

**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 Praxis Care
Centre ID:	OSV-0001914
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Praxis Care
Provider Nominee:	Irene Sloan Ringland
Lead inspector:	Orla Murphy
Support inspector(s):	Eva Boyle
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
26 November 2014 09:30	26 November 2014 18:30
27 November 2014 09:00	27 November 2014 18:30

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

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

Summary of findings from this inspection

This was the second inspection of the centre by the Authority, and was an 18 outcome inspection, carried out for the purpose of registration. As part of the process inspectors reviewed policies, records, spoke to the children, parents, members of staff, a social worker, the centre manager who was the person in charge (PIC) and the external management team and observed the delivery of the service. Three questionnaires were also returned. The majority of the actions from the previous monitoring inspection had been addressed.

The centre was a five bedroomed house located in a Dublin suburb. The service was provided by Praxis Care who had applied to register the designated centre for four

children up to 18 years of age. Referrals to the centre were taken from the Child and Family Agency (CFA) only. Two children were living in the centre at the time of the inspection. The provider was a registered charity with its own Board. Inspectors found that the Board did not receive regular updates on the performance of the centre and it was difficult to ascertain how they were assured about the safety and quality of the care and support being provided to the children.

The children had complex needs and these were generally well met by the staff team. Children experienced a wide range of activities and experiences and felt well regarded by the team. Staff were observed being kind and supportive to the children and delivering a good standard of care to them. Recruitment and staff supervision practices were robust and staff were provided with good leadership within the centre. However, there were times when staff had struggled to manage the two children and keep them both safe due to behaviour that challenged. In addition not all complaints were managed effectively.

Risk management processes were not robust. Inspectors identified a significant risk within the centre as water temperatures from the taps were recorded at 50 degrees. This posed a risk of burning or scalding the children. The Authority took the unusual step of issuing an immediate action plan. The provider took steps to address the issues and responded within the agreed timeframe.

These and other deficits are outlined in this report and in the action plan submitted by the provider.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was effective consultation in the service and children's choices, dignity and privacy were respected. Complaints procedures were in place but these did not fully comply with the regulations.

Children and families were consulted with and involved in decision making within the centre. The organisation had a three year service user's strategy which was in place since 2012. The strategy document outlined a range of ways that the children would be consulted with while living in the centre. This included annual surveys conducted with children and their families, regular residents meetings, keyworking and personal planning and statutory care planning. Inspectors found that children had completed these surveys and had contributed to the aims of their personal plans. Inspectors conducted a range of interviews and examined a number of records. These showed that families' views were considered by the staff team when caring for the children, and that staff regularly ascertained the wishes of the children in relation to their daily lives. There was regular consultation with children about the running of the centre, group living and their interests and activities through meetings and keyworking. Inspectors examined the minutes of resident's meetings and these reflected that children discussed activities inside and outside the centre, plans for special events such as birthdays, school trips; decor and furnishings in the home, keyworking, friends and family and a range of other issues that were important to them. In addition, both children discussed house rules and what behaviour they would like to see from each other. Food likes and dislikes were also discussed and both children suggested meal ideas for the menu in the centre, which were implemented. Children also suggested changes or additions to their activity plans which were then acted upon.

There was no use of independent advocates in use in the centre. However, inspectors found that the staff team, parents and centre manager had advocated on behalf of both children within the organisation and with the placing agency to promote their rights and wellbeing. Both children had an assigned social worker as they were in the care of the Child and Family Agency (CFA).

The management of complaints was not sufficient. There was a complaints procedure in the centre. However, it did not meet the requirements of the regulations. The policy identified the director of care as the organisations complaints manager. However, inspectors found in practice that the centre manager responded to local complaints and if the complaint was unresolved it went to the complaints manager. The appeals process was unclear in the policy as it referenced a number of different people that the outcome of a complaint could be appealed to, including the funding agency. The CEO of praxis care was identified in the policy as the person who would oversee that the complaints process had been appropriately responded to and that the records required had been maintained as the regulations specify. However, inspectors found that this was not happening in practice, and that the centre manager undertook all of these duties. This meant that oversight was inadequate and the process was not in keeping with regulation 34.

Inspectors found that not all complaints were recorded and that the oversight and analysis of complaints was not fully informed. The complaints procedure was on display. A complaints log was maintained by the centre manager and this was examined by inspectors. The log recorded two complaints in the year prior to inspection. However, one parent who spoke to inspectors identified that they had raised two concerns with the staff team, which were not recorded in the centre's complaints log. This meant that the log did not reflect all concerns and the action taken in response to them. It also meant that any analysis of complaints would not be fully informed as all concerns were not considered. Another parent who spoke to inspectors was aware of the complaints procedure and described how they would address any concerns they had with the centre manager or with their child's social worker.

The centre manager reported monthly to the external line manager of the service on complaints, and reviewed complaints on a three monthly basis. Complaints were also examined by the external line manager during their visits to assess the quality and safety of the service and inspectors saw evidence of this in records, logs and reports. There was a draft pictorial version of the organisation's complaints procedure in place in the centre. However, inspectors found that staff had developed more suitable pictorial versions of other policies which had been beneficial to children and were of the opinion the complaints procedure would benefit from this style.

Children were treated with dignity and respect by the staff team in all aspects of their care in the centre. However, there were times when the dignity of one child was impacted by the behaviour of a peer. Inspectors found that practices and routines were centred around children's needs and wishes. Both children living in the centre had complex needs and their understanding of some aspects of their care was limited. However, both children were aware of some of their rights and inspectors found that there were pictorial versions of rights on display in the centre. In addition, records showed that all of their rights had been discussed in a child friendly way in their consultation meetings, and as part of keyworking. Both children spoke to inspectors, and

could describe their rights to feel safe, to have help and support from staff, for staff to be kind and their right to tell an adult if they were scared or worried. Both children identified the centre manager, family members, their social worker and several staff members as people they would talk to if they were scared or worried. Inspectors observed staff offering personal care and support to the children in a discreet and respectful way, and staff encouraged children to express their individuality through their dress, interests and family links. Inspectors found that there were occasions when the behaviour of one child impacted significantly on another, which in turn impacted on his/her dignity.

Privacy was valued and both children felt that their feelings and wellbeing were important to the staff team. Records examined by inspectors showed that children's preferences in personal care and routines were identified and implemented. Personal plan goals clearly identified the manner in which children wished to be supported, and goals facilitated the children to achieve the maximum level of independence in their self care. Both children met with their families privately in the centre, but there was some staff supervision involved which was line with their statutory care plans. Both children also kept in touch with their families and friends via telephone calls. Neither child accessed internet or social media independently due to their complex needs and specific vulnerabilities. However, they did access some websites and games with the support of staff.

Children were supported and enabled to make choices in their daily lives, and the staff team supported them to communicate their wishes to significant others in their lives. Inspectors observed staff providing the children with choices regarding their care, routine, activities and meals and snacks on both days of the inspection.

Children's possessions and finances were respected and cared for appropriately. However, more formal agreements were needed in relation to finances held outside the centre. The centre had a policy in place to ensure that children's possessions and finances within the centre were safeguarded. The cost of all activities, belongings and needs were met by the centre through the funding received from the placing agency. Both children also had small amounts of pocket monies and appropriate records were maintained for this expenditure.

Both children had well developed interests which were supported and encouraged by the staff team. One child had a keen interest in pop music, musicals and self care. Inspectors observed that staff facilitated this throughout the child's routine and personal plan, and this was a source of very positive praise and interaction for them. Another child had interests in motoring, pop music and outdoor activities, and again this was incorporated into their routine. Both children also attended a wide range of activities such as concerts, go-karting, shopping, disco's, sports and leisure centres and the cinema.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were assisted and supported to communicate effectively, and staff were aware of their preferences.

None of the children required the use of assistive technology in their communication. Inspectors found through observation of interactions and through interview that staff were aware of the communication methods and needs of both children living in the centre. Both children could verbally communicate and indicate most of their needs to staff and their families. However, because they had complex needs, staff did need to support and encourage them to express themselves in a range of ways. The centre's statement of purpose outlined the facilities in place to meet the children's communication needs. However, inspectors found that should children with more complex communication needs be admitted in the future, additional arrangements such as assistive equipment and staff training may be required.

Each child had a communication guide which outlined their methods of communicating, their gestures and what actions may reflect a mood or vulnerability. The guide provided staff with direction as to how best to respond and support the child. Children's communication guides were informed by the speech and language professionals involved in their lives and by families and staff member's knowledge of the children. The centre manager informed inspectors that this guide was reviewed monthly to ensure it was current and any new indicators or changes in communication gestures were added or amended.

