

**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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0002038
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Enable Ireland Disability Services Limited
Provider Nominee:	Fidelma Murphy
Lead inspector:	Caroline Browne
Support inspector(s):	Ann Delany
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
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 compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 November 2015 12:00 To: 11 November 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection of this centre by HIQA. The inspection was unannounced and its purpose was to follow up on actions from a previous inspection which took place on 21 and 22 of July 2015. At the time of the last inspection, there were 34 regulatory breaches. At that time, an immediate action plan was issued due to a significant risk identified from the temperature of the water in the centre. This was responded to by the organisation and works were carried out to mitigate the risks identified by inspectors. In addition, the respite service manager provided an action plan to ensure other regulatory non compliances were addressed. On the day of inspection there were no children accessing respite services. Inspectors met with staff, the person in charge, and reviewed a range of documents relating to the children and how the service was run.

The provider must produce a document called the statement of purpose that explains the service they provide. This service was provided by Enable Ireland. Inspectors found that the service was being provided as it was described in that document. The centre is a bungalow that can provide respite care for up to five boys and girls, aged

between seven and 18 years who have physical and or sensory disabilities who are engaged with Enable Ireland clinical services.

Inspectors found that children received a good quality service in the centre. Staff supported and encouraged them to participate in the running of the house and to make choices about their lives. Children enjoyed activities such as swimming, day outings on the promenade and the aquatic centre. The house was clean and had a warm, hospitable atmosphere. There were some improvements in child protection and safeguarding for children. However, children's needs were not comprehensively assessed and therefore arrangements to meet these needs were not included in care plans to guide the staff team.

There had been some improvements in the governance and management of the centre. Some monitoring systems had been introduced to review the quality and safety of care and support provided to children. However, inspectors found that not all risks within the centre were identified as such and some non compliances from the previous inspection had not been satisfactorily addressed in a timely manner. This had not been identified or addressed by the provider prior to the inspection.

Further areas identified which required improvement are detailed throughout this report.

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

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

Findings:

At the time of the last inspection, the complaints procedure was not in a format which was accessible to children. The complaints log did not clearly identify the nature of the complaints, or the satisfaction of the complainant. Since the last inspection steps were taken to ensure that the complaints procedure was accessible to children and a log of all complaints was kept in the centre.

Complaints were well managed and the recording of complaints had improved but further improvements were required. The complaints procedure was displayed and inspectors saw a child friendly version of the complaints procedure displayed throughout the centre. Inspectors reviewed the complaints log and found that some children had made a complaint. Four complaints and one compliment were recorded in the complaints log. Complaints were appropriately responded to locally by staff members. The level of information recorded relating to the complaint had improved since the last inspection but not all outcomes or satisfaction of the complainant were recorded. In addition there was no nominated person to ensure that complaints were appropriately responded to and that records were appropriately maintained in line with the regulations.

Judgment:

Substantially 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:

At the time of the last inspection, contracts of care were not in place for children and families. Contracts were now in place for all children. However, these contracts were not signed by the provider, some were undated and others did not include the child's address. The contract did not reference whether any additional fees were to be charged.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

At the time of the last inspection, comprehensive assessments of need were not in place for all children. Personal plans were not adequately monitored to inform children's progress in identified areas of needs. While some improvements were made in monitoring children's progress, deficits continued in the assessment of children's needs and personal plans.

Inspectors found that children's needs were not comprehensively assessed. Assessments were completed through discussion between the keyworker and family members

regarding the child's needs in areas such as health, medical needs, mobility, communication and sleeping patterns. The staff team also requested reports from health professionals in order to inform these assessments. However, inspectors found that some of the recommendations outlined in professional reports were not always reflected in the child's assessment of need. As a result, arrangements were not put in place to meet these specific needs.

Personal plans were of a mixed quality and did not always provide sufficient guidance to staff. Personal plans identified the level of support required by each child in areas such as personal care, communication, behaviour that challenged, sleeping, mobilising, medical needs and other areas of support. There were some good quality plans available for individual children around specific care needs. Children's individual goals were monitored through staff recording when tasks were completed. Personal plan progress was also reviewed at supervision meetings between the key worker and the respite services manager. However, personal plans did not reflect all of the children's needs and the supports required to maximise the child's personal development.

