

**Health Information and Quality Authority  
Regulation Directorate**

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



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|---|---|
| <b>Centre name:</b>                                   | A designated centre for people with disabilities operated by Health Service Executive |
| <b>Centre ID:</b>                                     | OSV-0001749   |
| <b>Centre county:</b>                                 | Sligo   |
| <b>Type of centre:</b>                                | The Health Service Executive  |
| <b>Registered provider:</b>                           | Health Service Executive  |
| <b>Provider Nominee:</b>                              | Teresa Dykes  |
| <b>Lead inspector:</b>                                | Bronagh Gibson  |
| <b>Support inspector(s):</b>                          | Michelle McDonnell  |
| <b>Type of inspection</b>                             | Announced   |
| <b>Number of residents on the date of inspection:</b> | 5   |
| <b>Number of vacancies on the date of inspection:</b> | 0   |

## **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 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: 04 November 2014 10:00 To: 04 November 2014 16:30

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

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| 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 was the first inspection of the centre by the Authority. The purpose of this inspection was to monitor on-going regulatory compliance.

The centre was a two storey premises located in a large town in the north west of the country. It had access to many amenities such as public transport, swimming pools, public parks and shopping areas. The statement of purpose and function stated that the centre provided residential care to five children, boys and girls, one of whom was on a shared care arrangement. Children admitted to the centre were aged between 12 and 18 years. The centre was at full capacity and had been for a sustained period of time.

As part of the inspection, inspectors met with the director of services, the clinical nurse manager two (CNM2), a staff nurse, a care assistant and several of the children. Inspectors also talked with the provider nominee by phone. Inspectors walked around and observed the premises and reviewed policies, procedures, centre reports, care files and staff files.

Inspectors found that the premises was not fit for purpose in its current state and the service was in the process of finding a more suitable premises. The person in charge was suitably qualified to manage the centre, but required support to ensure policies and procedures were fully implemented and day to day practice was consistently safe. The statement of purpose and function required amendment in

order to meet the regulations.

Policies and procedures were generic and applicable to all disability services provided by the HSE Sligo/Leitrim/West Cavan.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The care and wellbeing of each young person living in the centre was delivered based on a comprehensive assessment of their needs and a plan to meet these needs.

There was a multi-disciplinary approach to the assessment process and parents were consulted about their children's care. Care plans were implemented and young people were encouraged to participate in activities that increased their social interactions within their local community. There were plans in place to support young people in their transition to young adulthood and the placements they would require once they reached 18 years of age. Inspectors reviewed a sample of care files and found that each young person had an assessment of their medical, behavioural and social needs carried out on admission. Each child had a care plan on file that was drawn up by a named staff nurse who had overall responsibility for its development. Care plans reviewed by inspectors showed that the process to develop them was consultative and multi-disciplinary. Care assistants interviewed said that they contributed to the planning process. There was a process in place to continuously assess young people's changing needs and review their progress. This was also a multi-disciplinary process that included young people and their parents. This was demonstrated in care review meeting minutes. The needs, preferences and choices of the residents were reflected in their care plans. Reports reviewed on their files provided detailed life histories and young people's preferred communication methods. Their likes and dislikes were clearly outlined. Daily reports and reviews of care plans showed that goals set were met and if not, it was clearly stated why and a new approach was taken. There was a balanced approach to planning that considered the young people's social and medical needs. There was a standardised template for recording the care plan.

Inspectors found that there was good communication between the centre staff and the young people. This was enhanced by the fact that the young people were there on long-term placements and there was a core team that had worked with them for that period. Communication was facilitated through familiarity, clear guidance on preferred communication methods in young people's individual files and good use of pictures around the centre. For example, there was a picture book of meals and another for activities. Young people could communicate to staff what they preferred for dinner and as an activity. One young person liked using sign language and pictures of symbols were placed around the centre. There was also a picture board that held pictures of which staff were on duty each day. Staff told inspectors that young people responded well to this.