Inspectors found evidence of changes made to communication guides regarding new behaviour traits or additional information provided by schools. Inspectors observed that the children had access to radio, television, music systems, a limited internet service and a cordless telephone. The children informed inspectors that Santa Claus was possibly bringing them computer tablets for Christmas, and both were very excited about this. Both children had a wealth of local connections, and attended local events when they chose to with family and staff support.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children were encouraged and supported to maintain very close relationships with their families, and had strong local attachments which they were supported in maintaining.

Both families visited the centre often, and children were supported by staff to spend time in their family home. Families were very involved in the lives of children and this was viewed as very beneficial to their wellbeing. The centre manager and staff team promoted maximum contact and interaction for the children with their families. Family members were facilitated with transport to and from the centre at times and had meals with and engaged in activities with the children. There was almost daily telephone contact between the staff team and families and this was observed by inspectors and reflected in records examined. During this inspection, the parents of both children visited the centre and spoke to inspectors. Both parents informed inspectors that they were supported and facilitated to visit the centre, and their child was facilitated to visit the family home regularly. One parent who lived close to the centre stated that staff were extremely supportive and they felt that their relationship with their child was valued by the team. One child had recently begun overnight stays with their parent, and staff visited the home during the stay to provide support to both parent and child. Another child spent fixed times at their family home supported by staff.

Both children had friends through school and their community involvement, and contact was supported where possible. The children were involved in events and group activities in the community. One child was involved in a variety of camps and activity groups and received staff support at all of these events. This child informed inspectors that their best friends were friends they had at school and in a club they had attended. The other child attended a disco locally and went on a variety of activities with a family member which was their choice. Inspectors found that both children accessed the majority of their peer friendships through these activities and in school. The children had not had friends visit the centre in the year prior to the inspection, but had engaged in activities outside the centre with friends and were facilitated in this by staff. This was due to assessed risks regarding the impact of behaviour that challenged in the centre and the privacy of the children in the centre while there were episodes of this behaviour. The centre manager informed inspectors that as this risk was abating, ways would be examined to introduce visits by friends to the centre in consultation with external professionals and families.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

The admissions procedure and process had improved since the previous inspection, and the criteria for admission was transparent. There were safeguards in place to ensure the process was more robust. The contracts if care did not meet the requirements of the Regulations.

In the year prior to this inspection, the admissions procedure was not robust, and while this had improved in some respects at the time of this inspection, it was not sufficiently tested as there had been no new admissions in that time. Inspectors found that additional safeguards had been included in the admissions process to ensure the needs and safety of other children were fully considered when admitting a new resident. A previous admission had a negative impact on other children and the centre as a whole, leading to behaviour which challenged the staff team and which affected the wellbeing of the children. A specific risk assessment was then introduced for all admissions following the previous inspection, which required the centre manager, the funding agency and all children's social workers to meet and consider the suitability and risks posed by any admission to the centre. The effectiveness of this had not been tested fully, as there had been no admissions to the centre since the previous inspection. However, the collective risk assessment format had been used for the children already living in the centre due to concerns regarding the mix of children, the competing needs of the children placed in the centre and the impact of the behaviour of one child on the other child living there. Inspectors found that the effectiveness of the collective risk assessment was mixed, as although there were systems put in place to support both children and to try to safeguard them, there continued to be incidents and events that affected one child's wellbeing. Inspectors examined correspondence and professionals meeting minutes which reflected that the placing agency for both children felt the placement for both children was suitable, and met their complex needs. However, the centre manager identified there were clear safeguarding issues for the children. In the months prior to this inspection, a number of incidents and notifications were submitted to the Authority regarding alleged emotional abuse of one child. This indicated that the mix of children in the centre was not suitable. These incidents then decreased, and at the time of the inspection there had been no adverse incidents in over ten weeks. This is addressed further in section 8 of this report. However, inspectors found that the complexity of the needs and historical experiences of the children in the centre could continue to affect the success of future admissions.

Contracts of care were in place. However, these were not available in an accessible format and did not contain the required information. Inspectors found that contracts were in place for the provision of care for each child. The contracts examined did not fully detail the specific services provided to the children. Contracts stated that all aspects of the child's care was covered by the fees paid by the funding agency, and that additional charges would be requested from the agency if required. Inspectors found that the contracts were not available in an accessible format due to the language used and layout of the contracts. Contracts had been signed by the placing agency and the provider. Families informed inspectors they had not received a copy of the contract.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children's needs and planning were fully supported and they had a good quality of care delivered by the staff team. Children had a wide range of experiences which developed their social skills and participation in the community.

Children's needs were comprehensively assessed, and assessments identified their needs in a range of aspects in their lives. Inspectors examined the assessments of need for both children which were found to be up to date. Assessments were informed by the staff team, a number of professionals involved with the children, families and the child. These assessments identified the children's needs in areas such as health, mobility, spirituality, autonomy, education, leisure and participation, and family and relationships. Each child also had their own accessible version of their assessed needs. Inspectors found that assessments informed the children's personal plans and placement plans in the centre. Records examined reflected that assessments had been updated where needs changed, and there was evidence of monthly and six monthly reviews by keyworkers and the staff team. Inspectors found that assessments accurately reflected the identified needs of both young people, and parents that spoke to inspectors felt that

their child's needs had been satisfactorily identified. Centre records and interviews with staff demonstrated that the team were very cognisant of the children's needs, and were well informed about the care and support they required.

Personal plans were effective tools that facilitated the children to achieve their goals, develop skills and promote their wishes and choices. The children's personal plans were examined by inspectors and found to be detailed, informed by the assessed needs and reflected each child's progress in their goals and achievements. Plans contained eight to twelve goals and described the children's goals and wishes in areas such as health, education, activities of daily living, safety, diet, transport, communication, routines and spirituality. The views of families were also reflected in plans. The inspectors found that plans detailed the actions needed to support children to reach their goals.

Each child had an accessible version of their personal plan called "My Support Plan". This plan reflected the more in depth personal plan that was used by staff, focusing on the key aims that were important to them and inspectors found that these captured the children's wishes well. The more detailed support plans allowed staff to implement the actions and goals for each plan effectively. Records were maintained of outcomes in each goal on a daily and monthly basis.. Each child also had step by step pictorial guides to achieving prioritised goals and tasks such as personal care, baking, and going shopping. Children described the pictorial guides to inspectors and how effective these had been. Inspectors found that both children's plans had been subject to a six monthly review by the staff team and reviews were informed by family members and external professionals, however the annual review was not yet due at the time of the inspection. In addition to personal plans, both children were in the care of the Child and Family Agency (CFA) which meant that they required an allocated social worker and also required a statutory care plan. The statutory care plan informed the personal plan and inspectors found that both children in the centre had allocated social workers and up to date care plans.

Systems were in place to support effective transitions for children. There had been no transitions or discharges to or from the centre since the last inspection. The centre had a procedure regarding the discharge and/or transition of children. This was examined by inspectors and outlined that transitions to and from the centre should be planned effectively by a multi disciplinary team, and involve the child and their family. The procedure reflected that transitions or moves should be taken at the child's pace and in their best interests. Staff support was a key component of the process and the procedure committed to ensuring staff supported children and young people in moving to new placements by accompanying them during transition visits and working with them once they had moved.

Children were supported and encouraged to develop life skills and achieve independence skills where possible. Records showed there were programmes in place for the children to develop independence skills in areas such as self care, household tasks and finances. This was part of their development as children and young teens. One child was being supported to attend a regular evening social event to develop their social network. Another child was being supported to complete their laundry, following a step by step pictorial guidance developed by staff. Rewards and incentives were in place for children when they achieved their goals or tasks leading to the goals. Inspectors found that

these programmes were effective in allowing children to achieve levels of independence in a range of areas, which worked towards their move into adulthood and provided them with a level of autonomy.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The layout, location and design of the centre was suited to meet its stated purpose and the needs of children.

The centre was comfortable, homely, and was well maintained. The centre was a two storey semi- detached house, which was located in a city suburb, and had good access to shops, schools, public transport and community facilities. The centre had been adapted internally to accommodate children with restricted mobility and there was a ramped area at the front of the property to allow access.

The design and layout of the centre was in line with the description contained in the statement of purpose and inspectors found there was sufficient heat, light and ventilation throughout the property. The ground floor comprised of a kitchen/dining room, utility room, toilet, office, and two sitting rooms. There was sufficient communal space for the children. Both sitting rooms were well furnished and the kitchen and utility room were well equipped. Each child had primary use of a sitting room each in line with their support plans and safeguarding, and as such, had a private area to meet visitors or to spend time alone. Inspectors observed the children accessing all parts of the centre during the inspection. The children spent time together and separately with visitors while inspectors were present. All areas of the centre were clean, and the sitting rooms and bedrooms were furnished and decorated to reflect the tastes of the children. There was a garden to the rear of the property which was walled and secure, and patio doors led onto a paved area. There were five bedrooms on the first floor which were accessible by a stairs and a stair lift. Three bedrooms were designated for children at the time of the inspection. The remaining two bedrooms were designated for sleepover staff. There were two bathrooms on the first floor with toilet, shower and bathing facilities.

