

**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 RehabCare
Centre ID:	OSV-0002645
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Rachael Thurlby
Lead inspector:	Una Coloe
Support inspector(s):	Maureen Burns Rees
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
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 1 day(s).

The inspection took place over the following dates and times

From: 17 November 2015 09:30 To: 17 November 2015 17:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out for the purposes of monitoring actions required from a registration inspection that was completed in February 2015. This centre was a designated centre for children with disabilities. The statement of purpose and function identified that the centre was a residential service that aimed to support children with disabilities, and their families through the provision of a 24 hour a day, 7 day a week residential care service. The maximum number of children that the centre could cater for was three. The centre was a spacious detached house, set on its own grounds, with landscaped gardens to the front and the rear, including a purpose built playground at the rear of the centre.

The inspection was unannounced and carried out over one day. As part of the inspection, inspectors observed the three children living in the centre and spoke with two social care workers, a social care team leader and the person in charge. The inspector also spoke with the regional manager following the inspection. Inspectors observed practices and reviewed documentation such as care files, risk management systems, the statement of purpose and policies and procedures.

At the time of the inspection three children lived in the centre on a permanent basis and attended a local specialist school. All three children were described by the person in charge as in need of a high level of support and care from the staff team.

The children were aged between 14 and 16 years of age.

This was a focused inspection to determine the progress made in relation to actions identified following the registration inspection. Although some progress had been made, deficits were identified and actions relating to these deficits are set out in the action plan at the end of this report. Further work was required to ensure children were consulted with effectively in how the centre was run and their views were not present in the annual review of the service. There was a significant reduction in the use of restrictive practices for some of the children but the review of such practices needed to be documented clearly in the children's files. One child remained inappropriately placed and although this was being addressed, sufficient progress had not been made to ensure the child was moved in accordance with the timelines provided to the Authority.

These and other findings are documented in the body of the 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:

Children, through their parents participated in decisions about their care however findings from the registration inspection completed in February 2015 outlined that the level of consultation and participation by children in the operation of the service required improvement. The action plan response documented that consultation with families and children occurred through quarterly review meetings and documented in individual action plans.

Documentary evidence to reflect consultation with children and families required improvement. Inspectors reviewed records of quarterly reviews and found that they were not consistently taking place every quarter and the children's family members were not always in attendance. There was no evidence in the files reviewed that the family members who had not attended were consulted with outside of the meeting or provided with copies of the records of the meetings.

Individual action plans were present in each child's file but there was little evidence that the families were consulted with, in their creation or advised of updates made to the plans. There were key worker reports on file which documented work completed with the children however there was no record to outline that the families were provided with this detail. The views of children and/or their families was not referenced in the annual review of the service completed in June 2015. This will be discussed further in outcome 14.

The person in charge told inspectors that children's meetings did not take place as the format would not be suitable for the cohort of children, however children were consulted

with through a pictorial exchange programme and in one case through a communication device. She also advised that methods to improve the consultation process with children was discussed during a staff planning day recently. This took place in September 2015 and the minutes of this meeting outlined that some discussions took place regarding consultation methods. The actions arising from this meeting included that consultation with young people required improvement and suggested methods included pictures, choice boards and visual schedules. Inspectors observed communication aids present in the centre and visual aids displayed in various rooms. Staff reported to inspectors that the use of visual aids had increased in the centre and this improved the participation of children in their day to day choices. Inspectors observed staff members offering choice to the children and interacted in a warm and respectful way with the children.

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:

A service agreement/contract of care was in place in the centre and they had been updated since the last inspection. Inspectors reviewed the contract for each child and found that improvements were made in line with the requirements of the action plan from the registration inspection. The reference to pocket money and requirement to pay for medical costs which were not covered by a medical card had been removed from the contract. However, the contract continued to outline that there was no requirement to contribute to household bills but this was subject to review. One of the children's contract of care had not been individualised according to their situation. The section which outlined their living environment required review to ensure it fully reflected their current living arrangement.

