

**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 Nua Healthcare Services
Centre ID:	OSV-0004261
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Tom Flanagan
Support inspector(s):	Gearoid Harrahill
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 days.

The inspection took place over the following dates and times

From:	To:
28 April 2015 09:30	28 April 2015 18:10
13 May 2015 09:30	13 May 2015 17:20

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 carried out by the Authority and it took place over two days. The centre, according to its statement of purpose, provided long-term medium support residential care for up to four children between the ages of 12 and 17 years with intellectual disability and/or autism.

The centre was registered in November 2014. However, the certificate of registration was not displayed in a prominent place in the centre as required under the Health Act, 2007.

As part of this inspection, inspectors met with children, the team leader, who was

the person in charge, the regional manager and staff members and spoke by telephone to a social worker and a guardian ad litem. Inspectors also observed practices and reviewed a sample of children's files, policies and procedures and a range of other documentation.

The centre was located in a dormer-style five-bedroom house. It was set in its own grounds in a rural area approximately three kilometres from a village. There was a large garden to the rear of the premises and car parking facilities at the front.

There were four children living in the centre at the time of inspection. One child was engaged in an educational programme in one of the special schools in the area. One child was not attending school but was preparing for state examinations. The remaining two children were not attending school.

Inspectors found that good quality care was provided by a qualified and committed staff team. The healthcare needs of residents were met and there was evidence of good practice in relation to communication with children and contact with families and other professionals. Personal plans were detailed and were reviewed. However, there was a high incidence of behaviours that challenge which impacted on the quality of life of each of the children and on the effectiveness of staff team. A number of the current residents had high support needs and staffing levels ranged from one-to-one staffing to two-to-one staffing on occasions. The provision of care to children with high support needs was not in line with the statement of purpose. The management systems were not sufficiently robust as there was no centre risk register or corporate risk register. While the communal facilities were comfortable, there was insufficient space to cater for the needs of all the children at the time of inspection. There was also a lack of storage space in the centre.

On the first day of inspection, inspectors issued an immediate action plan in relation to the temperature of the water in the kitchen taps. The response from the provider was prompt and satisfactory. On the second day of inspection inspectors issued an immediate action plan in relation to staffing levels and contacted a senior manager to request assistance for a staff member who had been left alone in the centre with a child who became distressed. The provider responded immediately and subsequently gave an assurance that a minimum of two staff would be present if only one child remained in the centre. Improvements were required in the following areas: Privacy and dignity; admissions; premises; infection control and risk management; safeguarding and safety; education; medication management; statement of purpose; governance; staffing; and policies and information to residents.

The improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

Following the inspection, inspectors met with senior members of the organisation's management team to discuss concerns arising from the inspection, especially in relation to the admission of children with high support needs to a centre registered to provide medium support. The Authority requested that further information be

submitted and also requested that the provider submit a plan for the reduction of risks and a contingency plan in the event that this was not possible.

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 were systems in place to support children's rights, to promote their dignity and to ensure that they were consulted in relation to their care. However, children's right to privacy and dignity in relation to their personal and living space was not always fully respected due to the behaviours that challenge of other children.

There were a number of ways in which the rights of children were communicated to both children and their parents. Each child had a "home folder" in their room and this contained child-friendly pictorial explanations of children's rights, the complaints process and the various services that were available to children. Key workers had individual sessions with the children in which they explained their rights to the children. The statement of purpose and the Resident's Guide also outlined the rights of children. Each child had their own room with adequate storage space for their personal possessions. Children were able to meet family members in private, where appropriate. There was evidence that the needs, preferences and choices of children were known and that these were facilitated.

There had been three admissions to the centre within a relatively short time frame, and one of these was just seven weeks prior to the inspection. While staff treated children with respect, inspectors found that children's rights to quality of life and safe care were infringed, and the rights of children to privacy and dignity was not always maintained due to the behaviours that challenge of other children. For example, noise levels at night had a disturbing effect on at least one child, whom staff reported engaged in a form of self-injurious behaviour as a result. The behaviour of one resident was very intrusive and he/she was observed by inspectors to move from room to room around the centre engaging in self-injurious behaviour, followed by staff who tried to re-direct him/her.

Inspectors observed that another child closed himself/herself into a bedroom and became quite upset, shouting and screaming at staff through the door. The dignity of some children may have been compromised by being hit by objects thrown by other children on occasion as recorded in records of significant events. A staff member told inspectors that one child was afraid of another child and was keeping more to himself/herself as a result.

One child had a court-appointed Guardian at Litem and an allocated social worker and there were leaflets available on the availability of independent advocacy services provided by an organisation that promoted the rights of children in care settings. An easy to read guide to the national standards was also available for the children.

There was provision for a regular forum for the children in order to consult with them collectively and facilitate their participation in the daily routines of the centre. Some children were unable to participate in this kind of forum and there was evidence that each child was supported by a key worker who had a specific responsibility to plan services in consultation with the child and to advocate for that child.

The policy and procedures for the management of complaints were satisfactory. There was a complaints officer and a member of senior management to oversee complaints. There was provision for independent advocacy and an appeals process, including independent appeal, in the event that a complainant may not be satisfied. There were clear time frames for the management of complaints and a user friendly guide was available. The team leader told inspectors that no complaints had been received since the centre had opened.