Equipment was appropriate to the needs of the children and maintained in good working order. One of the children required some assistive equipment, and additional adaptations had also been made to the property which included hand rails, widened door frames and a stairlift. Inspectors examined records which showed that the stairlift was serviced regularly by a specialist contractor. The front door was secure and accessed by keys and an electronic entry system.

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):

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

Findings:

The health and safety of the young people, visitors and staff was not adequately promoted. Although there were policies and procedures in place in regards to health and safety and fire precaution measures, inspectors did identify a significant hazard during the inspection and the risk management procedures in place were not adequate.

Inspectors found that the health and safety statement and policies for the centre provided sufficient guidance for staff. The statement was up-to-date and outlined the responsibilities and duties of the Chief Executive Officer and various entities within the organisation. The statement was signed by the CEO and referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. However, there was no supporting documents on local hazards and how they were addressed or mitigated. Inspectors found a suite of policies and associated procedures in areas such as lone working, accident reporting, food safety, electrical appliance safety, manual handling, infection control, clinical waste disposal, cleaning schedules, first aid and disability awareness.

Monthly health and safety checks were carried out by the centre manager, and following this a report was submitted to the health and safety department within the organisation. In addition to this, annual health and safety audits were undertaken by a designated safety officer who produced action plans in relation to risk and safety. The most recent monthly and annual audits were examined by inspectors and found to have identified deficits and risks and put in place actions and controls to address these. Staff in the centre were trained in a range of safety practices. Inspectors examined staff training records and found that training had been provided to staff in manual handling, first aid,

food safety, fire safety, health and safety legislation and infection control. A sample of staff files examined by inspectors confirmed that they had completed this training.

The risk management system was not effective and did not lead to all risks being reduced or eliminated. While the centre had some systems in place for the identification, monitoring and management of risk, the risk management policies did not comply with regulation 26 and did not provide sufficient guidance for day to day practice. For example it did not provide sufficient guidance on hazard identification and assessment of risk throughout the designated centre and how to put measures in place to control identified risks. In addition it did not adequately describe the measures and arrangements in place to control accidental injury to residents, visitors or staff, aggression and violence, self harm or the arrangements in the event of a child going missing. Staff completed incident report forms following accidents, incidents or on identifying a risk. The centre manager reviewed all of the completed forms and identified and implemented measures to manage or mitigate the risk. These were monitored by the health and safety manager and the assistant director of care. Examples of responses to identified risks included window restrictors that had been fitted to downstairs windows following a risk assessment, and increased security measures that had been undertaken by staff following a reported crime in the locality. Hazards and repairs were reported to a maintenance department, and records showed that these were attended to promptly.

The inspectors found that while a number of risk assessments had been completed, some risks remained unidentified. Risk assessments had been completed regarding the environment and the children. Those examined by inspectors identified the risks, outlined control measures to address these and scheduled review dates. However, inspectors found very hot water (50 degrees) in the taps which was higher than accepted norms and posed a risk of burning or scalding the children. This had not been identified by the staff team. An immediate action plan was issued following the inspection and the provider responded with the steps they took to mitigate the risk within the agreed timeline.

The centre had a risk register which recorded the key risks in the service and the controls in place to address these. The risk register was up to date and inspectors found that the register reflected where risks had increased or been reduced. It outlined specific risks in relation to the children such as use of restrictive practices, behaviour which challenged the staff team and peers, adverse incidents and events, medical emergencies, safeguarding concerns and mobility challenges. A tool was used to rate risks and determine if they were low, moderate or high, and this scoring was reflected on the register. Additional key risks such as fire, reduced staffing, interruption of services such as water, heat and power and accidents were also included on the register, with details of measures in place to control these risks. The assistant director of care told inspectors that he/she examined the risk register during their monthly visits to the centre and was satisfied that it reflected the risks.

There were good systems in place for the prevention and control of infection. Inspectors found that all areas were clean and hygienic. Staff were observed implementing safe food hygiene practices when cooking meals and colour coded equipment was in place to support this. Inspectors examined temperature checks of the fridge and freezer, and

found these were maintained and up-to-date, and that food was stored appropriately. There was a cleaning schedule in place for tasks and records examined showed that tasks in the schedule were marked as completed on a regular basis. Colour coded cleaning equipment was also in use in the centre, and inspectors found that these were stored appropriately. However, clinical waste procedures were available though clinical waste was not produced by the centre. This was found not to be a very good use of resources. Inspectors observed that there were sufficient hand washing facilities and equipment in the centre. Pictorial signage was also on display to promote good hand hygiene practices.

An emergency plan was in place for the centre which was detailed and instructive. The plan outlined the response and arrangements in place in the event of emergencies or unforeseen events such as staff absences, communication or utility outages or adverse weather. A checklist with guidance was included for staff to follow in the event of an emergency. Contact details for children's next of kin, general practitioners and other key medical and social information were included. The plan also outlined an evacuation plan to be followed in the event of an emergency in the centre. The two places of safety outside the centre were identified should an emergency evacuation be required, and alternative accommodation was required elsewhere.

There were adequate precautions in place against the risk of fire. There were adequate fire extinguishers and alarm points at strategic points throughout the centre. All fire extinguishers had been checked and approved for use by an external contractor in the year prior to the inspection and the alarm system was serviced quarterly by an external contractor. Inspectors tested the alarm system during the inspection and found that the secured exit doors automatically released on the sounding of the alarm. A statement of fire compliance for the centre had been issued by a qualified engineer. A review of staff training records showed that all staff had received up-to-date fire safety training. Other records in place in the centre included a fire register, daily inspection records of fire exits, weekly and monthly inspections of fire extinguishers/fire alarms/emergency call systems/emergency lighting and of automatic door releases to the front and rear of the property. Inspectors observed that fire instructions were prominently displayed throughout the centre and there were very useful pictorial versions of the fire procedure on display for the children. One child required equipment to support them to be evacuated safely in the event of a fire. Inspectors found that this was in place and records showed that all staff had been instructed in its use. Staff that spoke to inspectors advised that part of the instruction involved staff role play, and staff had simulated an evacuation with each other to get used to using the equipment. Children had personal emergency egress plans to be used in the event of a fire, and these were updated annually (or more frequently if the child's circumstances changed). Inspectors found that three fire drills had been undertaken in the four months prior to the inspection, and these involved both staff and children.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were some systems in place in the centre to safeguard children and protect them from the risk of abuse. However, these were ineffective at times and as a result, one child experienced significant distress.

There was a policy in place which reflected the Children First: National Guidance for the Protection and Welfare of Children (2011). The centre manager was the designated person to receive and report incidents of suspected abuse, and staff were aware of the role. The policy in relation to abuse outlined the types and impact of abuse and the procedure to follow in the event of a disclosure of alleged abuse. In addition there was a safeguarding policy in place which was detailed and guided staff in good safeguarding practices. The procedures referred staff to Children First (2011) and their obligations under that guidance. Inspectors observed that a copy of the guidance was held in the centre.

Staff interviewed by inspectors demonstrated a good understanding of safeguarding practice and their obligations if they had a concern about children. Staff also demonstrated a good awareness of abuse as it pertained to children with a disability. Inspectors observed staff supporting and guiding children discreetly to attend to their personal care and daily tasks and activities. Inspectors found evidence of the centre manager providing guidance and support around the management of children's safety in staff meeting and supervision records. However, in interviews, inspectors found that not all staff were fully clear about their role in the centre's process of reporting suspected abuse, which needed to be addressed.

Incidents of abuse were appropriately investigated and managed in line with the centre's policies and Children First (2011). The behaviour of a child in the four months prior to this inspection had led to four incidents of alleged psychological abuse in relation to another child living in the centre, and these had been notified to the Authority. These incidents involved verbal abuse and threats between children. The incidents were confirmed by the centre manager and reported to the statutory body, the Child and Family Agency (CFA) in line with Children First (2011) reporting procedures. The CFA confirmed these incidents as child welfare issues. However, inspectors found through an examination of records and in interviews that there were mixed opinions by

professionals involved on the course of action to take to resolve these concerns. A safety plan was put in place following the first incident, and a risk assessment was carried out by a multi disciplinary team. The safety plan evolved with each incident, but primarily led to changes to routines, increased staffing, one to one work and restricting the time the two children spent together. A number of strategy meetings were held with the statutory agency and increased therapeutic supports were put in place to support the children. A child informed inspectors he/she did not like living in the centre because of the distress they had experienced and inspectors observed a child being ill at ease at certain points during the inspection due to an increase in noise levels. Inspectors were of the opinion that the incidents had a significant impact on a child's wellbeing, and despite several interventions, these were not sufficiently effective.