Judgment:

Substantially 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:

The design, layout and location of the centre was suitable for two of the children however the difficulties remained regarding the unsuitable placement for one child as outlined in the previous inspection report. The premises did not meet the needs of one of the children living at the centre and sufficient progress had not been made to ensure the child was moved to a suitable living environment. A new centre had been identified for this child however despite efforts from the centre manager, the situation remained unchanged and timelines provided to the Authority following the registration inspection were not on target.

Inspectors were provided with documentation to outline that an assessment was undertaken by an architect as to the suitability of the building and to identify the extent of the work required. However, the licensing agreement had not been signed and a number of actions were required before the child could be transferred. This would take significant time to complete. Inspectors were advised that a meeting was scheduled to progress the issue and inspectors viewed an email confirming this meeting for November 2015. Inspectors also viewed records and minutes of meetings where budgetary requirements for this move were discussed. Sufficient progress had not been made to ensure there was a safe and suitable home for the child and inspectors requested an update and specific timelines for the transfer of this child following the inspection.

The general up keep of the centre required attention. Inspectors observed hazards in the centre which are described further in outcome 7.

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):

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

Findings:

Improvements had been made, since the last inspection in relation to the monitoring of incidents and assessing of risk in the centre.

A number of hazards identified during a previous inspection had since been risk assessed with appropriate control measures put in place. These included specific individual risks to children and methods used for the management of behaviour that challenged. The centre's risk assessments had been reviewed in October 2015. Further risks identified during this inspection relating to infection control had not been risk assessed. These included maintenance issues in the building, such as broken floor tiles which impeded cleaning, chipped paint on the walls and some bathroom fixtures which were in a poor state of repair.

A new online system was implemented since the last inspection for the reporting and monitoring of incidents. Inspectors reviewed evidence that training was provided to the team in September on this new system. The person in charge advised that this system allowed for the trending and tracking of incidents and she said she planned to use this system to feed into the children's review meetings, although, this practice had not yet commenced. The system alerted the person in charge if an incident was not closed off or if there was an action outstanding. The person in charge had sent a report on incidents in the centre to the board which was confirmed in an email reviewed by inspectors. The person in charge advised inspectors that there had been a reduction in incidents which was confirmed when inspectors reviewed the documentation. All incidents were reviewed on a monthly basis through the health and safety department and a summary was provided to the centre to indicate the details of actions taken, the stage of the investigation and the risk rating.

Recommendations from a health and safety audit completed in 2014 had not been addressed during a previous inspection. Inspectors reviewed the progress made and found that the required actions from this audit had been completed. A similar audit for 2015 had not taken place. Window restrictors had been placed on all of the windows in the centre.

Fire safety precautions had improved. During the inspection of the premises, inspectors found that all means of escape were clearly identified and unobstructed. Fire doors were closed at all times as required. A key in a break glass system was not present in one child's bedroom. The personal emergency evacuation procedures for each child had been reviewed which documented clearly the procedure to follow in the event of a fire. All staff members had attended fire training in March 2015. Inspectors reviewed records of the maintenance of fire equipment which were up to date. Fire drills were completed on a regular basis and documented the staff and children that participated in the drill.

Judgment:

Substantially Compliant

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:

The registration inspection completed in February 2015 found deficits in relation to restrictive practices. There was insufficient evidence where restrictive procedures were used, the procedures were applied in accordance with national policy and evidence based practice. It was also found that there was insufficient evidence that all efforts were made to identify and alleviate the cause of children's challenging behaviour, that all alternative measures were considered before a restrictive procedure was used and the least restrictive procedure for the shortest duration necessary was used. Inspectors found that although improvements had been made, additional work was required to ensure the review of restrictive practices was documented adequately. Further improvements were required to ensure behaviour support plans were up to date and reflective of all of the work being completed with the children.