Personal plans reviews were not multidisciplinary. Plans were reviewed annually, but these reviews did not include the child, as appropriate, their family or other relevant professionals. Reviews were completed by the child's keyworker. Personal plan reviews did not consistently assess the effectiveness of the previous plan and the progress of outcomes for children. The recommendations arising out of reviews were not recorded and so did not include any proposed changes, the rationale for the proposed change and the names of those responsible for pursuing objectives within agreed timescales. A copy of the up to date care plan was provided to parents but plans were not available in an accessible format for the child.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

At the time of the last inspection, not all areas in the centre were clean and there was not sufficient storage in place for equipment including hoists and assistive equipment.

Inspectors found that the cleanliness of the centre had improved since the last inspection. A cleaning programme was in place. Inspectors saw evidence that these systems were used and monitored by the respite service manager. Staff told inspectors of duties which included necessary cleaning.

Storage of equipment had been reviewed since the last inspection. Inspectors observed that there were a number of pieces of equipment stored in the bathroom but staff members said they were used regularly. In addition the hoist was stored in a bedroom. There were plans to get an additional shed to store equipment.

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:

At the time of the last inspection, not all hazards were identified in the centre. Fire safety, hot water temperatures and surface temperatures of radiator exceeded 43 Celsius and the accessibility of latex gloves throughout the centre posed a risk to children. Inspectors found that some actions were implemented since the previous inspection, but some areas required further improvement.

Risk management systems required improvement. The risk management policy had been updated to include learning from adverse and significant events but it did not provide sufficient guidance for staff on the arrangements in place. In addition the measures and actions in place to control accidental injury to residents, visitors or staff were not included. There was an updated risk register in the centre and while hazards were identified not all risks were graded appropriately. Inspectors found that on a couple of occasions fire doors did not close completely during a fire check which had also been found on the previous inspection. While this was identified on the risk register, it was rated as a low risk though it had reoccurred. This also reoccurred on the day of inspection as when the fire alarm was sounded on two occasions one fire door did not close completely. Staff called the relevant engineer and confirmation was provided to the Authority on the day after the inspection that the door was closing appropriately. A risk assessment had been completed for the regulation of hot water temperatures on the premises. The respite service manager ensured that water temperatures were monitored and recorded daily. Inspectors checked the temperature of water and it was within relevant norms and did not present as a risk. Inspectors found that some risks

did not have the identified control measures in place. For example, a risk identified on the risk register outlined that all windows required window restrictors to control the risk of children absconding. However, inspectors found that not all windows had window restrictors.

There were improvements in procedures in order to prevent and control healthcare associated infections. Sensor bins were in the centre to promote good hand hygiene and prevent cross infection though not all were operating effectively. Inspectors reviewed the clinical waste system in place for the appropriate disposal of clinical waste.

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:

At the time of the last inspection, restrictive practices were used for some children, but their use was not informed by an adequate risk assessment. In addition, there was no evidence that alternative measures were considered before a restrictive measure was used or that it was used for the shortest time possible. Not all staff were clear on the reporting procedures for child protection and welfare. The use of web connected devices were not adequately risk assessed. There were some improvements found since the last inspection but others actions remained outstanding.

On this inspection, restrictive practices were recorded and were reported to the Authority on a quarterly basis. There was evidence of risk assessments in place for restrictive practices. Inspectors saw evidence that restrictive practices were recommended for health and safety reasons by a health professional. However, there was a general risk assessment for the use of bed rails rather than based on individual children. It was not evident on children's files that other methods have been used prior to the use of restrictive practices to ensure the least restrictive practice was used.

All staff were clear on the reporting procedures within the service for child protection

and welfare concerns. All staff had received training in child protection. There were no child protection concerns since the last inspection.

There was a policy in place on the use of internet usage by the children. There was also a risk assessment in place for the use of internet and adequate controls were in place. Inspectors saw evidence on file that staff were appropriately monitoring children's internet usage with the consent of parents.