As detailed in section 1 of this report, some finances for one child were held on their behalf outside the centre. Inspectors found that greater oversight was needed by the centre manager in relation to these finances, as there was a risk that finances may not be managed as robustly if appropriate oversight was not in place.

Children's personal care was well attended to and supported by the staff team. There was a organisational policy in place for the provision of intimate and personal care. Children's intimate care plans were included in their personal care plans and these detailed the support that staff needed to provide for each child when attending to their personal care on a daily basis. Daily logs examined by inspectors discreetly reflected the personal care provided to the children. Inspectors observed staff supporting children effectively and attending to their care needs during the inspection.

Both children had individual risk assessments in relation to their safety. These assessments identified risks in relation to mobility, complex needs, limited awareness of danger, aggression, vulnerability in the community and risk of exploitation or abuse. Actions were in place to control these risks such as one to one staff support, use of communication guides, supervised access and keyworking on personal safety. Inspectors found that risk assessments cross referenced other controls in place such as personal plans and the safety plan described previously. Documents examined during the inspection, and staff interviews, showed that daily practices were in place to safeguard children, such as the rationale for staffing ratios, monitoring young people inside and outside the centre, structured personal care, supervised activities and an awareness of where children and staff were throughout the day. Both children in the centre could communicate their needs through a variety of means and inspectors observed staff being attuned to their needs, and engaging with them in a warm and respectful manner during the inspection. Both parents who spoke to inspectors felt that staff cared for their children and acted in their best interests.

Children were provided with supports and interventions to promote a positive approach to managing behaviour that challenged. However, the effectiveness of this was mixed. The centre had a policy in relation to positive behaviour support which clearly identified the model of behaviour management, the roles and responsibilities of staff and managers, and the schedule of interventions that should be used to respond to children and support them safely. Inspectors examined records of training attended by staff and found that all staff had been trained in a positive behaviour support model which included physical intervention training. Two staff were due updates of this training at

the time of this inspection but had not yet attended these refreshers. The centre manager informed inspectors that this had been scheduled.

A child living in the centre displayed complex behaviour that challenged the staff team and their peer significantly. There was an individual crisis management plan (ICMP) in place for one child which inspectors found was detailed, of good quality and provided clear guidance for staff in responding to identified behaviour. The ICMP was reviewed regularly by the staff team and other professionals. The ICMP identified triggers and causes for the behaviour, and put in place actions to address these. An incentive programme was also in place for children and this was effective in supporting them to regulate some behaviour which challenged. Therapeutic support was provided to one child since the last inspection and this was reported to be working well. Inspectors found that a combination of different interventions (such as play therapy, fixed routines) and incentive programmes were implemented in the months prior to the inspection, and had been effective in reducing significantly the more challenging aspects of one child's behaviour. However, escalated incidents had affected peers, and inspectors found that this would continue to impact negatively on children in a group living environment. The centre manager and staff interviewed were cognisant of this and stated that this would be a primary consideration in the event of any proposed future admissions. The centre manager also monitored untoward event records, restrictive practices, daily logs and other records to ensure practices were safe and responses to incidents were timely. Parents informed inspectors that they were notified of all significant events in the centre, including events where behaviour which challenged was a feature and where restrictive interventions were used.

Restrictive practices were in use in the centre and these were subject to review and guided by policy. There was a policy in place regarding the use of restrictive practices which outlined the types of restrictive practices that may be used and the circumstances for their use. The policy also outlined unacceptable forms of restrictive practices. The centre manager maintained a log of restrictive practices in the centre. Inspectors examined the log and found that the majority of restrictions were environmental. Inspectors examined the log and found that the restrictions used by the staff team were in response to assessed safety risks and events of behaviour that challenged. Examples of restrictive practices included the locking of the kitchen area during incidents of aggression to minimise access to items that could harm children or staff, window restrictors in place to prevent unsupervised absence from the centre, the locking of a bedroom for one child accompanied by staff during escalated incidents to ensure that child felt secure. The front door was also operated by an electronic keypad system, to ensure both children did not leave the centre without staff supervision. This was based on risk assessments for both children around their vulnerability and safety awareness in relation to road and personal safety. Inspectors found that the centre manager reviewed each restrictive practice and this was noted in the log. Parents that spoke to inspectors were aware of the implementation of environmental restrictions and the reason for these. All of the environmental restrictions with the exception of the access to the building were time limited and based on assessment of an escalated situation in the centre. Restrictions were incorporated into children's ICMP's, risk assessments and were discussed at statutory review meetings. Inspectors found that restrictions were used for short time periods, for example the kitchen was locked on seven occasions lasting 5-22 minutes. There was some use of physical interventions in the centre, and all staff were

trained in a specific model to implement these. Inspectors found there had been three physical interventions with one child since the previous inspection. These had been short in duration, the longest episode being five minutes. These were reported to the Authority in the centre's quarterly notification returns. Inspectors found through interviews with parents and a review of centre records that parents and social workers were appropriately informed when a physical intervention was carried out. The centre manager monitored all restrictive practices frequently. For example, long term environmental restrictions such as the locked front door were reviewed monthly and restrictions associated with events such as physical interventions were reviewed by the centre manager following their use.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

All notifications had been submitted to the Authority within the required timelines since the last inspection. The centre had experienced a period of time where behaviour that challenged the team intensified, and this led to four notifications of alleged emotional abuse over a three week period. These notifications were submitted to the Authority within the required timelines of three days. In addition, an investigation of these incidents was carried out by the centre manager, and this was submitted to the Authority. Quarterly and six monthly returns had also been submitted to the Authority. The centre maintained a record of all incidents and accidents in the centre, and this was examined by inspectors and found to contain events and incidents, including those that were notifiable under the regulations.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were provided with opportunities for education, engagement with peers and a range of social experiences in the community. Educational outcomes for children were good and the centre had a policy in place that valued access to education for children.

The children were engaged in full time education, and inspectors found there was a commitment by the staff team to promote and maintain this in children's lives. One child attended a school locally, and another child attended a school in a different county. This involved significant travel for this child. However, the school placement was important to them and their family, and so it was maintained when they moved to a different geographical area. Children's teachers and school support staff had frequent contact with staff in the centre, and this was recorded on each child's file. Both children had written communication records that moved between home and school to ensure there was consistent communication between them. Records examined by inspectors showed that school staff were involved in multi disciplinary assessments and reviews for the children, and submitted reports to inform these and statutory care plan reviews. Each child's file contained their education needs assessment and educational plan for the school year, and end of term reports that monitored progress against their plans were also in place. Inspectors found that goals in the children's personal plans were aligned to relevant educational goals, such as those that aimed to improve life skills, social interaction and developing independence. One child was working towards a level three in a nationally recognised qualification as part of their education plan, and staff were assisting him/her with their progress in this. Children told inspectors that staff and parents attended school events such as plays, concerts and parent teacher meetings. Staff that spoke to inspectors confirmed they had attended educational planning meetings in the children's schools. Inspectors found that staff demonstrated that they valued the educational achievements and progress of the children.

The children were supported and encouraged to engage in social activities, events and to participate in the local community. The centre's statement of purpose and function stated that one objective of the service was to provide children with recreational and social experiences. Inspectors found that this was an area that the centre managed well, and children individually had opportunities to mix with peers, have fun, and engage in new experiences. Opportunities to mix with peers had been limited and supervised for one child due to their complex needs. However, structured opportunities were put in place by staff by supporting the child to join groups and clubs. Both children had a weekly activity plan, devised by them and a staff member. These plans were displayed in a pictorial format, and were accessible to the children. Some of the activities that children were engaged in prior to the inspection included attending discos, bowling, sports camps, scouts, visits to activity centres, shopping trips, attending music concerts, swimming, trips to parks and the beach, and meals out. Inside the centre children enjoyed arts and crafts, computer games, DVD's, listening to music and play. Children's

engagement in all of these activities was reflected in records seen by inspectors, and children informed inspectors about the activities they were involved in.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health and their nutritional needs were well met.