The restrictive practice policy and the behaviour support policy had not been finalised at the time of the inspection. This will be discussed in outcome 18. Staff reported that restrictive practices were used as a last resort and had good understanding of what restrictive practices were used in the centre.

Inspectors reviewed restrictive practices that were in use in the centre which included environmental and mechanical restraint. The action plan response from a previous inspection outlined that restrictive practices were reviewed monthly by a behavioural therapist and during quarterly committee review meetings where personnel from the service including the centre manager, regional manager and the behavioural therapist attended. Inspectors were provided with a summary of support provided by the behavioural therapist and this outlined that she visited the centre on a regular basis but documentation to evidence feedback from the behavioural therapist required improvement. The children's support plans were not consistently updated to reflect changes. Quarterly reviews for the children were not consistently completed however there was evidence that each child had at least one review since the previous inspection with additional reviews planned for December.

One child had been subject to environmental restraint on a regular basis during a

previous inspection. The action plan response provided by the centre stated that this practice had ceased however the Authority had been notified that this practice was required on four occasions since February 2015 to ensure the health and safety of the residents. Inspectors found that there was a significant reduction in the implementation of this practice in the centre. A number of behaviour management plans were introduced to support the staff in managing the behaviour of one child to ensure the effective de-escalation of behaviour without the need for a restrictive practice. Inspectors found that the information needed to be merged into one comprehensive plan, because although the guidance was detailed, there were five plans to guide the management of behaviour. The duration of the seclusion was not recorded on the incidents forms reviewed by inspectors and additional information was required to ensure the incident reports gave a detailed description of the event. There was an authorisation form signed by the centre manager and the regional manager which provided reassurance that they were aware of the practice and there was evidence in review meetings that the behaviour of the child was discussed at length.

There was an environmental restraint for one child living in the centre. This was highlighted during a previous inspection and the situation had not changed. There had been two review meetings for this child to review the situation and to discuss a plan to transfer the child from the service. There had been delays in moving this child to a new centre and the target dates as set out in the action plan from the previous inspection had not been met.

A comprehensive plan was put in place to reduce the need for the use of a mechanical restraint for one child. This was introduced in August 2015 but it was not reflected in the child's individual action plan which constituted the child's support plan. The person in charge and the social care leader advised that this was in the early stages of implementation. Inspectors were provided with copies of how the implementation of this plan was being monitored and they were forwarded to the behavioural therapist on a weekly basis. Feedback regarding this progress was not reflected in the child's file and the child's behaviour support plan was not updated to reflect the new approach. The manager told inspectors that this plan was used on a daily basis but this was not reflected clearly in the child's file.

Judgment:

Substantially 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):

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

implemented.

Findings:

Practices in the centre had improved following the last inspection and there were regular audits of medication taking place. Prescription sheets contained all of the required information but the administration sheets continued to have pre populated times.

The action plan response following the previous inspection outlined that monthly audits of medication would take place to ensure compliance with the centre's policy. Inspectors reviewed documentation to evidence that weekly audits of medication were taking place which were completed by a staff member and reviewed by the person in charge. Items covered during these audits included prescriptions, recording issues, administration and storage. The medication audit was discussed during one team meeting where it was highlighted that audits had commenced. No issues were identified in the sample of audits reviewed by the inspectors.

Inspectors reviewed the prescription sheets and found that they contained all of the required information and had improved since the previous inspection. However, the administration sheets continued to have pre populated times and there was a risk that medication was not administered as prescribed.

Inspectors reviewed the practice of the administration of a PRN (as required) medication in respect of one child. This medication was prescribed for use if the child had to undergo a procedure and inspectors reviewed two incidents where this medication was administered as prescribed and as required.

Judgment:

Substantially Compliant

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 was reviewed as required following the registration inspection carried out in February 2015. The reviewed statement of purpose met most of the requirements of Schedule 1 of the Regulations but further improvements were necessary. The statement of purpose did not set out the information contained on the

registration certificate. Some information specific to the children currently residing in the centre had not been omitted as required and a specific paragraph remained in the document which was more appropriate to a respite setting.