Children's finances were protected through appropriate practices and record keeping and improvement in the management of children's belongings was underway. Detailed records and receipts were maintained in relation to children's finances and these records were signed by staff. Children could have a safe in their room if they were able to maintain control over their own monies and wanted to do so. There was a policy on residents' finances which contained a small section on the management of children's property and possessions but this not adequate. The regional manager told inspectors that staff were in the process of ensuring that all children's clothing was marked with their names or initials due to the risk of clothing being mixed up while being laundered.

Children were facilitated to participate in a range of activities in the community and in the centre. For example, one child took part in a youth club and a speech and drama group and a group for children with autism. Another child went swimming. Children also took part in activities in the centre, including piano lessons and baking. Inspectors also observed that children took part in indoor activities such as board games, arts and crafts and watching television.

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:

Children were supported to communicate effectively.

The assessments of the needs of children set out their communication needs and requirements and these were also contained in the children's plans. Staff demonstrated that they were very familiar with the children's individual communication needs and inspectors observed effective communication between children and staff.

There was a policy on communication and this referred to access to speech and language therapy when required, the range of communication methods used to assist children and the training of staff.

There was evidence that staff used various communication methods such as picture exchange communication symbols and visual schedules to support children in their communication. The overall training records that were given to inspectors showed that staff had received training in communication.

Children had access to television, radio and the internet. There was a policy in place on electronic communication which set out the controls that would be put in place in the event that use of a mobile phone or the internet put the child at risk.

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:

The relationships between children and their families were supported and children were

facilitated in developing links with the community.

The policy on visitors stated that, in general, there were no restrictions on family visits. Inspectors observed that the parents of two children visited during the inspection. Arrangements for contact between children and their parents were set out in their personal plans. Some of the children were also facilitated to visit their family homes on a regular basis. Children could meet their parents and family in one of the communal areas or in the privacy of their room if necessary.

Parents and guardians were encouraged by staff to contact their children by telephone if they wished. Staff told inspectors that they also made regular phone calls to and exchanged texts with parents regarding their children's wellbeing and this was the case during the inspection. Some children also used their own mobile phones for this purpose.

Children were facilitated to use community facilities and there was evidence that some children went swimming and shopping. Children were taken by staff to parks and places of interest and had the opportunity to exercise outdoors. Transport was provided by the centre in order to take a child to and from school and to take each of the children on various outings to community.

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):

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

Findings:

Each child had a contract for the provision of services which set out the services to be provided and included information about the fees to be charged. However, the admission of children to the centre was not in line with the statement of purpose.

Each child had a written contract which set out the services to be provided and provided information on that charges that may be incurred.

The statement of purpose stated that the centre provided long-term medium support residential services to children with disabilities aged between 12 and 17 years. While the

current residents fitted the age profile and had diagnoses of intellectual disabilities, some of the children required a high level of support at the time of inspection. Each child required at least one-to-one staff support. One child required two-to-one staffing while in the community and one child required two-to-one staffing throughout the day. When inspectors queried the basis on which children's dependency levels were assessed, the team leader told inspectors that she was not aware of a specific tool that was used to differentiate between low, medium or high support. The organisation's clinical team recommended a certain staffing level for each child based on their clinical assessment but children were not formally deemed to require low, medium or high support even though the statement of purpose stated that medium support was provided in the centre. Correspondence received from senior managers after the inspection stated that all service users are assessed prior to admission as either low, medium or high.

There was a policy on admissions which was generic to the organisation and did not refer to the need for admissions to be in line with the statement of purpose.

The admissions, discharges and transfers (ADT) committee, which comprised senior managers in the organisation with the input of senior clinicians when necessary, decided on the admission and informed the team leader that a new resident would be arriving. A senior manager then gave a briefing on the new resident to the staff team. The team leader ensured the staff team had all relevant information and assigned a key worker. The team leader was not a member of the ADT. The admissions process, as outlined in the policy, did not outline how the needs of current residents were fully taken into account when deciding to admit a new resident. Given the high level of incidents involving assaults to staff and the negative impact of this behaviour on some residents, it could not be considered that the current mix of residents was safe at the time of inspection.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

Children had personal plans that were based on comprehensive assessments and set out their individual needs and choices and the supports they required. Children had multidisciplinary input into reviews of their care. Children were supported in the various transitions in their lives.

Following referral to the service, the admission and assessment officer undertook an assessment of the child's needs and gathered relevant information on the child's history. The decision to admit a child was made by the (ADT) team, which comprised senior managers in the organisation and a consultant psychiatrist, when required. However, documentation which was provided to inspectors showed that the pre-admission assessments indicated that each of the children had a range of high support needs. Since the centre had been registered to provide medium support for children, it was not suitable for the purposes of meeting the high support needs with which the children presented at the time of this inspection and an action in relation to this is contained under Outcome 4.

The children had comprehensive personal plans and there were several files of documents relating to the care of each child. The files contained detailed assessments of the children's needs in areas and action plans and goals in relation to their care. There was evidence of the involvement of the children and their parents in the development and review of the personal plans. Detailed sensory profiles were undertaken and each child had a communications passport. The files also contained individualised risk assessments. Inspectors reviewed the file of a child in statutory care and found that all documentation required by the regulations, such as care plans, were on file and that staff from the centre participated in their child in care reviews.

There was evidence of multidisciplinary involvement in the care of the children. Inspectors viewed reports from an occupational therapist, a dietician and a psychiatrist. An example of how the therapeutic needs of the children were addressed was the provision of art therapy for one child.