The centre had a policy relating to managing and promoting the health of children which described staff responsibilities to ensure children's health needs were assessed and met, and that access to healthcare treatment was timely and appropriate. In addition, there were supporting procedures in place to guide staff in providing personal care, managing medication and infection control. Both children had undergone a medical assessment on admission to the centre. Inspectors found that the staff team ensured that children had regular and timely access to General Practitioners (GP's) and a range of other medical and allied health services. Both children had a physical health and functioning assessment which was up to date and identified their specific health needs. Inspectors found that both assessments were informed by professionals involved in the care of the children, and by their health while in the centre. One child had a number of health related needs arising from their disability. Inspectors found that these needs were assessed and actions were in place to meet these needs. One child received weekly physiotherapy interventions and an exercise programme was in place. This was implemented in the centre under the guidance of the physiotherapist.

Inspectors found that children had timely access to GP, dental and hospital services when required. One child attended clinical services on a regular basis and staff and their parent attended these appointments. The children had medical cards and these were up to date and held on file. The children had received vaccines at various stages in their lives, and these records were seen by inspectors. At the time of the last inspection, a child was awaiting a therapeutic intervention to deal with underlying causes to behaviour that challenged. This had been provided following a number of escalated events involving the child, and staff reported that the intervention was having an extremely positive effect on reducing behaviour that challenged and in improving the child's wellbeing. Psychology support and guidance for staff to help them to support one

child was also provided via regular team meetings in the centre.

A balanced and varied diet was provided to the children and a range of snacks were available throughout the day. Minutes of children's meetings reflected that children chose meals to be included on the menu. The weekly menu was displayed in the kitchen, and photographs of the meal options were also displayed. There was a range of fresh and dried food stored appropriately in the centre, which corresponded to the menu options. Inspectors found that given the dependency levels of both children, the majority of food was cooked by staff members. However, both children had identified goals in their personal plans that aimed to support them to make snacks, simple lunches and baked goods to develop their independent living skills. Pictorial guidance was in place to support them to do this. Records of outcomes for the children in these tasks showed that they had achieved these goals with varying degrees of support. Inspectors found that the pictorial guides allowed children to have as much autonomy as possible when completing these tasks, as the pictures served to prompt the children through the process. Inspectors were informed that children had occasional takeaways as a treat and one child informed inspectors that he/she thought that the staff were "very good cooks". Staff demonstrated to inspectors that they were aware of children's likes and dislikes in respect of food, and during the inspection inspectors observed staff providing children with choices of healthy snacks such as yoghurt and fruit following their return from school. Daily records of what the children ate and drank were maintained by the staff team, and inspectors found these were detailed and up to date. These records reflected that the children's diet was varied and nutritious. The weight of both children was monitored by staff regularly. Inspectors found that one young person received particular attention to their weight, diet and fluid intake due to health issues. However, the purpose of weighing another child was unclear. This was reflected in their needs assessment and personal plan.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were protected by the policies and procedures in place which supported staff to manage medication effectively. However, a small number of omissions were noted in a medication record and this meant that systems were not fully robust.

The centre had written policies and procedures related to the administration, prescribing, storage, disposal and transfer of medicines. Inspectors found that this suite of policies and procedures were clear and provided guidance in relation to the management of medication. Inspectors examined the administration and storage of medication and found that practices mostly complied with the centre's policy and procedures. The procedures were accessible to staff as they were held with the medication administration records. Inspectors examined the medication records for both children and found that all medication was recorded on prescription sheets which were signed by the child's GP. Prescription sheets contained a photograph of the child, their date of birth, their GP's name and address, the medicine prescribed, dosage, the times and route of administration. Discontinued medication was also recorded and signed. PRN medication was recorded for each child. However the maximum dosage of the PRN medication was not recorded which meant that the full information required by staff when administering these medicines was not in place.

Medication was supplied in blister packs by a pharmacist who had a system for managing the delivery and returns of medication. Inspectors examined records of medication receipts and returns and found they complied with this system and were accounted for by the centre and the pharmacy. Inspectors observed that all medication was stored in a secure, locked cabinet in a locked room. The inspector observed that medication in the locked cabinet was in date and clearly identified the person it was prescribed to. The keys to access the medication cabinet were held securely by the shift leader on duty. Two staff administered and signed for medication and the exact times of administration were in place on each administration sheet. Administration sheets were in place for each child and these were found to be up to date, in line with the centre's procedures.

All staff had received training in the administration of medicines and had undergone competency assessments on an annual basis to ensure their skills remained effective. A sample of staff files and the training records in the centre examined by inspectors showed that these assessments had been carried out by the centre manager and were up to date. There were controlled drugs in use in the centre and these were stored securely in a locked section of the locked medication cabinet. The administration of controlled drugs was recorded both on the administration sheet and separately in a controlled drugs register. The amount of controlled medication was reconciled following each administration but was not reconciled at the end of each shift in line with best practice guidelines. Inspectors found that there were two occasions where only one staff member signed an administration in the controlled drugs register. Both staff had signed the primary record for that administration, and the numbers of controlled medicine remaining were reconciled correctly, however this was an omission in recording which meant that the process was not fully robust.

There was a system in place for recording, reporting and reviewing medication. However, some omissions in records had not been identified. There was an error reporting system in place. The centre manager informed the inspector there had been no errors in the administration of medication in the four months since the previous inspection. However, inspectors found that this was not the case. The team/shift leader undertook daily visual medication checks and weekly audits, examining the administration, storage and disposal of medicines. In addition the external line manager

undertook monthly checks of the same processes as part of their monthly service audit. However, two omissions in records were identified by inspectors and these had not been identified by these checks or reported in line with the centre's policy and procedure.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There was a written statement of purpose and function for the centre which accurately described the service provided in the centre and the facilities and supports in place for children. The statement contained most of the information as required by Schedule 1 of the Regulations. However, some deficits were identified.

Inspectors examined the statement and found that it had been reviewed since the last inspection and amendments had been made to reflect changes in procedures and updated information. The statement was detailed and described the age range, dependency level and gender of children it catered for, and it also described the ethos of the organisation and the services provided. The statement described the facilities in the centre and local area, the layout of the premises and the key policies and procedures of the centre. It also contained the staffing compliment, management arrangements for the centre and the organisational structure. A description of the arrangements in place for the discharge and transition of residents had been amended since the last inspection. The specific needs of children that the centre could cater for were described, and the safeguards in the admissions procedure were also described to highlight the safety needs of all children in the centre. The arrangements for dealing with complaints were more explicitly outlined in the centre's statement since the last inspection. The statement described the arrangements in place to seek and utilise the views of residents and their representatives. However, there were some omissions. The statement did not adequately describe:

- the contact details of the complaints officer
- the sizes of rooms in the centre
- the arrangements in place for children to meet their social worker

The statement was written in plain English and inspectors found it would be accessible

to families, their representatives and professionals. Key information from the statement of purpose was also contained within a service user guide, which contained some pictures and text.

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 responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure and some systems in place to ensure the centre operated safely but these were not always effective. This included risk management and quality assurance mechanisms which had not identified the significant risk that the inspection found. Governance arrangements were also unclear as there was minimal reporting to the Board in relation to the quality and support provided to children.

There was a management structure in place with clear lines of authority. However, the accountability arrangements to the Board were less clear. Staff spoken with were clear about their reporting relationship and what they were accountable for. All staff reported to the centre manager. The manager reported to the assistant director of care. The assistant director of care reported to the director of care who reported to the CEO. The director of care was responsible for providing oversight and monitoring of all residential services within the Praxis Care for the republic of Ireland. Inspectors found that the reporting lines and accountability arrangements were clear to the CEO and senior management team. However, it was unclear how the Board were kept informed about the quality and safety of the care and support provided at the centre. Minutes of Board meetings reflected that there was no formal reporting to the Board in relation to the performance of this centre or the quality of care and support provided to residents. Inspectors met with a member of the senior management team and found that s/he did not have a good understanding of the regulations and the requirements of the provider. The minutes of the senior management team reflected a small number of references to the centre. However, the minutes did not reflect any discussion regarding the significant events or issues in the centre during the year.

The centre manager was the nominated person in charge, worked in the centre full time and was suitably qualified and experienced for their role. They demonstrated a good standard of knowledge regarding their statutory responsibilities, the legislation, and was clear about his/her role and responsibilities and the reporting structure within the organisation. S/he had worked in high support residential services for five years and had worked as a team leader in respite services for a further two years. The centre manager demonstrated considerable knowledge about the young people and participated in shifts weekly which was reflected in the duty roster . The centre manager provided strong leadership for the staff team, and staff informed the inspector they were clear about their roles, and the expectations of providing good quality care to the young people from the centre manager. Staff described the centre manager as committed to the wellbeing of the children, and was supportive to them as staff members. The centre manager provided oversight of day-to-day practice issues and led practice when on shift. The inspector found there was a team leader or the centre manager on each sleepover (24 hour) shift. Team leaders deputised for the manager in his/her absence.