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:

At the time of the last inspection, a child protection concern had not been notified to the Authority. When inspectors brought this to the attention of the respite service manager the notification was sent to the Authority. There were no further child protection concerns since the last inspection. However, inspectors found that two minor injuries to children were not reported to the Authority on a quarterly basis in line with the regulations.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the time of the last inspection, there was insufficient focus on educational attainments in personal plans.

Inspectors found that there were some details recorded on children's education, for example when children required assistance with their homework. However, information recorded was minimal and did not provide adequate guidance to staff in relation to children's educational needs and goals.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

At the time of the last inspection, assessments of healthcare needs were not in place for all children and it was unclear what informed the personal plan in relation to the children's health needs. Food provided to children was not adequately recorded in order to determine its quality and adequacy to meet the nutritional needs of each child. Some improvements had occurred.

Inspectors found that children had access to health care services and appropriate treatment and therapies such as speech and language, physiotherapy, occupational therapy when required. There were also some individual treatment plans on children's files.

While there was a variety of food available to children, it was not always nutritious. Inspectors found that there was a record of food menus available to children and food was also recorded on children's daily logs. However, inspectors found that children's nutritional intake was not adequately monitored to ensure children received a balance diet while attending the centre.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

At the time of the last inspection, inspectors found that there was insufficient guidance available to staff for the disposal of medication, spilled or dropped medication and altering medication. Prescribed medication was not always administered at the prescribed time but the medication policy facilitated staff administering medication within one hour of the prescribed time.

Guidance had been improved for staff since the last inspection. The medication policy was reviewed and it provided guidance for staff in relation to disposal and altering medication, but it was not correctly dated to reflect this review. Staff described how the policy changed and were clear about the procedures. However, not all prescription sheets included the address of children.

Judgment:

Substantially Compliant

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):

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

Findings:

At the time of the last inspection, there had been no unannounced inspections to the centre within the previous six months and there was no report prepared on the safety

and quality of care and support provided. There were inadequate systems in place to monitor the quality and safety of care provided to children and there was no policy in place to support staff to raise concerns regarding the quality and safety of care provided to children.

Some improvements had been made in governance and management of the centre. The centre had an effective management structure and lines of accountability and authority were clear to all staff. The centre was managed by the respite service manager who was the designated person in charge. He reported to the director of services who in turn reported to a national director of services. The director of services had been appointed to the role six weeks previously. While the Authority had been notified of this change in management in line with the regulations, not all of the required paperwork had been received. The respite service manager managed the centre on a day to day basis and was responsible for the quality and safety of care provided to children. Staff were aware of their responsibilities, the relevant line structure and reporting mechanisms.

Inspectors found there was some improvement in quality management systems to ensure the service provided to children was safe, appropriate to children's need and effectively monitored. However, some actions were not satisfactorily implemented. A six monthly health and safety review was also completed from January 2014 to June 2014. There was a European Federation Quality Management (EFQM) national director review of the respite centre held in September 2015 which focussed on people results and key performance indicators for the centre. Areas reviewed included training, review of service provision and care plan reviews. While some recommendations were complete, the staff team are in the process of implementing other recommendations.

There were some monitoring systems in place to ensure the centre operated effectively. Systems included regular management meetings, reviews of incidents, team meetings and staff supervision. While team meetings and supervision made staff accountable for practice, there was not sufficient evidence of the manager's review of care files to ensure children's care was being monitored to ensure a quality service.

Monitoring of the quality and safety of care and support in line with the regulations was not always timely. There were two six monthly unannounced inspections carried out in the centre in November 2014 and July 2015. These visits made recommendations which were implemented by the staff team. The staff team were in the process of implementing recommendations made in the 2015 unannounced inspection. There was an annual review of the quality and safety of care in the centre for 2014. The annual report for July 2014 focussed on areas which were identified in the Authority's previous inspection. The report identified three actions, some of which were to be completed by end of 2015. However, children and parents were not consulted as part of this annual review in line with 23(e) of the Regulations. It was not evident that a copy of the review was made available to children or their representatives and inspectors did not observe the last report in the centre. No review for 2015 had taken place to date. Minutes of board meetings reflected that the board of directors were informed when unannounced visits took place.