Three of the young people were 17 years of age and minutes of care reviews showed that planning for their future lives had begun. No future placements were identified as yet, but there was a placement officer for the HSE involved in this process. Staff told inspectors that once placements were identified, transition plans would be developed in detail to assist young people move into adult services in a way that caused the least amount of distress. A placement closer to their family home was being sought by the HSE placement officer for one young person at the request of their parents. Activities were planned on an individual basis for each young person based on what they liked and had the capacity to do. For example, one young person liked to shop and walk in the local area. Another young person liked to go swimming and to the park or go fishing. The centre was located in a residential area and the young people were brought out for dinner in local restaurants and the local hotel. Hobbies were encouraged and one young person regularly baked as s/he really enjoyed this.

**Judgment:**

Compliant

**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 children, staff and visitors was not promoted sufficiently and required improvement. Risk management systems were in place but not fully implemented. Precautions against fire were taken but these were not adequate.

The centre had a suite of organisational policies and procedures in place related to the promotion of the health and safety of children, visitors and staff. Policies were accessible to all staff in the centre. There was a health and safety statement dated October 2014

that was comprehensive but not site-specific. There was a health and safety assessment of the centre including clinical risks, but on review inspectors found that it had not identified hazards inspectors found on a walk around the premises. For example, there was no assessment of risks posed by the unsuitable surface in the back garden where young people played, unused showers that required removal and were a potential infection risk, lack of a ventilation system in the utility room and low hanging clothes lines in the back garden that were potential ligature points. The person in charge told inspectors that managers had recently introduced a system of visiting the centre regularly and carrying out safety walks around the centre in order to identify and risks or hazards. This was evident in meeting minutes viewed by inspectors. Minutes of management meetings showed that annual reports were generated in relation to health and safety risks and trends, and provided to health and safety representatives of each centre.

There was an organisational risk management policy that contained all the elements prescribed by regulation but it was not centre specific as required by regulation 26. There were systems in place to address and manage risks but they were not always effective. The centre had a local risk register that contributed to service and regional risk registers, depending on the nature and level of risk involved. A copy of the centre's risk register showed that it recorded risks related to the premises such as damp and mould on bedroom walls, inadequate outside space for the young people, self-injurious behaviour by young people and abscond risks. The CNM2 attended quality and safety meetings held monthly with heads of department of the service. Records showed that risk management was discussed at these meetings. The CNM2 told inspectors that the service director was head of a risk management committee and risk assessments carried out were provided to him/her for review. A review of completed centre risk assessments showed that these were carried out in relation to risks recorded on the local risk register. As all risks in the centre went unidentified, they were not risk assessed. There was a plan in place in the event the centre had to be evacuated.

Improvements were required in relation to protection against infection. There was a suite of organisational policies and procedures on infection control that included precautions to be taken in relation to food preparation, laundry and environmental contaminants. There was evidence of pest control measures and monitoring throughout the centre. There was no clinical waste generated in the centre and all sharps were stored in a locked cupboard before collection. Inspectors found that the centre was cleaned routinely by the staff team, but this was a centre that had not been updated and surfaces in areas such as the kitchen required replacing. This was also the case for tiles in bathrooms. There was an adequate number of bathrooms and washing facilities and alcohol gel was distributed throughout the centre to facilitate hand hygiene practices. Inspectors found that bins placed around the centre were foot-operated pedal bins. There was no fridge available for staff food but a staff nurse told inspectors that staff members went out for meal breaks and did not store food in the centre. There was no flushing of unused wash areas such as a shower in one young person's bedroom and therefore there was a risk of legionella bacteria forming.

There was a clear process, procedure and policy in relation to recording reporting and reviewing incidents in the organisation. These included near misses, incidents and accidents and medical errors. The organisation had an incident review group that

reviewed all incidents and provided learning and recommendations from such events. Records showed that recommendations were made by this group for example in relation to staff recording of events.

The precautions in place to guard against the risk of fire were inadequate. The centre had a fire book that was incomplete in that it did not record evacuations and fire drills or checks carried out by staff in the centre. The CNM2 said that the fire book was a new system of recording and had not yet been fully implemented. Meeting minutes showed that it was unclear if fire drills were carried out at night and this was to be clarified with staff nurses. Young people's individual files did record their participation in fire drills and if there were any difficulties. An evacuation procedure was in place for each young person that took account of their capacity to respond to a fire alarm. A walk around the centre showed that fire equipment such as extinguishers and blankets were in place and were last checked in March 2014. There were instructions on fire procedures placed strategically at fire exits, and the assembly point outside of the centre was clearly marked. Fire exits were unobstructed and signposted. Centre risk assessments showed that the location of the assembly point was a risk in itself due to its proximity to the main road. This could not be resolved in the current premises.