There was a formal on call system in place for the centre which comprised of a roster of centre managers from the organisation's centres, and the centre manager participated in this system. Staff informed inspectors that this system was accessible and worked effectively. The inspector examined the on call information held by the centre manager and saw that records were provided to each on call manager which included key information about residents, each centre's emergency plan and relevant contact details. A senior management on call system was in place to support the centre manager led system, and this comprised of senior organisational staff.

Overall, there were some good management systems in place to ensure that the care provided to children was effective and of a good standard but these requires further development in order to ensure that the service provided was consistent and effectively managed and monitored. There was good communication between the manager and staff. The manager effectively communicated with the staff team through team meetings, day to day interactions and guidance, and supervision. There were monthly team meetings with a standing agenda which included the children and policy issues. Deficits and actions identified during the centre managers audits or the deputy director's monthly audits were shared with staff in staff meetings and supervision. Monthly centre managers meeting were held with the assistant director of services and the centre manager informed inspectors that he/she attended these and found them useful in sharing peer learning and developing a consistent approach across services. Issues such as staffing, training, HIQA reports, the on call rota, policy changes, on call reports and finance were discussed at this forum.

A comprehensive range of policies and procedures were in place to guide staff in the operation of the centre. Staff demonstrated a good working knowledge of procedures. The organisation had an intranet hub that allowed staff to access a range of policies, forms and records to support their work. However, there was no system in place to monitor their implementation. Records seen by inspectors showed there was accountable decision making in the centre, and also showed that the centre manager responded to issues in a timely way. Risk management systems were not robust as they had not identified a significant risk within the centre. Budgets were in place for the

centre and the centre worked to an agreed operational plan.

While there was monitoring of the quality and safety of this service this monitoring did not identify all of the deficits within the centre. The centre manager undertook daily and weekly audits of records and systems such as administration of medicines, young people's finances and daily care records. S/he also reviewed incidents and untoward events and reported the analysis of these to the assistant director of care who supported the manager to take any actions necessary from this analysis. There were monthly audits undertaken by the assistant director of care of the quality of care provided, financial records, medication administration and risks and safety issues in the centre. The monthly visits and audit produced action plans for the centre manager to address and these actions were followed up on subsequent visits and through supervision. In addition, annual audits were carried out by representatives of the organisation in relation to finance, the operation of the centre and health and safety assessments and additional action plans were produced from these. Overall, inspectors found there were clear follow up procedures in place to ensure actions were completed where deficits were identified. However, the annual review of quality and safety of care and support in the centre and subsequent report had been not been completed in line with regulations, and the six monthly unannounced visits by the registered provider or a person nominated by the registered provider had also not been undertaken.

There were arrangements in place for staff to exercise their professional accountability if they had concerns about the service. There was a protected disclosure policy in place that supported staff to raise concerns in relation to the centre and children. The staff interviewed by inspectors were aware of their obligations in line with this policy. Regular staff supervision was in place and staff with lengthier service had received annual appraisals. Staff informed inspectors that the centre manager was open and approachable, and they felt able to raise concerns with him/her. They also identified senior managers outside the centre that they could raise concerns with if they could not address concerns with the centre manager. Inspectors found evidence of staff raising concerns about the wellbeing of one child and the centre manager assured staff that they were addressing these concerns.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the centre manager the assistant director of services was the designated person to manage the centre. The centre manager had not been absent for 28 days or more since November 2013, and therefore no notifications had been made to the Authority in this regard.

Inspectors found through interviews that the centre manager and the director of care were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure that the children were cared for effectively and in accordance with the statement of purpose and function. However there were periods earlier in the year where staff vacancies had meant that agency staff were in use, which impacted upon the centre's resources.

The centre was adequately resourced and systems were in place to support the effective delivery of care to the children. The service provider had a service level agreement in place with the Child and Family Agency (CFA) which funded the placements of children in the centre. Funding from the Child and Family Agency was negotiated annually with the organisation and inspectors found that service level agreements were signed and up to date. The centre's dedicated budget was resourced from that funding and records were maintained of the budgetary income and expenditure across the year, which was examined by inspectors during this inspection. The statement of purpose reflected the services and facilities provided by the centre. Financial records reflected that the centre was adequately resourced and the centre manager was accountable and had control and oversight of the expenditure in the centre. The centre manager informed inspectors that they reconciled the accounts at the end of each month and provided a monthly report on expenditure to the finance department of the organisation. They also forecasted expenditure and recorded reasons behind underspends and overspends in the budget. The external line manager of the centre carried out monthly visits to the centre and

examined children's financial records and petty cash reconciliation as part of this visit. These reports were examined by inspectors and reflected that checks were undertaken and no misadministration of monies were identified. Budget expenditure was reviewed monthly by the centre manager and the external line manager of the service, and quarterly reviews were also undertaken by these managers and the finance department of the organisations.

Inspectors found that children's routines and personal/material needs were met by the centre, and there were sufficient resources in place to fund children to implement their personal plans. Children attended clubs, summer camps and special events which were resourced by the centre. Children interests were facilitated by the staff team and one parent told inspectors that their child received all of the personal items they needed, and were facilitated to access the community and engage in social activities and events. Inspectors observed that children were provided with toys, music, and decor for their bedrooms, clothes and treats funded by the centre budget.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were sufficient numbers of staff in place with the appropriate qualifications, skills and experience to meet the needs of the children placed in the centre at the time of inspection. However there had been deficits in the consistency of staffing. Staff held relevant qualifications and had varying levels of experience in the field of social care. Staff supervision was provided regularly by the centre manager, and frequent staff meetings supported the delivery of good quality care in the centre. The support and management of the workforce was robust and effective.

There were sufficient numbers and skill mix of staff in the centre at the time of the inspection but there had been deficits in previous months. There had been a period of time in the four months prior to this inspection when the staffing consistency was not adequate due to vacancies in support worker and team leader posts. There were 8.5 staff employed in the centre in addition to the centre manager . A further staff member

was reported to have been recruited in the weeks prior to the inspection, and was due to commence in post following a four week induction. In addition there was one relief staff member who covered periodic shifts for vacant posts or staff leave. There were three agency staff covering the equivalent of one post in the centre. The agency staff on the roster had been working in the centre for a variety of hours over some months and knew the children well. The children demonstrated that they knew agency staff well and introduced an agency staff member to the inspector. The centre had a planned an actual roster which was examined by inspectors. The actual roster showed that there were a minimum of four staff on duty while the children were in the centre. At the time of the last inspection, there was a maximum of three staff on duty, however following the introduction of a safety plan in September 2014, staffing had been increased and this increase remained in place. The roster reflected that a team leader or the centre manager was always on duty in the centre. This meant there was a senior staff member in the centre at all times. The roster showed that there were sufficient staff on duty at all times. Inspectors found that four staff was probably the most that could be in the centre with children, as the design and layout of the centre was compact.

All staff were appropriately qualified, with varying levels of experience in children's social care services. Staff on duty during the inspection presented as skilled and competent in meeting the needs of the children. Staff also demonstrated a good understanding of the needs and personal plans of the children. They described the care they provided to the children, and identified times in the months prior to the inspection where behaviour that challenged the staff team had been difficult to manage and had affected a child's wellbeing. They informed inspectors that therapeutic input provided to the children and regular guidance provided to the team had yielded improvements in the behaviour displayed by the child and in the team's responses.

The learning and development needs of staff were met and there was a range of training available to support staff in providing effective care to the children. There was a training programme in place for 2014-2017, and this had been informed by mandatory training requirements and needs analysis of the requirements of the service. The centre manager had carried out the analysis, and this was informed by the needs of the children, training needs identified in supervision and mandatory training. The needs analysis was then incorporated into the training plan for the wider organisation. Training planned in the schedule included mandatory training, managing service use's finances, appraisal training and tailored behaviour management training specific to the needs of children. Evidence of training attended were held on the staff files.

The centre manager maintained a spreadsheet with the support of a training officer. This spreadsheet was accessible to all staff and alerts were sent to the centre manager and individual staff when core training was due to expire. Inspectors examined training records and found that in the last six months, the staff had attended a range of mandatory and needs led training such as induction training, training in safety procedures, care practices and the model of behaviour management.

The majority of staff demonstrated a knowledge of key policies and procedures related to the care and protection of children. However, a small number were unclear about how they would process an allegation of abuse which was identified in outcome 8. Staff informed inspectors that they received a briefing on the standards and regulations as part of their induction to the centre, and staff interviewed were aware of the

requirements of these. Staff meeting minutes examined by inspectors reflected that the National Standards were discussed at team meetings by the centre manager and actions were identified to ensure that the centre could demonstrate compliance with legislation.