However, inspectors found that there was minimal oversight of the implementation of the action plan from the last inspection. A number of the proposed actions from the

provider to address non compliance issues with the regulations had not been implemented in a timely manner and are included throughout this report.

A whistle blowing policy had been implemented since the last inspection to facilitate staff to raise concerns about the quality and safety of care and support provided to children. Staff were aware of this policy, however not all staff identified appropriate reporting procedures if they were concerned about the quality of care provided by the staff and management team.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

At the time of the last inspection, some staff files did not have all information required by Schedule 2 of the regulations. There was no formal training needs analysis. Supervision records did not adequately reflect accountability for the care and review of care practices. All actions were satisfactorily implemented.

All staff had up dated mandatory training. Inspectors found that a training needs analysis was in place for 2015. An updated training needs analysis for 2016 was provided to inspectors following the inspection. Training was also provided to meet the specific needs of children attending the service, for example, epilepsy awareness and safe administration of medication. The analysis also identified that training required among the team which included, pool safety, hand hygiene and nutrition.

Good quality supervision was in place that improved practice and accountability. On review of supervision files, it was evident that care practices were reviewed and staff were held accountable for practices. Staff told inspectors that they found supervision supportive and they discussed care practices and care plans in supervision. Inspectors also reviewed team meetings in which care practices were discussed following incidents.

Staff files were reviewed and were updated with all required information in line with Schedule 2 of the regulations.

The planned and actual staff rota was reviewed. Inspectors found that there was sufficient staffing to meet the needs of the children, the staff rota only included the first name of staff members.

Judgment:

Substantially Compliant

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):

Findings:

At the time of the last inspection, inspectors found that the residents guide did not set out the complaints process in sufficient detail nor did it set out the terms and conditions relating to residency or arrangements for visits. There were inadequate procedures in place in relation to access to education, training and development.

The residents guide was reviewed to reflect the terms and conditions of residency and arrangements for visits. The residents guide also provided information relating to the complaints process. However, it did not specify the complaints managers name and it identified that inspection reports could be found on the HIQA website. While HIQA publishes inspection reports on their website it does not publish the name of the centre to protect the vulnerability of the people living there and so families would not be able to identify the centre.

Judgment:

Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Caroline Browne
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 Enable Ireland Disability Services Limited
Centre ID:	OSV-0002038
Date of Inspection:	11 November 2015
Date of response:	

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:

The complaints manager did not record the outcome of the complaint or the complainant's satisfaction in the complaints log.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person

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

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:

The outcome/satisfaction of all complaints will be discussed between the PIC and Director of Service. This will then be documented fully in the complaints log

Proposed Timescale: 03/02/2016

Theme: Individualised Supports and Care

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

There was no nominated person to ensure that all complaints were appropriately responded to and records were maintained as required by the regulations.

2. Action Required:

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

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

The Director of Service assigned to the designated centre will be assigned the role of complaints review person to review all complaints received in the designated centre.

Proposed Timescale: 03/02/2016

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:

Contracts were not signed by the provider, some were undated and some did not include the child's address.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

All service contracts have been audited and any found unsigned, undated or missing addresses have been updated.

Proposed Timescale: 03/02/2016

Theme: Effective Services

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

The contract did not identify if any fees were applicable.

4. 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:

All contracts have been updated to state clearly that no fees are applicable.

Proposed Timescale: 03/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Children's assessments of need were not comprehensive.

5. Action Required:

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

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

Prior to each admission an assessment will be undertaken in conjunction with the multi-disciplinary team to review and update care plans if required.

Proposed Timescale: 01/02/2016

Theme: Effective Services

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

Personal plans were not available to children in an accessible format.

6. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

The Personal Plan format will be reviewed and Child friendly options will be available. These options will include the following,

- Child friendly Language &
- Pictorial representation

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The relevant professionals were not involved in the development of personal plans.

7. Action Required:

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

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

All personal plans will be reviewed based on the multi-disciplinary assessment undertaken at every admission.

Proposed Timescale: 01/02/2016

Theme: Effective Services

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

Personal plan reviews did not ensure the maximum participation of children, as appropriate, or their families.