Although risk assessments were carried out in relation to the risk of fire and individual residents, there was no evidence to demonstrate risk associated with everyday practice was fully considered. For example, the centre's front door was protected by an electronic keypad that would disable and unlock in the event of a fire. However, staff also locked the front door with a key. This meant that young people or visitors could not exit the centre in the event of a fire without staff assistance. On the day of inspection, inspectors could not be let out of the centre on two occasions because the staff they were with did not have a hall door key. Every window in the centre was also locked with a key. In addition, the second story of the centre was not used and was locked at all times with a keypad. These safety issues were brought to the attention of the CNM2 and the director of services on the day of inspection. There were no records to show that fire checks were carried out routinely on this floor of the premises, although flammables such as paints were observed by inspectors in the attic space. Staff training records showed that no fire training was provided in 2013-2014. One care assistant told inspectors s/he had never been trained in fire safety although s/he had been employed for over one year. There was no written confirmation that the centre was in compliance with fire safety regulations provided to inspectors and the CNM2 said that this was being pursued by the chair of the health and safety committee.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There were a number of measures in place to protect children from abuse but improvements were required in relation to policy and procedure. The centre took a positive approach to managing challenging behaviour but there was a need to balance keeping children safe whilst promoting their rights.

There was an organisational interim protocol on the welfare and protection of children dated June 2014. On review, inspectors found that it required updating to reflect Children First: National Guidance for the Protection of Children (2011). There was a named designated liaison person as required by Children First (2011) and procedures to take once a concern was raised by staff members were outlined. Staff interviewed were familiar with signs of child abuse and knew how to report a protection or welfare concern. Training records showed that child protection training was provided to staff and more training was due in November 2014. The CNM2 told inspectors that there were no child protection concerns reported in the year prior to inspection. A review of incident reports by centre for 2014 showed that there was an incident where a child had unexplained bruising. The CNM2 was confident that this was not a child protection concern but this was not reflected in centre records. The organisation had policies and procedures that promoted the safety of children such as policies on recruitment, intimate care and managing violence and aggression. However, inspectors were not provided with a number of policies and procedures that would further safeguard children. For example, policies or procedures related to bullying and harassment. Although inspectors were informed after the fieldwork that the centre had a visitor's book, this was not presented on the day, and inspectors were not required to sign it.

Inspectors observed that staff interacted with the residents warmly and respectfully. The privacy of children was promoted by the provision of single rooms for each child with private toilet facilities. There were policies in place on the provision of intimate care and the children had intimate care plans which were satisfactory. Records showed that the centre staff were sensitive about who provided this care, particularly if agency staff were on shift.

There were inadequate arrangements in place in relation to young people's monies. None of the children living in the centre had their own bank account. Two children's monies were deposited into a service users account held by HSE Cregg Services. The person in charge said that if a young person needed clothes or money to go on a social outing, a written request was made by the CNM2 to the organisation's accounts department. Three other young people had money retained in the centre. There was a system in place to account for young people's money and spot checks were carried out by the organisation to ensure accountability. The organisation's policy on managing

resident's monies stated that when out for a meal, children had to contribute to the cost of staff meals. The CNM2 confirmed to inspectors that this was not the case in practice. The policy required amendment to reflect current practice.

The CNM2 told inspectors that money raised by young people in a fundraising event several months prior to inspection went missing. This was fully investigated but not resolved. The organisation had paid for the craft materials used by the young people for this event, but did not re-fund them the profit from the event.

There were restrictive practices in the centre. One young person required being held safely whilst being fed. Records showed that this was a planned intervention that was detailed in this young person's care plan, and was based on the young person's preference on how s/he wanted to be held. This practice was reported using centre reporting systems. Other restrictive practices were in place such as locking external doors and windows to manage one young person's movement in and out of the centre. All staff interviewed said that this was a response that would continue whilst this young person lived in the centre, but conceded that s/he never absconded whilst on outings or when travelling to and from their day service. Inspectors found that this was not regularly reviewed and imposed unnecessary restrictive measures on other young people living in the centre. Furthermore, there was inadequate outdoor space for young people to get fresh air and partake in outdoor activities whilst the premises were locked.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

Policies and procedures were in place in relation to medication management but they were not always reflected in practice.