The supervision of staff was effective and was supported by procedures. The supervision policy reflected that staff should be supervised no less than ten times annually. The policy was comprehensive and outlined guidance for supervisors and supervisees about the purpose, content and quality of supervision. The centre manager and team leaders carried out supervision, and both grades had been trained in this. The inspector examined a selection of supervision records and found these were of a good quality, instructive and covered areas such as care of young people, training and development, keyworking, changes in policies/procedures and any areas of concern. Actions were identified and followed up in subsequent supervision sessions. Staff told inspectors they were made accountable in their roles through supervision, and the centre manager informed inspectors that supervision was an integral part of their oversight of care practices in the centre.

Recruitment procedures in the centre were effective and robust, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organisation. The centre manager informed inspectors that he/she had input into the recruitment process. For example, the centre manager shortlisted applications and was part of the interview panel for vacant posts. The inspector examined four staff files and found that all of the required checks, vetting and documentation were in place. Three written references were sought for each staff member and those viewed were all verified and satisfactory. Files reviewed held contracts of employment and employment histories. These showed that while some staff had less experience than others following graduation, these staff were supported by team leaders on shift. All staff had a relevant or related qualification in health or social care and copies of their qualifications were on file. All staff files and copies of agency staff vetting and checks were held by the centre manager in a secure cabinet in the centre and a service level agreement was in place with one agency for the provision of staff.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

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

No actions were required from the previous inspection.

Findings:

The centre maintained records, and had recording systems and procedures in place to support the provision of a residential service to children. However, there were some deficits identified.

Records were of a good quality and were found, in the most part, to be in accordance with Schedules 3, 4 and 5 of the Regulations. Inspectors found that most records maintained in the centre were complete, accurate and up to date. Inspectors examined a wide range of care records for both children. These showed that all information required in respect of each child were in place. For example, records included photographs of children, medical details, next of kin details, and correspondence relating to each child. Records of medical appointments and interventions were maintained and other reports and correspondence from schools and other health and social care services were in place.

Inspectors found that the centre maintained other records in accordance with Schedule 4 of the regulations. These were maintained in relation to the care and support provided to children, and in relation to the running of and upkeep of the centre. Reports from inspections and assessments in relation to fire were maintained and checks/servicing by external contractors were also sought and retained by the centre. Some deficits in records were identified by inspectors and these relate to complaints and contracts of care. Further details are described in Outcomes 1 and 4 of this report.

Inspectors found that the centre had a suite of operational policies in place which guided practice in the centre and wider organisation. However, some policies did not meet the requirements of the Regulations. Organisational policies were individualised to the local needs of the centre and referenced legislation and guidance where relevant. Staff that spoke to inspectors confirmed that policies and procedures were available to them on site, on the organisation's intranet and that these were discussed periodically at staff meetings. Policies and procedures examined by inspectors were subject to version control, and reviews of these were reflected in the version history of documents. All policies were found to be in date and less than three years old. Policies and procedures were also cross referenced where a number of policies were related. However, some procedures such as risk management. However, the complaints, risk management and missing child procedures did not comply with the Regulations.

A resident's guide to the centre was in place for children but it did not meet the requirements of the Regulations. Inspectors found that the language used in the guide was unlikely to be fully accessible to the children placed in the centre. Given the very accessible versions of personal plans and key procedures that had been developed for children since the last inspection, inspectors found that the service user guide would benefit from a similar format to ensure it was accessible and understood by the children and could be used by them.

The centre was adequately insured. Inspectors were provided with a copy of the centre's up-to-date insurance policy and found that the centre was insured against injury to residents, staff and visitors, and insured against any damage or loss of property. This was also confirmed in interviews with managers.

Judgment:

Non Compliant - Moderate

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:

Orla Murphy
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 Praxis Care
Centre ID:	OSV-0001914
Date of Inspection:	26 November 2014
Date of response:	08 July 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children had no access to independent advocates in the centre.

Action Required:

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

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

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

Management contacted Inclusion Ireland and EPIC services on the 17/02/15 to arrange an external advocate to visit the centre and provide information to staff and young people on their service. EPIC met the young people in the centre on 19.03.15. Management and staff have informed young people in key working sessions of their rights to have an independent advocate when in care. Management of the centre has requested leaflets on the services provided by EPIC and this information has been made available to all young people residing in the centre.

Proposed Timescale: 19/03/2015

Theme: Individualised Supports and Care

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

Dignity was compromised for one child due to the behaviour of a peer.

Action Required:

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

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

The Person in Charge will ensure that each young person's privacy and dignity will be upheld through careful assessment, planning and collective risk assessment procedures, and that it will not be compromised by the behaviour of any peer(s). The compatibility of the existing young people in the centre was reviewed and appropriate action was taken to mitigate these risks. A comprehensive collective risk assessment will be completed prior to any future admissions to the designated centre as outlined in the Statement of Purpose.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

There was insufficient oversight regarding the arrangements for the management of all of the residents finances.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

The Person in Charge has completed a financial capability assessment to determine the level of support required to effectively manage the Young People's money. This assessment will be reviewed yearly. Based on the findings of this assessment, a financial agreement will be created to reflect their needs with the Person in Charge, the statutory social workers and next of kin.

The Person in Charge has implemented a training programme to educate the children around money management and the value of money. The Person in charge will discuss access to finances as based on the above mentioned agreement through key-working sessions.

The Person in Charge has carried out a review of the residents' finances to ensure all formal agreements are documented within the young peoples files within the Centre.

Staff are now aware of the Young People's Finances Policy and Management of Service Users Money Policy in place within the centre, which specifies specific arrangements for the management of finances.

Proposed Timescale: 05/12/2014

Theme: Individualised Supports and Care

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

The complaints procedure did not clearly outline that a person who was not involved in the matters the subject of a complaint was nominated to deal with complaints by or on behalf of residents.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The Person in Charge will be available to young people to ensure that all complaints are appropriately responded to and that a record of all complaints are maintained. If a complaint is against the complaints manager, the Assistant Director or another nominated person will take over this role. The Complaints Officer is the Director Of Care who will oversee the management of all complaints.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

The complaints procedure did not clearly outline that a person, other than the person

nominated in Regulation 34(2)(a), was available to residents to ensure that all complaints were appropriately responded to and a record of all complaints were maintained.

Action Required:

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

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

A. The Assistant Director has been identified as the nominated person separate from the Complaints Officer to have oversight of the complaints process, in line with the requirements of regulation 34 (3).
Timescale: 01/04/15

B. The Complaints Policy and the information leaflet for residents have been amended to incorporate this change.
Timescale: 10/04/15

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

Not all concerns raised by a parent had been recorded or formally resolved by the centre.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

A. All concerns have now been documented in the complaints log by the Person in Charge and all concerns are now on record in the Designated Centre.
Timescale: 05/12/14.

B. The Registered Provider will ensure that all complaints are managed in line with the organisation's Complaints Policy.

C. The Complaints Policy will be reviewed with all staff to ensure full compliance in the management of complaints.
Timescale: 31/03/15

Proposed Timescale: 31/03/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The contract of care did not sufficiently detail the care, support and services to be provided to each child or the fees that were charged.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A. The contract/agreement for the provision of services has been amended to include supplementary charges and contributions, in accordance with the requirements of Regulation 24 (4) (a).

Timescale: 31/03/15

B. Young people have been issued with revised contracts.

Timescale: 30/03/15

Proposed Timescale: 30/03/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Hot water temperatures far exceeded 43 degrees Celsius, which was a risk to children.

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:

Person in charge update: Work completed and water temperature regulated to 43 degrees Celsius on 11/12/14.

Currently the risk management policy is being amended to reflect these measures and the templates of the water temperature checklist have been reviewed to reflect the identified temperature changes. The maintenance department carried out an assessment of the work on the 28/11/14 to ensure that the correct TMV system would

be installed to ensure that the hot water would not exceed temperatures' of 43 degrees Celsius. The landlord commissioned a report to the maintenance department on the 01/12/14.

Proposed Timescale: 15/02/2015

Theme: Effective Services

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

The risk management policy did not identify hazards and did not include hazard identification and assessment of risks.

Action Required:

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

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

The risk management policy has been amended to address hazard identification and assessment of risk throughout the designated centre, in accordance with regulation 26 (1) (a).

Proposed Timescale: 10/04/2015

Theme: Effective Services

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

The risk management policy did not include detailed arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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 has now been amended to include an "Escalation Policy" to ensure compliance with Regulation 26 (1) (d).

