report on the safety and quality of care and support and no plan in place to address any concerns regarding the standard of care and support.

Action Required:

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

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

An unannounced visit will be undertaken within the next six months and bi annually thereafter and a written report on the safety and quality of care and support will be prepared.

Contact will be made with the HSE to explore the possibility of their nominating a health or social care professional to be involved in this monitoring of the service.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no system of formal supervision in place.

Action Required:

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

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

A system of formal supervision will be operational from September 2014 (centre is closed from July 20th to September 5th). This will involve all staff members undergoing a formal supervision session evaluating their work practices in terms of implementation of policies and procedures, safety awareness, supervision, interaction with clients and record keeping. This will be done bi annually and an evaluation report will be generated from these supervision sessions.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

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

Staff members who administered medication to children had not been trained in medication management and had not had their competency to administer medication assessed and confirmed.

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:

Training in Medication Management was undertaken by all staff on the 30th May 2014. Competency to administer relevant medication is assessed and confirmed by a health

care professional and reviewed annually.

Proposed Timescale: 31/05/2014