There was an organisational policy and set of guidelines on medication management and although they were not site-specific they contained all that was required under the regulations. On a walk around the centre inspectors found that medication was stored in two locked cupboards in the staff office. Medication was in date and the medication for each child was clearly labelled and maintained separately. Processes were in place for the storage and recording of controlled drugs. There was a kardex system in place that recorded all medication a young person was prescribed.

The CNM2 and a staff nurse told inspectors that all medication was administered by nurses. A care assistant said that they had administered medication to young people under the supervision of a nurse. The CNM2 acknowledged that this did happen in practice and that no care assistants were trained in the safe administration of medication. There were safe systems in place for audits of medication management and centre records showed that there was one medical error in over a 12 month period. This was found to have been reported and dealt with appropriately.

**Judgment:**

Non Compliant - Minor

**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:**

There was a written statement of purpose that required amendment.

The centre had a statement of purpose and function that was dated February 2014. It set out the philosophy of the centre and the services and facilities it provided. However, the statement of purpose and function incorrectly named the provider nominee as the registered provider and contained unnecessary information about current residents that should be removed and replaced with the type of placements the centre has the capacity to provide. Staff members who were interviewed were familiar with the purpose and function of the centre. The statement of purpose was in a format that was accessible to young people and their families.

**Judgment:**

Non Compliant - Minor

**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*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There were systems in place to manage the service that included monitoring of its effectiveness but they required improvement. Quality assurance of day to day practice was not adequate and although there were systems in place to manage risk, risks remained with delayed response times at senior management level.

The centre was managed by a clinical nurse manager two (CNM2) who was the designated person in charge. The CNM2 reported to a service director who was the provider nominee. The management structure was clear and managers interviewed knew their individual roles and responsibilities within this structure.

The CNM2 was suitably qualified to run the centre and was trained in intellectual disabilities. She was also manager of two other centres for adults with a disability. The day to day operations of the centre were overseen by a staff nurse on shift who worked in partnership with the CNM2. There was also an on-call system in place that provided support to the staff team if the CNM2 was not available.

Inspectors found that there were infrastructures in place to support and facilitate the management of the centre. The CNM2 told inspectors that there were clear lines of accountability in place. The CNM2 provided inspectors with a copy of performance indicators submitted monthly to senior managers and on review, inspectors found that these could be broadened to include for example, risks and responses and child protection notifications and or significant incidents. Inspectors found that there were staff meetings, middle management meetings and senior management meetings. Minutes of these meetings showed that the effectiveness of the service and areas requiring improvement were identified in these forums. However, there was no system in place to provide formal supervision to the CNM2 or staff. This meant that there was a gap in systems to ensure accountability for individual practice and a lack of a forum within which presenting issues could be addressed on an on-going basis. Individual staff practice was reviewed quarterly and records showed that these were adequate.

The CNM2 told inspectors that one element of the role of the person in charge was to ensure policy and procedures were fully implemented. Inspectors found that this was not supported by up to date policies and procedures such as those in relation to supervision, managing children's monies and child protection. Inspectors found that practice did not reflect policy and procedures for example in the administration of medication by untrained care assistants.

There were some elements of the service that were monitored effectively. These included reviews of significant events and accidents and incidents. Health and safety

reviews were also carried out and reported on. There were systems in place to identify and report on risk, but there were delays in responding to risks at senior management level. For example, the unsuitability of the premises was known by managers but the service remained operating from there. Other risks went unidentified and therefore un-assessed by the CNM2. The CNM2 had a system in place to carry out checks on the centre that included daily checks either carried out over the phone or by a visit to the centre. Routine visits were in place for the purpose of carrying out a physical check of the centre by the CNM2. Records of these visits were provided to inspectors. However, risks in relation to fire and safety to children were not identified through these checks. Some fire risks that were unidentified were potentially increased by poor systems in practice, for example, fire checks by staff. These were basic systems that should be put in place by managers and monitored for their full implementation to ensure the safety of children and staff.

**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:**

The centre was adequately staffed to meet the needs of the children it provided care to. There was a flexibility in the provision of staff to meet children's changing needs. There was no formal supervision of staff and some staff training was required. Gaps in service were not accounted for in the vetting of some staff.