Children were supported as they made transitions in their lives. There was liaison with school staff in relation to two children and each child had a hospital passport which was designed to provide relevant information to hospital staff in the event that a child needed to be admitted to hospital. There was a detailed policy on transfers and transitions which set out the process to be followed. This involved referral to the ADT committee and discussion with various stakeholders including members of the multidisciplinary team. Once a suitable placement is identified, a transition plan will be developed and the child supported to make the transition with the support of the key worker and staff team. As the centre was newly established, no child had yet made the transition to adult services. Inspectors viewed the transition plan for one child who was admitted to the centre in recent months. The plan included a schedule of visits, the child's usual daily timetable, and a detailed outline of the child's functioning in a range of areas. The child's previous personal plan was also included. One child will be due to make the transition to adult services in 2016. The regional manager told inspectors that a referral will be made shortly to the ADT committee but consideration had already been given to a future placement. The needs of the child in relation to managing change had

been taken into account in relation to the timing of his/her involvement in the transition process and there was evidence of ongoing work with the child in the area of life skills development.

There was evidence of assessments of life skills and plans to develop the children's levels of independence and responsibility in these areas. Key workers carried out individual sessions with the children on a variety of issues such as self-harm, personal care and social interaction and they developed social stories to facilitate the children's understanding of these issues. Children were encouraged to exercise independence and take responsibility in relation to their capacity to do so.

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):

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

Findings:

There was a lack of suitably quiet and private space for the current group of residents. The boundary surrounding the rear garden had not yet been made fully secure. There was a shortage of outdoor equipment and a lack of storage facilities in the centre.

The layout of the premises was as described in the statement of purpose. There were five bedrooms in total, three upstairs and two downstairs. The two children's bedrooms upstairs had their own en suite shower, toilet and wash-hand basin facilities. The children's bedrooms were personalised and suitably decorated. One of the bedrooms upstairs was designated as a staff sleepover room but this was being used as a storage facility at the time of inspection. The downstairs bathroom was of adequate size and included a bath/shower.

The communal space included a sitting room, a large conservatory and a living room/kitchen, all in close proximity to each other. Due to their conditions, some of the children needed plenty of personal space and quiet to engage in their own activities. Inspectors observed a number of instances of behaviour that challenge during the inspection which involved loud noise and sometimes intrusion by a child into the personal space of another child. Since records showed that these incidents were

frequent and there was evidence that they had a negative impact on other children, inspectors found that there was insufficient quiet or private space in the communal areas of the premises for this group of children at the time of inspection.

There was a utility room which housed the laundry facilities and a locked cupboard for the storage of chemicals. However, there was a shortage of storage facilities. For example, the staff sleepover room was not accessible as it was used as a storage facility.

The centre was warm and well decorated. There was plenty of natural light and communal rooms were comfortably furnished. The staff office was small for the size of the staff team and there were no other staff facilities available. There was no assistive equipment in place at the time of the inspection as none was required.

There was a large garden to the rear of the premises. Some fencing had been put in place since the previous inspection but a large section of the boundary between the garden and adjoining fields was not safe and secure. The lawn was well maintained. There was some play equipment available such as a trampoline and goalposts and there was an outdoor seating area for children and their visitors. A large shed was in place and the regional manager told the inspector that this would be used to house multi-sensory equipment for one child.

The area to the front of the house had sufficient space for car parking and the entrance to the house was secured by large gates.

Judgment:

Non Compliant - Moderate

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:

There were measures in place to promote the health and safety of children, visitors and staff. However, the risk management systems, infection control practices and fire safety precautions were not sufficiently robust.

There was a policy and procedure in place relating to health and safety, including food safety. There was evidence of regular audits by a health and safety officer. All but two of the staff received training in food safety. A number of hazards had been identified

and risk assessed in association with the health and safety process. A risk management policy was in place which met the requirements of the regulations but had not been fully implemented. Accidents, incidents and significant adverse events were recorded and reported to the regional manager. They were also reviewed weekly by a member of the clinical team. Individual risk assessments were completed for each child in relation to risks such as self harm, going missing and aggression. However, inspectors found that not all hazards had been identified. For example, hot water temperature in a kitchen tap exceeded 43 degrees Celsius and a radiator was hot to touch. Inspectors issued an immediate action plan in relation to this and the response from the provider was satisfactory. Part of the boundary fence on the land adjoining the centre was not very secure and contained barbed wire. This had not been identified as a hazard or risk assessed.

While the provider outlined their risk management process and there was a set of risk assessments for the centre, there was no local risk register and there was no corporate risk register. While there was evidence that some risks, such as the behaviour of a child that proved very challenging for staff to manage, were escalated to senior management, they were escalated individually and not in the context of a cohesive risk management framework.

The centre was clean and tidy on the day of inspection but procedures for the prevention and control of infection were not followed. There were cleaning check lists and schedules to assist in ensuring that the premises will be cleaned on a daily basis. Bio hazard kits were available for cleaning up spills and personal protective clothing was available for staff. Chemicals were stored in locked cupboards. All but one member of staff had received training in infection control since the previous inspection and all but two had received training in food hygiene. However, inspectors found that some infection control practices were not satisfactory. A chart outlined a system for colour-coded materials to be used but there were not sufficient mop and bucket sets to match this system and there was no evidence of separate colour-coded cloths being used in practice. A number of mops and brooms were stored in one bucket in a congested cupboard.