This allows identified risks/incidents to be appropriately escalated through every tier of line management, up to and including the Board. Training is being given to line managers on how to determine when and if a risk needs to be escalated. Learning sets are being organised to look at identified risks and provide shared learning in dealing with such tasks. Where a serious risk/incident has occurred the Person in Charge will

carry out an emergency debriefing with the staff team in the designated centre within a 48 hour period. The appropriate staff supports will then be put in place. In implementing the Escalation Policy the Registered Provider will ensure that a serious case review of the incident takes place and that the learning from this incident will be shared with other Designated Centres through zone meetings and individual works shops. Any requirement for a change for a policy and procedure will be put in the organisation's corrective and preventative schedule to ensure appropriate changes are organisationally implemented .

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

The procedure in the event of the unexplained absence of a child was not adequately described in the risk management policy.

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:

A. The organisation has reviewed its policy to provide more detailed procedures to follow in the event of the unexplained absence of a young person and to ensure compliance with Regulation 26 (1)(c)(i).

Timescale: 10/04/15

B. A visible absence management plan will be a standing item on every staff meeting and reviewed by the team.

Timescale: 31/03/15

C. Within each resident's file, there is an absence management plan and this is updated as circumstances in the life of the resident changes.

Timescale: 31/03/15

Proposed Timescale: 10/04/2015

Theme: Effective Services

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

The risk management policy did not describe the measures and actions in place to control accidental injury to residents, visitors or staff.

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 has been amended to address the description of measures and actions in place to control accidental injury to young people, visitors and staff, in accordance with regulation 26 (1) (c) (ii)

Proposed Timescale: 10/04/2015

Theme: Effective Services

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

The risk management policy did not describe the measures and actions in place to control aggression and violence.

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 now includes the measures and actions in place to control aggression and violence in accordance with regulation 26 (1) (c) (iii)

Proposed Timescale: 01/04/2015

Theme: Effective Services

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

The risk management policy did not describe the measures and actions in place to control self-harm.

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:

A policy on the management of self harm has been written, which includes measures and actions in place to control the risk of self harm, and this forms part of Praxis Care's Risk Management Policy

Proposed Timescale: 10/04/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

One child experienced significant distress due to events in the centre, and this had an ongoing impact on his/her wellbeing.

There was insufficient oversight of the finances for one child which were held outside 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. Based on learning from previous experience, a robust admission procedure will be adhered to in the designated centre with risks identified and admission planning being completed in a structured manner and agreed at multi-disciplinary level. The organisation will take appropriate steps to ensure the safety and well being of all young people in the centre and ensure that there is emergency contingency planning in place in the event of abuse occurring..

B. Considering future admissions to the service, the Person in Charge will agree all financial arrangements with the referral agent in advance of the young person being admitted into the centre. The admission process will reflect these changes and a system is now in place to ensure that any future changes in finance arrangements for young people will be discussed and agreed formally during multidisciplinary reviews. Clear guidelines will be agreed by all multi-disciplinary professionals and signed agreements will be in place prior to future admissions.

Proposed Timescale: 01/04/2015

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:

The records for the reconciliation of controlled drugs were not fully completed on two occasions.

Controlled drugs were not reconciled in line with best practice guidelines.

Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or

unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

A. The controlled drug register is now cross checked at staff handover and signed by two members of staff who dispense daily and balance the medication

Timescale: 01/01/15

B. The Person In Charge of the centre has sent staff on further medication training to ensure best practices are promoted Timescale:19/01/15

C. The Person In Charge is responsible for the management of controlled medication to ensure its effectiveness and meets the requirements of Regulation 29 (4)(d) and the Misuse of Drugs Act 1988.

Proposed Timescale: 01/01/2015

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 did not fully meet the requirements of the Regulations as it did not contain:

- the contact details of the complaints officer
- the sizes of rooms in the centre
- the arrangements in place for children to meet their social worker

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 Manager has amended the Statement of Purpose to ensure regulatory requirements are met. The Statement of Purpose now clearly outlines the organisational structure in place and contact arrangements for young people to contact their Social worker. The contact details for the Complaints Officer are now located in the Statement of Purpose of the designated centre.

Proposed Timescale: 17/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Regular visits to the centre were carried out by the providers representative and were not unannounced.

The reports produced did not comprehensively address the quality and safety of the service.

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:

There now is a system in place within the designated centre to ensure that there are unannounced visits to the centre from the provider's representatives at a minimum of every six months. This system has been implemented to ensure the quality and safety of the service is monitored and will ensure compliance with Regulation 23(2) (a).

Proposed Timescale: 19/12/2014

Theme: Leadership, Governance and Management

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

No annual review of the quality and safety of the care provided in the centre had been prepared.

Action Required:

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

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

An annual review Proforma is now in place. An annual review of the quality of the designated centre will be conducted on the 21/04/15. This annual review will comply with Regulation 23 (1) (d).

Proposed Timescale: 19/02/2015

Theme: Leadership, Governance and Management

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

Residents and their relatives had not been consulted with for an annual report on the quality and safety of the service.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

All residents and their representatives have been notified in advance of the annual review of the service. The annual review has been discussed in the monthly young peoples meeting and letters of invites forwarded to young people's representatives.

Proposed Timescale: 02/02/2015

Theme: Leadership, Governance and Management

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

The Board were provided with no performance reports of the centre so it was difficult to know how they held the senior management team to account.

Action Required:

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

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

The Board is informed of the performance of each centre in the organisation through regular Operational Reports which are discussed at the Board's Sub Committees. The Board Sub Committees provide reports to the main Board.

The organisation has developed an Escalation Policy which will ensure any risk and or incident is escalated at the appropriate level through tiers of management. The policy outlines the type of risks or incidents which need to be escalated to the appropriate levels within the organisation including appropriate Sub Committees of the Board , ie the Health and Safety Committee, the Care, Development and Research Committee, the Governance Committee and the Finance Committee. The Registered Provider will continually review accountability arrangements to the Board to ensure compliance with Regulation 23 (1)(b).

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

the following respect:

Some management systems were not effective.

Action Required:

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

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

A. Additional supervisory staff are being recruited to allow appropriate management and administration time for the Person in Charge. This will allow safe, quality, care and support is provided to residents.

B. Internal audits will be increased for this designated centre to ensure compliance with existing management systems.

C. The management structures will be further reviewed, and any necessary changes made, to ensure compliance with regulation 23(1)(c).

D. Management oversight has increased since 01/12/14.

Proposed Timescale: 01/04/2015

Theme: Leadership, Governance and Management

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

A copy of an annual review had not been made available to residents or the chief inspector..

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

The Registered Provider will ensure that a copy of the annual review is made available to the centre manager, residents and family representatives in the centre. The Person in Charge will ensure that the annual review is made available to the chief inspector on request, in accordance with the requirements of Regulation 23 (1).

Proposed Timescale: 19/03/2015

Theme: Leadership, Governance and Management

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

In the absence of an unannounced visit no copy of the report was available to the residents or the Chief Inspector.

Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

There is now a system in place within the Designated Centre to ensure that there are unannounced visits to the centre from the provider's representatives. This system has been implemented to ensure the quality and safety of the service is monitored and will ensure compliance with Regulation 23(2) (a). Copies of completed reports are made available to residents, their representatives, and the Chief Inspector.

Proposed Timescale: 22/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Continuity was affected in the year prior to the inspection due to staff vacancies and the use of agency staff.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

As of 16/02/2015 all staffing levels are in line with planned levels in the Centre to ensure continuity for all young people. If there are any significant reductions in staffing in the future, the Person in Charge will contact a recruitment agency with a view to agency staff being employed in the Centre to ensure consistency. The Centre has Praxis Care relief staff that currently work within the centre to ensure that the young peoples needs are consistently met. The Person In Charge will ensure that all staff are fully inducted into the centre and that staff are aware of the planned supports and care required for each young person living in the Designated Centre.

Proposed Timescale: 01/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The complaints and risk assessment procedures did not contain all of the information required by the Regulations.

The missing person procedure was generic and did not adequately outline the steps to be taken in relation to children.

Action Required:

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

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

A. The organisation has reviewed its policies to provide more detailed procedures to follow in the event of the unexplained absence of a child and to ensure compliance with Regulation 04 (1).

B. The Complaints policy and the risk assessment policy/procedures have been amended to ensure compliance with the regulations.

Proposed Timescale: 01/04/2015

Theme: Use of Information

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

The residents guide was not fully accessible to the children.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

A revised Service User guide has been developed for the young people to reflect the young people understanding of the service in a pictorial format. This guide is easily accessible to all young people and updated when necessary changes are made to the service. The new Service User guide has been issued to the young people in the designated centre.

Proposed Timescale: 05/12/2014