The statement of purpose and function showed that the staff team consisted of a CNM2 RNID, four nurses and six health care assistants. The team was supported by staff in the wider organisation such as physiotherapy, psychology, maintenance and a social work. There were no vacant posts at the time of the inspection. The centre had responded to the needs of one young person and increased the number of staff through the use of a core group of agency workers. Staff files showed that there was a mixed skill base and a range of experiences within the team that complimented each other well. These included nursing staff that had qualifications in intellectual disability and care assistants who were trained to FETAC level five. This mix provided a balance in the provision of medical and social care by the team. Inspectors found that the staff team reflected the

needs of the children living in the centre.

There was a staff roster in place that ensured a staff nurse was on shift 24 hours a day so that medication could be administered, however, care assistants did administer medication at times but were not trained in this aspect of the work. There were two waking staff at night.

Training provided to staff was required. The CNM2 provided inspectors with a training audit carried out with all staff and training records for the year prior to inspection. These showed that refresher training was required in areas such as manual handling. Some staff were not trained in fire safety. There was an induction process in place and records reviewed showed that newly recruited staff had been inducted appropriately. Training needs were identified by the CNM2 and she said that training was provided on a needs led basis but that there was a difficulty at times releasing staff to attend due to work commitments.

There was no policy on staff supervision and although there was an informal process between the CNM2 and staff members by way of an open door policy, formal supervision was not provided. Performance was monitored and developed through staff reviews. Records showed that these were carried out on a quarterly basis.

**Judgment:**

Non Compliant - Minor

**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:***

Bronagh Gibson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |   |
|----------------------------|---|
| <b>Centre name:</b>        | A designated centre for people with disabilities operated by Health Service Executive |
| <b>Centre ID:</b>          | OSV-0001749   |
| <b>Date of Inspection:</b> | 04 November 2014  |
| <b>Date of response:</b>   |   |

### 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

There was an organisational risk management policy that contained all the elements required by regulation but this was not centre specific.

**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

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

centre.

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

The risk management policy will be made centre specific and include hazard identification and assessment of risks throughout the designated centre.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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 risk management policy will be made centre specific and include the measures and actions in place to control the risks identified

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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 risk management policy will be made centre specific and include the measures and actions in place to control the unexplained absence of a resident.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**

**the following respect:**

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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.

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

The risk management policy will be made centre specific and include the measures and actions in place to control accidental injury to residents, visitors or staff.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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.

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

The risk management policy will be made centre specific and include the measures and actions in place to control aggression and violence

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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 risk management policy will be made centre specific and include the measures and actions in place to control self-harm

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**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 risk management policy will be made centre specific and include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was an organisational policy on the management of risk that contained all of the requirements in regulation but this was not centre specific.

**Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Risk assessments will be completed in adherence with the HSE guidance document regarding the Risk Management Policy.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was no risk assessment of risks posed by the unsuitable surface in the back garden, unused showers that required removal, lack of a ventilation system in utility

room and low hanging wash lines as potential ligature points.

**Action Required:**

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

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

Risk assessment will be completed regarding risks posed by the unsuitable surface in the back garden.

Maintenance plan regarding removal of unused showers will be forwarded as a matter of urgency. In the interim Infection Control Nurse will be consulted regarding flushing programme.

Low hanging washing line has been removed.

Risk assessment to be completed regarding lack of ventilation in utility room

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There were unsuitable surfaces in kitchens and bathrooms that required replacing.

There was no fridge for staff food.

There was no routine flushing of unused wash areas.

**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:**

A fridge will be requisitioned for staff food

Infection control nurse will be consulted regarding flushing system for unused showers

Infection control nurse will be requested to complete audit of unit and action plan to be put in place following same

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

Fire drills or evacuations carried out in the centre were not recorded in the fire book.

There was no system in place for staff to carry out routine fire checks.

The practice of locking the front door with a key was not assessed as a potential fire

risk.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Going forward all fire drill will be recorded in Fire Register  
A formal system will be put in place regarding routine fire checks  
A risk assessment will be conducted regarding locking front door as a fire risk

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

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

Not all staff were trained in fire safety.