A number of fire safety precautions were in place. Inspectors observed that all emergency exits were unobstructed and that external doors had thumb locks for ease of egress. Suitable fire fighting equipment was available at specific locations throughout the premises. Daily checks on the fire alarm, the means of escape, emergency lighting and the fire fighting equipment were carried out and recorded by staff. The fire alarm was serviced every three months. Fire drills took place at least every three months. However, while the procedures for evacuation in the event of a fire were displayed in a prominent place, these were not adequate. There were no personal emergency evacuation plans for the children. The self-closing mechanism of the bedroom door of one child, which was a fire door, had been removed. This had not been risk assessed.

There was an emergency plan which outlined the arrangements for responding to emergencies and was satisfactory.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were several measures in place to safeguard children and protect them from abuse. Children received positive behaviour support and restrictive procedures were used as a last resort. However, the high incidence of behaviour that challenges impacted negatively on children and on the sense of safety in the centre and safeguarding practices to ensure that this did not happen required improvement.

There was a policy and procedures on child protection. The policy provided clear guidance for staff in relation to their responsibility to report abuse of children. There was evidence that the policy was implemented as the team leader had made child protection notifications to the Child and Family Agency, TUSLA, in relation to one child and had followed up on to seek further information from TUSLA. While the issues of concern had arisen prior to the admission of this child, additional safeguards were put in place for this child's care following this.

Training records showed that all staff received training on Children First: National Guidance on the Protection and Welfare of Children (2011). Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any concerns they may have. They felt confident that they could report any concerns they may have about a fellow staff member or the organisation if this was warranted. The organisation had a policy on whistleblowing.

There were various safeguarding measures in place in the centre. These included policies and procedures on intimate care, on recruitment and on visitors. A record was maintained of all visitors to the centre and children were supervised at all times during the day. Inspectors observed that staff treated children warmly and with respect.

There was a policy on behaviours that challenge and there was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. One of the organisation's behaviour specialists was assigned to work with the children and staff of the centre. Each child had an up-to-date

multi-element behaviour support plan which contained a functional analysis, proactive and reactive strategies. These plans were comprehensive and provided extremely useful information and guidance for staff.

Incident reports were forwarded to the behaviour specialist who reviewed them and gave further advice to staff or made recommendations in relation to changes to the child's care. These were then signed off by the team leader, whose responsibility it was to ensure that recommendations were implemented.

However, while the behaviour that challenges of individual children was reviewed and addressed on an individual basis, inspectors were concerned that the impact of this behaviour on other children and on staff was not fully acknowledged or addressed. Inspectors viewed summaries of incidents in relation to two children and found that there was a large number of significant incidents in recent months. Many of these incidents were recorded as assaults on staff and a small number of incidents involved other children being hit by objects that had been thrown. Although these incidents did not result in serious injury, there was evidence that this behaviour was having a negative impact on the wellbeing of other children, including loss of sleep, and inspectors found that the sense of safety and safeguarding in the centre was compromised as a result. Inspectors viewed the notes taken by the team leader at a staff team meeting which referred to two children as having regressed during the previous few weeks and there was reference to parents being upset about their child's situation in relation to the admission of another child.

As well as the input from the behaviour specialist, the level of staffing in the centre had been increased in response to the behaviour of children. Two waking night staff had been put in place and staffing during the day had been increased to two to one for one child. This had the unintended effect of bringing more relief staff into the centre and into contact with the children, some of whom required great consistency of staffing in the first instance.

There was a policy on restrictive procedures which stated that restrictive procedures were to be used as a last resort and inspectors found that children enjoyed freedom of movement in the centre, albeit under close supervision. There was one incident in which a minor restraint was used and this was in order to free a staff member from having their hair pulled. PRN (to be given as required) medication was not generally used to manage behaviour. The issue of the use of PRN medication is addressed under Outcome 12.

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:

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and the team leader was knowledgeable on how to report any notifiable events to the Authority.

Following any accident or incident, staff completed an incident form. This was then reviewed by the team leader and the form was then reviewed by the relevant department or team in the organisation's head office. All accidents or incidents were reviewed to ensure that learning took place and that the recurrence of accidents and incidents was minimised. Inspectors viewed completed forms in the children's files which contained evidence of review by the clinical team, advice or instructions in relation to any learning that should be implemented. The forms were then signed off by the team leader.

Appropriate notifications had been made to the Authority since the centre opened in a timely manner.

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:

The rights of children to socialise and participate in activities in the community were valued and supported. However, three of the four children were not attending school at the time of inspection.

There was a policy on education and there was evidence that the educational needs of the children were assessed as part of the personal planning process. However, the educational needs of all the children were not being met in full. One of the four children attended school in the locality. Another child was no longer attending school but was preparing for state exams with the assistance of centre staff. A third child did not have a

school placement but there was evidence that an application had been made for funding for home tuition. This had been turned down and was currently subject to appeal. A fourth child had been resident in the centre for approximately seven weeks and the team leader told inspectors that she had been in contact with a local school principal with a view to securing a school placement for the child. In relation to one child, staff liaised with school staff and attended meetings in which the educational needs of the child were discussed. They also facilitated homework and exam preparation when this was required.