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:

An annual review was completed in June 2015 but some actions from the registration inspection completed in February had not been implemented. This included the involvement of the children and/or their families/representatives in the review of the service. The 2015 annual review was completed in June and a report and action plan was prepared following this review. Inspectors reviewed this and found that although attempts were made to consult with families through a questionnaire, this was not effective to ensure participation of the families. The person in charge advised that questionnaires were sent to the families, none, of which were returned to the service. Attempts to consult with families members through telephone conversations for example were not documented. The annual review had not taken account the views of children and it was recorded on the review that it was unrealistic to consult with the children due to their difficulties.

Unannounced visits to the designated centre by the registered provider, or a person nominated by the registered provider had not taken place. The action plan response provided following the registration inspection outlined that this had been completed in May but the person in charge told inspectors that this had been cancelled and verified this by providing inspectors with an email regarding the cancellation. The annual review made reference to this requirement however at the time of the inspection, this visit had not taken place.

There was a change to the management structure since the registration inspection. Inspectors met with a social care leader who commenced in the role in May 2015.

Inspectors found through interview that she was competent, knowledgeable about key pieces of legislation and the standards and had sufficient experience working in the disability sector. She supported the person in charge in the day to day management of the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The centre had the majority of policies in place as required by Schedule 5 during a previous inspection however some policies needed to be updated in line with the requirements of the Regulations.

The restrictive practices policy and the behaviour management policy were identified as requiring review and were due to have been implemented into practice. Neither of these policies had been implemented at the time of this inspection. The person in charge advised that both policies were due to be rolled out to the service and training provided to the staff within two weeks.

There was some centre specific information on admissions, transfers and discharges from the centre developed since the last inspection but this did not constitute a policy and required further work. It was in poster format and displayed in the centre but it did not outline specific details regarding such processes in the centre. The policy on monitoring and documentation of nutritional intake was in place.

The residents guide was updated in May 2015 and contained all of the required information.

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:

Una Coloe
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 RehabCare
Centre ID:	OSV-0002645
Date of Inspection:	17 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 level of consultation and participation of children or their representatives/family members in the operation of the service required improvement.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

Following the inspection in November the Person in Charge consulted with all of the families in relation to the quarterly review meetings and attendance of the families at these meetings. All of the families requested that instead of quarterly they would prefer if the meetings were held twice yearly with regular written updates provided to them in between meetings in relation to action plans and other updates, in addition to the ongoing communication that takes place. From the 1st January 2016 the service will provide written updates to all of the families in relation to the action plans and key worker updates on a monthly basis, the families will be requested to provide input which will be included in all planning for the following month. All families will be invited to attend two annual reviews, one in May and one in December where all communication over the previous six months will be discussed and agreed. The service will continue to use picture communication tools and aids to engage the service users in the day to day planning of the service.

Proposed Timescale: 11/01/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The service agreement/contract of care for one child was not individualised to ensure the child's living arrangement was clearly described. Although there was no requirement for the children to contribute to household bills, this was subject to review and remained on the contract.

2. 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:

The service agreement for the child identified has been updated to clearly describe the current living arrangement. The requirement for the children to contribute to household bills has now been removed from all of the contracts.

Proposed Timescale: 16/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

the following respect:

The premises did not meet the needs of one of the children living at the centre and sufficient progress had not been met to ensure the child was moved to a suitable living environment.

3. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The Person in Charge, the Regional Manager and the HSE are continuing to engage with all other relevant parties to ensure that the identified child is moved to a more suitable premises as soon as possible. The HSE have indicated that they will revert with confirmation in January 2016 that the identified option is suitable. When this confirmation is received, funding approved and the licence agreement has been signed the required works as outlined in the architects report can commence. All other required works will commence as part of a parallel process. An update will be provided to HIQA by the 8th January 2016 following ongoing scheduled discussions with the HSE and regular updates will be provided thereafter.