8. Action Required:

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

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

A review of how children and their families participate in personal plans will be conducted. This review will address how best to evidence children's maximum participation in the personal planning process.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Personal plan reviews did not assess the effectiveness of the plan.

9. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

A review of the effectiveness of the plan following discharge of the children will be included as a standing item on the agenda of the weekly team meeting. Discussion will include reflective practice together with feed-back from children and/or carers/families.

Any matters arising will be discussed with the multi-disciplinary team, prior to next assessment for the child with a view to updating the personal care plan.

Proposed Timescale: 17/02/2016

Theme: Effective Services

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

The recommendations arising out of reviews were not recorded and so did not include any proposed changes, the rationale for the proposed change and the names of those responsible for pursuing objectives within agreed timescales.

10. Action Required:

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

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

Any changes that take place to a personal plan as a result of recommendations arising from an assessment review, will be recorded and signed on each personal plan, by the person/persons responsible for making the recommendations and will include the rationale for the proposed changes.

Proposed Timescale: 01/02/2016

Theme: Effective Services

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

Comprehensive assessments were not completed on an annual basis or more frequently to reflect changes in need.

11. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A full comprehensive assessment will be conducted on every child in receipt of service on an annual basis by the Multi-disciplinary team which will include the child, family, key worker and all relevant therapists involved in the care of the individual.

Prior to each admission the assessment form will be reviewed at the weekly multi-disciplinary meetings to ensure if any changes are needed to the personal care plans they will be updated prior to admission.

Proposed Timescale: 17/02/2016

Theme: Effective Services

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

Personal plans did not reflect all of the children's needs and the supports required to maximise the child's personal development.

12. Action Required:

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

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

A review of how children's needs are identified and the supports required to meet these needs will be conducted. It will establish a mechanism to ensure that,

- All children's needs are represented in the personal plan and
- Relevant supports are put in place to meet these needs.

Proposed Timescale: 31/03/2016

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 identified in the centre were appropriately rated on the risk register.

13. 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 risk register will be reviewed to ensure risks are appropriately rated.

Proposed Timescale: 20/01/2016

Theme: Effective Services

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

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

14. Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Risk Management Policy will be further developed to state measures and actions to control accidental injury to residents, visitors or staff.

Staff will be briefed on policy changes via team meetings

Proposed Timescale: 12/02/2016

Theme: Effective Services

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

Arrangements to identify learning from adverse and significant events were not adequately described in the policy.

15. 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:

Arrangements to identify the learning from adverse and significant events is included in the current Risk Management policy, this will be further described in this section of the

policy.

Staff will be briefed on policy changes via team meetings

Proposed Timescale: 12/02/2016

Theme: Effective Services

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

At the time of inspection, there were not effective fire safety management systems in place.

16. Action Required:

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

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

An authorised Service Engineer was engaged to rectify the problem with the fire doors identified during the inspection and was report was furnished to HIQA on November 12th 2015

All fire safety equipment is serviced and maintained, documentation is available to support evidence of service and maintenance, we are engaging the services of a fire safety officer to review the premises. Any issues identified in the report will be addressed.

All fire doors are reviewed prior to each admission and any issues identified are resolved at this stage. All incidents are risk assessed and recorded on the Risk Register for review by local and national management.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

Fire precautions in the centre were inadequate, as some fire doors did not close upon the sounding of the fire alarm.

17. Action Required:

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

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

An authorised Service Engineer was engaged to rectify the problem with the fire doors identified during the inspection and was report was furnished to HIQA on November

12th 2015

All fire doors are reviewed prior to each admission and any issues identified are resolved at this stage. All incidents are risk assessed and recorded on the Risk Register for review by local and national management.

Proposed Timescale:

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices used were not informed by an adequate risk assessment.

18. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

An assessment process is in place to inform the use of bed rails for each individual child and includes;

- The Enable Ireland Bed Rail assessment tool is completed, this tool indicates through a series of yes/no options whether the use of bed rails are advisable.
- An individual risk assessment illustrating the risk to the individual, if they fell from bed. This assessment indicates the risk rating, control measures and review date (a minimum of every six months).
- A clinical assessment is carried out outlining why the use of bed rails is necessary, this is assessed annually.
A rationale will be added to this process for each child demonstrating if any alternative measures were considered and for how long the bed rail is in place and this will be added to the file.