However, despite the efforts to secure placements or programmes for these children, it was concerning that the school attendance of two children ceased when they were admitted to the centre and that they had not resumed school attendance since their admission. A third child, who had been admitted from another of the organisation's centres, had not attended school for over a year before his/her admission and had not done so since then.

Opportunities were provided for children to go on outings into the community and for some of the children to visit their family homes.

Judgment:

Non Compliant - Moderate

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:

The healthcare needs of children were addressed.

The healthcare needs of each child were assessed and each child had a detailed healthcare assessment on their file. Children had their own general practitioner (GP) and records of any visits to the GP and any treatment prescribed were maintained by staff. Arrangements were made for various health checks for each child. For example, in one child's file there were records of appointments for optical and auditory assessments, dental visits, a psychiatric review and a referral to an occupational therapist. Each child's file contained a hospital passport, which included the child's photograph, key contact details and all relevant health information in the event that the child needed to be admitted to hospital.

Records showed that staff received a range of training to address the health needs of

individual children. This included training in first aid, epilepsy awareness, diabetes awareness and emergency medication. Staff also maintained records of regular checks on children's weight and blood pressure when this was required.

Children's needs in relation to eating and drinking were assessed prior to admission and any allergies or risks to children while eating or drinking were recorded. Children had access to a dietician or speech and language therapist when required and reports on appointments with these specialists were maintained.

Inspectors observed children being given a choice of snacks and the main meal being prepared was healthy and wholesome. Records of the meal plans were maintained and details of the food consumed by children were also recorded.

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:

Systems were in place for the safe management of medication in order to protect children. However, the prescription sheets did not contain all required information, the individual medication management plan for one young person had not been updated and there were no clear instructions for staff in relation to when a PRN (to be administered as required) medication should be administered in the first instance.

There was a policy and procedures on the ordering, prescribing, storing and administration of medicines. The policy was generic to the organisation but it was implemented in the centre.

Prescription sheets, administration sheets and individual medication management plans were placed in separate folders for the children. The prescription sheets did not contain the child's address or centre address. There was no individual medication management plan in place for one child and the manager told inspectors that the previous plan had not been updated.

The maximum dose for PRN medication was recorded. A psychotropic medication was prescribed for use PRN for one child and the maximum dose in 24 hours was stipulated. However, inspectors observed that there were no clear instructions for staff on the

circumstances in which the medication should be administered and who could authorise its use in the first instance. Second and subsequent uses of the medication had to be authorised by a manager. This meant that individual staff who were not medically trained had to use their own judgement in relation to the circumstances in which psychotropic medication should be administered.

The team leader told the inspector that all staff who administered medication had received training in the safe administration of medication and that they had their competency to do so tested. Inspectors viewed certificates in a number of staff files in relation to this. Staff demonstrated knowledge of correct procedures in relation to administration. A signature sheet, containing the names and signatures of staff authorised to administer medication, was included in the medication records.

Medication was stored securely in a locked cupboard in the staff office and appropriate records were maintained. Medications for each child were maintained separately. The keys to the medication cupboard were held by a member of staff on duty. A lockable fridge was available when required.

Systems were in place to manage controlled drugs. These included the use of a separate secure container for their storage and a register of controlled drugs, which was used and maintained appropriately. Administration of controlled drugs was signed for by two staff and the stock of controlled drugs was checked twice daily.

Arrangements were in place for monitoring the system of medication management. Prescriptions for each child were regularly reviewed by a doctor employed by the organisation and were transcribed by the doctor and a nurse. The team leader told inspectors that the nurse monitored the children's medication and reviewed all administration of PRN medications weekly. She was due to visit the centre shortly after the inspection to monitor the medication of one child. The team leader had also undertaken a recent audit of medication management.

While the policy on medication management allowed for the self-administration of medication by residents when possible, none of the children, due to their high needs, were deemed to be competent to self-administer their medication. Inspectors viewed completed assessments in the children's files.

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:

The statement of purpose set out the ethos, the aims and objectives and the services and facilities provided. However, it did not include all the information required by the regulations and the statement of purpose was not fully implemented in practice.

There were a number of omissions from the statement of purpose. The arrangements for dealing with complaints were not set out clearly. The arrangements for children to access education were not included and the criteria used for admission were unclear. The statement of purpose did not contain the date on which it was developed and the date when it would be reviewed. Neither did it contain the details set out in the certificate of registration.

The statement of purpose was not fully implemented in practice. It stated that long-term medium support residential care for provided. However, inspectors found that some of the children currently resident in the centre had high support needs and that this impacted negatively on the quality of life of all children. As outlined under Outcome 1, the statement also stated that the absolute right of children to privacy and dignity would be maintained. However, this was not always the case.

The statement of purpose was made available to children and their representatives.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There were well-developed management and governance systems in place but these were not effective in ensuring that the centre operated in accordance with the

statement of purpose and that a safe service was provided at all times to the children who lived there. There was no corporate risk register.

The management structure, which was clearly outlined in the statement of purpose, identified clear lines of authority and accountability. Social care workers reported to the team leader, who was the person in charge and who reported to the regional manager. The regional manager reported to the director of operations, who, in turn, reported to the chief operating officer. The team leader was a qualified social care worker, who had previously managed a children's residential care centre. She worked in the centre four days per week. She was supported by a deputy team leader.