**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:**

Staff within this service will be prioritised to received fire training

**Proposed Timescale:** 27/02/2015

**Theme:** Effective Services

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

There was no evidence provided that the centre was in compliance with fire regulations.

**Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

A fire safety engineer attended the service on 1st December and carried out fire safety survey of the building, awaiting report from same and action plan to be implemented

**Proposed Timescale:** 28/02/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

All external doors and windows to the centre were locked to manage one child's potential absconding behaviour. This was not regularly reviewed and impose unnecessary restrictive measures on other children living in the centre.

**Action Required:**

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

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

Regular reviews will be implemented to discuss this practice and to discuss alternative measures available

A psychologist will be consulted in liaison with behavioural therapist regarding same

**Proposed Timescale:** 30/01/2015

**Theme:** Safe Services

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

There was an organisational policy on child protection but this required updating to reflect Children First (2011).

An incident of unexplained bruising and its investigation was not clearly or adequately recorded.

**Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

Policy will be updated to reflect Children First (2011)

Incident of unexplained bruising and its investigation will be re-visited and findings clearly documented

**Proposed Timescale:** 30/01/2015

**Theme:** Safe Services

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

There was no visitors log to record all visits to the centre and their purpose.  
There was no policy on internet use in the centre.  
There was no policy on bullying in the centre.

**Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

A visitors log is in place  
There is a policy on internet usage and a policy on bullying available to staff

Provider response - Immediate

**Proposed Timescale:** 06/01/2015

**Theme:** Safe Services

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

Two young people's disability allowance was paid directly into an account held by the registered provider.  
Other young people's monies were retained in an account held by the registered provider.

**Action Required:**

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that no money belonging to any resident is paid by the registered provider or any staff member into an account held in a financial institution, unless the consent of the person has been obtained, the account is in the name of the resident to which the money belongs; and the account is not used by the registered provider in connection with the carrying on or management of the designated centre.

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

The financial department within the service are currently in discussions with the financial institution regarding the requirement for each child to have a personal bank account

**Proposed Timescale:** 30/01/2015

**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:**

Care assistants administered medication on occasion under the supervision of a nurse but were not trained in the safe administration of medication.

**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:**

Nurse Prescriber within the centre will provide a medication management information session to care staff. Courses will commence in early January  
In the interim this procedure is always under the supervision of qualified staff nurses  
The service is in the process of seeking approval regarding funding to deliver Safe Administration of Medication Course to care staff from the Registered Provider.  
Application has been submitted and we are awaiting approval.

**Proposed Timescale:** 30/04/2015

**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 and function incorrectly named the provider nominee as the registered provider.

The statement of purpose and function contained unnecessary information about children currently living in the centre that should be removed and replaced with the type of placements the centre has the capacity to provide.

**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 and function will be corrected  
The statement of purpose and function will be corrected to remove unnecessary information about children currently living in the centre

**Proposed Timescale:** 18/12/2014

**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 policy or system in place to provide formal supervision to staff or the person in charge.

Monitoring of day to day practice required improvement.

Some risks went unidentified and un-assessed.

The premises posed a fire and safety risk to children and this was not responded to in a timely way.

**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:**

The service is currently in the process of finalising a formal supervision document

Daily monitoring by the person in charge will continue.

A weekly walk around will be implemented by the person in charge to the centre with a formalised monitoring checklist

All risks will be identified and assessed

Senior Management are aware of unsuitability of premises and are seeking alternative accommodation

**Proposed Timescale:** 30/03/2015

**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 policy and no system in place for the formal supervision of staff.

**Action Required:**

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

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

The service is currently in the process of finalising a formal supervision document

**Proposed Timescale:** 30/01/2015

**Theme:** Responsive Workforce

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

Care assistants were not trained in the safe administration of medication.  
Staff required refresher training in relation to manual handling.  
Some staff required fire safety training.

**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:**

Staff will be prioritised to attend manual handling and fire safety training  
Nurse Prescriber within the centre will provide a medication management information session to care staff. Courses will commence in early January  
In the interim this procedure is always under the supervision of qualified staff nurses  
The service is in the process of seeking approval regarding funding to deliver Safe Administration of Medication Course to care staff from the Registered Provider.  
Application has been submitted and we are awaiting approval.

**Proposed Timescale:** 30/03/2015