Proposed Timescale: 12/02/2016

Theme: Safe Services

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

It was not evident that alternative measures were considered before a restrictive procedure was used or that it was the least restrictive procedure for the shortest

duration necessary.

19. Action Required:

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

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

A rationale will be added to this process for each child demonstrating if any alternative measures were considered and for how long the bed rail is in place and this will be added to the file.

Proposed Timescale: 12/02/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Not all injuries were reported to the Authority on a quarterly basis in line with regulations.

20. Action Required:

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

A review of how notifications are processed and returned will be undertaken by the PIC and Director of Service.

This will include how 3 day and quarterly notifications are processed to ensure all appropriate notifications are reported.

Proposed Timescale: 31/01/2015

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:

There was insufficient focus on educational attainments in personal plans.

21. Action Required:

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

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

In relation to children attending our service during the week further information relating to educational attainment, required to be achieved during the respite break, will be sought, through liaising with Children, Families and the Individual Education Plan.

The relevant goals will be recorded in their personal plan.

The current Statement of Purpose will be amended to reflect this.

Proposed Timescale: 31/03/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Monitoring systems were not in place to ensure children received wholesome and nutritious food.

22. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

The designated centre has a policy for monitoring and documentation of nutritional intake which was reviewed in July 2015.

To further this work and to evidence the monitoring of nutritional intake the following will occur,

- A book of menu options will be pre prepared that offer nutritionally balanced options. At each meal two of these will be offered, should a child want something other than these planned meals, every reasonable effort will be made to accommodate their choice.
- Healthy meals will be actively promoted in the Respite users meeting.
- The daily meal journals will be reviewed by the PIC weekly, to ensure healthy and balanced diets are being offered.
- All staff will receive training in nutritional guidelines

Proposed Timescale: 31/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Prescription sheets did not include the address of the child.

23. 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:

Prescription sheets will be updated to include the address of the child. Enable Ireland Medication Management policy will be updated accordingly.

Proposed Timescale: 31/03/2016

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 annual review of the quality and safety of care and support was not made available to residents.

24. 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 annual review of the quality and safety of care and support will be placed at the front entrance and offered to families for review as well as discussed at team meetings.

Proposed Timescale: 03/02/2016

Theme: Leadership, Governance and Management

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

The 2014 annual review of quality and safety of care and support did not include consultation with the children and their representatives.

25. 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 future reviews will be informed by consultation with children and families. This consultation will be in the form of a questionnaire.

Proposed Timescale: 29/02/2016

Theme: Leadership, Governance and Management

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

Management systems were not always effective as the actions from the last inspection had not all been implemented in a timely manner.

Actions from other reviews were not always implemented in a timely manner.

Monitoring of the care and support provided to children was not embedded within the centre.

26. 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:

Action plans will be addressed locally and discussed at supervision meetings. The ongoing monitoring of the care and support provided to children will continue through six monthly unannounced inspections and the completion of annual reports.

In addition to enhance this monitoring regular review meetings will take place with the PIC and Director of Service to ensure ongoing monitoring of care and support to children. .

Annual Reports will be developed further to include the opinion and feedback of people who use our service.

Proposed Timescale: 29/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The roster only included the first name of the staff on duty.

27. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota,

showing staff on duty at any time during the day and night.

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

All future rosters will include the full name of staff.

Proposed Timescale: 03/02/2016

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 guide advised children and families to access the inspection report on HIQA website but as centres are not identified this was not an effective way for the inspection report to be made available.

28. Action Required:

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The Guide will be reviewed and amended to state that inspection reports will be available in the designated centre on request.

Proposed Timescale: 12/02/2016

Theme: Use of Information

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

The residents guide did not contain sufficient information relating to the complaints process.

29. Action Required:

Under Regulation 20 (2) (e) you are required to: Ensure that the guide prepared in respect of the designated centre includes the complaints procedure.

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

The residents guide will be reviewed and updated with further detail on the complaints process.

Proposed Timescale: 12/02/2016