The team leader had responsibility for the operational management of the centre. She prepared the staff roster and supervised staff. She reported to the regional manager twice daily in relation to issues that arose in the centre and provided a weekly written report on each child. There was evidence that the regional manager communicated frequently with the team leader by email on a variety of issues. The team leader met the regional manager monthly for supervision and she attended a monthly managers' meeting in the organisation's offices. The team leader was not a member of the ADT when decisions were made about the admission of children to the centre which meant that the team leader's judgement on the appropriateness of the admission may not be adequately considered.

There were systems in place in relation to the governance of the centre. Issues arising in the centre were discussed at a weekly clinical meeting and at an operations meeting, which was attended by all regional managers in the organisation. A range of audits were carried out on a regular basis by managers at different levels. For example, the team leader and her deputy audited the personal plans and files of children and audited the cleanliness of the centre. The regional manager carried out an audit of leadership, management and responsibility monthly. There were also audits of health and safety and of medication management. However, the auditing process was not effective in addressing some key safety issues in the service. The director of operations carried out an unannounced visit to ensure that services were being delivered in line with the organisation's mission, vision and values. However, there did not appear to be any mechanism to ensure that children with high support needs were not placed in the centre which was registered to provide medium support. There was no corporate risk register to ensure that high risks in the centre, such as the overall high incidence of behaviours that challenge and the impact of these behaviours on other children, on the general functioning of the centre, and on the staff team, were regularly reviewed and managed through the risk management system.

A service level agreement with the Health Service Executive was not available in the centre for inspection.

Judgment:

Non Compliant - Major

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:

The team leader and regional manager were aware of the requirement to notify the authority regarding the continued absence of the person in charge for 28 days but circumstances in the centre did not require this to be done since the centre was registered.

In the event of the absence of the team leader, the deputy team leader would assume the role of person in charge. The deputy team leader, who was an experienced social care worker, was not on duty at the time of inspection and could not be interviewed.

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:

Children were offered placements when, among other criteria, funding was provided by the HSE in respect of the assessed needs of the children. There was evidence that the service was planned and budgeted and the team leader managed a budget for the day-to-day operation of the centre. When further resources were required, this was approved by senior managers. For example, the regional manager ordered a range of multisensory equipment to address some of the assessed needs of one child.

Staffing issues such as the provision of relief staff at short notice, were sanctioned by the most senior staff member on duty and managed by the human resources department. The regional manager told the inspector that three more staff would be assigned to the centre on the week of the inspection and four more staff had been

identified as relief staff. This meant that staffing levels would be more than double the level which was originally envisaged as necessary when the centre was registered in November 2014. While a decision to increase the staffing levels had been made between the first and second day of inspection, there was one occasion during the second day when there were insufficient staffing resources to meet a child's needs. There is an action on this under Outcome 17.

The centre was generally well-maintained. There were sufficient stocks of food. A sufficient number of vehicles were provided to staff to cater for the needs of children and that number had been increased between the first and second day of inspection. However, due to the needs of some of the children, the centre did not provide adequate communal space for all children at the time of inspection. While the purchase of a large shed had been approved for use by children and their families, the regional manager told the inspector that "the house was small for the needs of the four children". Staff facilities were poor as there was a small staff office but no staff facilities that included storage space for belongings. There is an action in relation to this under Outcome 6.

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 was a skilled staff team who provided person-centred care. Regular supervision was provided to staff. However, there was not always sufficient staff in the centre to meet the needs of residents and to provide the delivery of safe services.

The staff team, who delivered care to the children, comprised a team leader and 13 staff. The team leader told inspectors that all staff were qualified social care workers. When relief staff were used they were also employees of the organisation. There was evidence that, in general, the needs of children and the layout of the premises were taken into account when deciding on staffing levels. Children were assessed as requiring a certain staffing level, e.g. one to one staffing or two to one on occasions. However, at one time during the inspection one child remained in the centre with only one member of staff present despite the fact that this child had had multiple instances of behaviour

that challenges in which staff were assaulted. Inspectors found that this situation was not safe and that a minimum of two staff should have been in the centre. Inspectors issued an immediate action plan in relation to this and the provider gave an assurance that a minimum of two staff would be present in the centre when only one child was in the centre.

Inspectors viewed the staff roster, which was planned in advance by the team leader. Apart from the presence of the team leader, there was one staff member on duty for each of the three children who were in the centre. When the fourth child returned from school, a staff member was assigned to him/her also. There were two staff on waking nights. Before the second day of inspection an additional staff member was rostered during the day in order to provide two to one staffing for one child.

Inspectors observed that staff presented as warm and caring in their approach to the children and were responsive to their needs.

The team leader told inspectors that a rolling programme of mandatory training was in place. A summary of staff training was sent by the human resources department to the centre during the inspection but the dates on which staff completed training were unclear. Records showed that staff had received training in the protection of children and a range of other relevant training. All staff had received training in Children First (2011). However, records viewed by inspectors indicated that not all staff had received training in fire safety, the safe administration of medication, managing behaviour that challenges and in infection control. While records were not maintained in the centre to show that all staff had received mandatory training at the time of inspection, this evidence was subsequently submitted by the provider.

Staff meetings were held approximately every four weeks and were attended by the team leader. Detailed minutes of the meetings were maintained.

A schedule of supervision was in place and individual supervision sessions had been carried out by the team leader approximately monthly. Inspectors viewed a number of supervision files and found that minutes of supervision sessions were detailed and wide-ranging.