Proposed Timescale: 16/08/2016**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The general up keep of the centre required attention.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

A full maintenance review was completed in the first week of December 2015 and all identified works will be completed by the end of January 2016

Proposed Timescale: 31/01/2016**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 hazards in the centre were adequately identified, risk assessed and controlled.

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:

A risk assessment for the absence of a break glass unit in one room was completed on the 15/12/2015. All risk assessments relating to infection control in the centre were also updated on the 15/12/2015.

Proposed Timescale: 15/12/2015

Theme: Effective Services

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

The key for a break glass unit in one room was missing.

6. Action Required:

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

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

All keys for all break glass units are now in place in the centre.

Proposed Timescale: 15/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Documentation in the children's files required improvement to ensure reviews of restrictive practices were evidenced adequately. Improvements were also required to ensure that plans in place for the children were up to date and reflective of all of the work being completed. The duration of the seclusion was not recorded on the incidents forms reviewed by inspectors and additional information was required to ensure the incident reports gave a detailed description of the event.

7. 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:

All of the files are currently undergoing review to ensure that all of the required information is recorded accurately including all of the behaviour interventions in place to ensure that any restrictive practice used is only as a last resort. All of the behaviour management guidelines are currently being reviewed and a single overview document is being completed to incorporate all necessary interventions from all of the plans. A document which was developed by the Behaviour Therapist to record the times of any restrictive practice used has now been implemented. If it is necessary to employ any restrictive practice within the service this is reported internally through the incident reporting system and formally reviewed monthly by all parties using a newly developed review process. This review process will examine the restrictive practice used, the reasons for the use of the practice and timelines. It will also examine any necessary interventions which may be required to avoid the use of the practice in the future. These incidents will also be examined and discussed as part of the incident reviews at the team meetings. Restrictive practices used are also reported through the required external reporting mechanisms. All other incidents will be discussed using the new system to record track and trend any incidents that occur in the service. The person in charge will complete a comprehensive review of all incidents to ensure all information recorded is accurate and reflective of any incidents that occur.

Proposed Timescale: 31/01/2016

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:

Administration sheets contained pre populated times and there was a risk that medication would not be administered as prescribed.

8. 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:

New prescription sheets without pre populated times have been ordered from the printers. Once these have been delivered they will be rewritten by the GP and implemented in the service.

Proposed Timescale: 31/01/2016

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 contain all of the requirements as set out in Schedule 1 of the Regulations.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The statement of purpose and function for the centre is currently being reviewed, following the review the statement of purpose and function will set out all of the details contained on the registration certificate and all unnecessary information will be removed.

Proposed Timescale: 11/01/2016

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 did not involve consultation with children or their families.

10. 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:

The internal audit team has been advised of the requirement to consult with children and/or their families as part of their annual review of services.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

The registered provider, or a person nominated by the registered provider had not carried out an unannounced visit to the designated centre in 2015.

11. Action Required:

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

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

The Person-in-charge has been advised by the internal monitor team that an unannounced monitor visit will be undertaken by the end of January 2016. Also that a second unannounced visit, in compliance with regulations, will be undertaken before year end 2016.

Proposed Timescale: 31/01/2016

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 policy on restrictive practices and the policy on behaviours that challenge were in the process of review but had not been implemented in the service.

12. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Behaviour that Challenges policy has now been reviewed and will be issued to all services in January 2016. The policy on Restrictive Practices is under review and due for submission the General Management Team in January for approval in January 2016.

Proposed Timescale: 31/01/2016

Theme: Use of Information

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

A centre specific policy on admissions, transfers and discharges had not been devised.

13. 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:

The admissions, discharges and transfer guidelines specific to the centre are being reviewed and following this review they will contain more specific details regarding the processes in the centre.

Proposed Timescale: 31/01/2016