There was a recruitment policy in place and the human resources department of the organisation were responsible for recruitment. Staff files were not located in the centre but in the organisation's head office. Inspectors viewed four staff files which were brought to the centre by managers. The files contained almost all the information and documents specified in Schedule 2 of the Regulations.

There were no volunteers working in the centre at the time of inspection.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Comprehensive records on each child were maintained securely. The majority of policies and procedures were satisfactory. Some information contained in the Resident's Guide was inaccurate.

Staff maintained detailed records on each of the children and the children's files were stored securely in locked cabinets in the staff office. No files had required to be archived as yet. Records on each child were signed and dated by staff, children, parents, the team leader and regional manager, as appropriate.

The majority of policies and procedures required under Schedule 5 were in place and were satisfactory. There was a policy on residents' finances which contained a small section on the management of children's property and possessions but this not adequate. The policy on admissions was not centre specific and did not refer to the need for admissions to be in line with the statement of purpose.

There were a number of inaccuracies in the centre's information guides. The statement of purpose and the Resident's Guide stated that service users can fully avail of all the organisation's day services and they listed a number of individual services such as an education centre, a farm and a woodwork service. However, these services were at a considerable distance from the centre and there was no evidence that children could access them. The Resident's Guide also referred to the centre as a centre for children and adults with disabilities. However, no adults with disabilities lived in the centre.

The team leader told inspectors that there was an up-to-date directory of residents. This was not inspected on this occasion but will be viewed in the course of a future inspection.

Managers ensured that insurance was in place against injury to children, staff and visitors.

Judgment:

Substantially Compliant

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Tom Flanagan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0004261
Date of Inspection:	28 April 2015
Date of response:	2 November 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's right to privacy and dignity in relation to their personal and living space was not always fully respected due to the behaviours that challenge of other children.

1. 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

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

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:

Completed Action: 17.08.2015 The issues raised during inspection in relation to personal and communal space has been addressed. The service has provided additional sensory/recreational space by way of an outdoor sensory/relaxation room. This space provides an overall larger communal environment and another individual space for Service Users to retreat to should they so desire, the space and the sensory equipment will assist staff in providing 1:1 intervention and ultimately support Service Users manage behaviours that challenge.

Completed Action: 29.04.2015 A Behavioural Specialist has been supporting the team to develop a Multi Element Behavioural Support Plan (MEBSP) for each of the Service Users, this additional support has been assigned one day a week and/or as necessary to support the centre until such time as the team and management agree the plans are working consistently. Please note, the entire staff team also have the capacity to contact the behavioural specialist via phone or email as required between visits to the centre.

Action: Linked to the above and through the support of the assigned Behavioural Specialist, a briefing is to be drafted/provided to all staff on the approaches that can be used to encourage Service Users maintain privacy in their personal space by closing their bedroom doors. Please note, each Service User has a right to choice and they may choose to keep their bedroom doors ajar, so long as their choices do not impact on the dignity and respect of others Service Users, staff will be asked to respect that choice.

Proposed Timescale: 01/12/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The criteria for admission were not transparent. Some of the children resident on the day of inspection had high support needs, contrary to the statement and purpose which indicated that this centre provided medium support.

2. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

Action: Management will conduct a review of the Admissions process, Policies & Procedures with a view to taking on board the feedback from the Inspectors to include an assessment process for Children with Disabilities and a separate process for Adults

with Disabilities.

Within the new Admissions Process, the Person in Charge (PIC), will be responsible for conducting Impact Assessments for future referrals to the centre and their inputs will be taken into account by the ADT committee prior to concluding Initial Needs Assessments and decisions being made to either reject and or offer placements into the centre.

Action: Impact Assessments will be conducted pre admission, reviewed quarterly thereafter, during instances of transition within the service and discharge from the service and or during incidents of serious behaviours that challenge.

Proposed Timescale: 01/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was a lack of suitably quiet and private space to meet the needs of this resident group.

There was a lack of storage facilities.

3. Action Required:

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

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

Completed Action: 06.10.2015 The issues raised during inspection in relation to personal and communal space has been addressed. The service has provided additional sensory/recreational space by way of an outdoor sensory/relaxation room.

Action: Review the storage space within the centre and provide solutions where applicable.

Proposed Timescale: 01/12/2015

Theme: Effective Services

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

A large section of the boundary fence to the rear of the centre was not safe and secure.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain

equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Action: The areas to the boundary which are currently not deemed adequately secure will be secured by extending the existing boundary fencing around all areas side and rear.

Proposed Timescale: 01/12/2015

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:

Not all risks in the centre were assessed and managed. Hot water temperature in a kitchen tap exceeded 43 degrees Celsius and a radiator was hot to touch.

Part of the boundary fence on the land adjoining the centre was not very secure and contained barbed wire.

There was no local risk register.

5. Action Required:

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

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

The Inspector issued an immediate action plan which was responded to satisfactorily by the service;

Completed Actions: 30.04.2015

1. The site specific safety statement to include a risk assessment on water temperature and related scald hazards.

2. The maintenance department have sourced a supplier and fitter of a thermostatic control valve (TMV2). The valve blends hot water with cold water to ensure constant safe temperatures preventing scalding. The unit is anti-tamper proof and factory set at 43 degrees. The manufacturers do not recommend serving the units rather they recommend replacing the unit should it become faulty.

3. The maintenance department will check the valve is functional during routine maintenance checks on monthly basis.

4. The house staff have access to our online maintenance reporting system and they also have a 24/7 emergency response number for any and all maintenance.

Immediate action, the barbed wire has been removed. We also wish to advise that following initial inspection, we were requested to erect a fence to the rear of the property which we did prior to the follow up/unannounced inspection.

5. The neighbouring farmer removed all barbed wire. (Date unknown)

Action: Local risk register will be implemented.

Proposed Timescale: 01/12/2015

Theme: Effective Services

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

Some infection control practices were not satisfactory.

6. Action Required:

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

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

Completed Action: 22.05.2015 Debrief the staff team on service expectation in regards to adherence to the hygiene system.

Action: Retrain all staff on the hygiene system.

Proposed Timescale: 01/12/2015

Theme: Effective Services

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

The procedures for evacuation in the event of a fire, while displayed in a prominent place, were not adequate.

7. Action Required:

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

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

Action: Individual personal emergency evacuation plans for Service Users will be supported using specific pictorial/visual communication procedures.

Proposed Timescale: 01/12/2015

Theme: Effective Services

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

The self-closing mechanism on a fire door was removed and this had not been risk assessed.

8. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Completed Action: 16.06.2015 Risk assessment completed.

Completed Action: 15.09.2015 Anti ligature self-closing door was installed.

Proposed Timescale: 01/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Behaviour that challenged in some children had a negative impact on the wellbeing of other children which meant that the sense of safety and safeguarding in the centre was compromised.

9. 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:

Completed Action: 20.08.2015 Risk Assessments, Standard Operating Procedures and Multi-Element Behavioural Support Plans (MEBSP) have been updated and on-going training given to staff. A behavioural specialist support has been assigned to the centre to assist staff support each of the Service Users and mitigated risks.

Action: Impact Assessments will be conducted pre admission, reviewed quarterly thereafter, during instances of transition within the service and discharge from the service and or during incidents of serious behaviours that challenge.

Proposed Timescale: 01/12/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

While efforts were made to secure educational placements or programmes, three children were not attending school at the time of inspection.

10. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Completed Action: Two Service Users are now in full-time education commencing September 2015/2016 school year. The third Service User is receiving home tuition.

Action: When reviewing the ADT Process, Policy and Procedure, consider how best to facilitate the educational needs of new and existing Service Users.

Proposed Timescale: 01/12/2015

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 prescription sheets did not contain all required information.

The individual medication management plan for one young person had not been updated.

There were no clear instructions for staff in relation to when a PRN medication should be administered in the first instance.

11. Action Required:

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

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

Completed Action: The Centre address was added to prescription sheet.

Completed Action: Medication Management Plan was updated immediately.

Completed Action: Individual Standard Operational Procedure was implemented immediately.

Proposed Timescale: 24/07/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all the information required under Schedule 1.

12. 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:

Action: The Statement of Purpose will be updated to meet requirements under Schedule 1.

Proposed Timescale: 01/12/2015

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:

The management and governance systems in place were not effective in ensuring that the centre operated in accordance with the statement of purpose and that a safe service was provided at all times.

There was no corporate risk register.

13. 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:

Completed Action: 06.11.2015: A Corporate Risk Register has been established and is available within the centre.

Completed Action: 04.06.15: When audits are completed a report is generated. An action plan is sent to the Regional Manager and Person in Charge through Nua Healthcare's electronic auditing system and all actions must be closed out within a set timeframe. An immediate action will be implemented where required. When all actions are closed out, the action plan is then re-audited. The entire system/process is

monitored by the Quality Assurance department and any significant non-compliance is escalated through line management to senior management level for enforcement and or support.

Action: Nua Healthcare Services take on board the views and findings of the Inspectors and will consider these in the aforementioned review on ADT Policies and Procedures on admitting Service Users to our service. This will also be in line with the centres specific statement of purpose.

Proposed Timescale: 01/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was a period of time on the day of inspection when there was insufficient staff to safely meet the needs of a child.

14. Action Required:

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

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

Completed Action: 13.05.2015 The centre's staff roster changed to ensure two staff are in the centre at all times when a Service User is present.

Completed Action: 22.05.2015 Debriefed staff on the inappropriateness of their decisions which lead to a situation of potentially unsafe service delivery.

Action: A policy is to be developed and implemented which clearly outlines the correct decision making process when determining the safe and effective use of human resources during times of unforeseen time and attendance, accident and serious incidents.

Proposed Timescale: 01/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was a policy on residents' finances which contained a small section on the management of children's property and possessions but this not adequate.

The policy on admissions was not centre specific and did not refer to the need for admissions to be in line with the statement of purpose.

15. 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:

Action: The Policy on Service User finances is to be updated to take account of the management of children's property and possessions.

Action: The Admissions Policy to be reviewed in regards to separating it into Children or Adults with Disabilities. This will also be in line with the centres specific statement of purpose.

Proposed Timescale: 01/12/2015

Theme: Use of Information

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

The Resident's Guide contained some inaccurate information.

16. Action Required:

Under Regulation 20 (2) (a) you are required to: Ensure that the guide prepared in respect of the designated centre includes a summary of the services and facilities provided.

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

Action: The Residents Guide to be updated while also removing inaccurate information.

Proposed Timescale: 01/12/2015