

**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 Health Service Executive
Centre ID:	OSV-0003375
Centre county:	Co. Dublin
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Paudie Galvin
Lead inspector:	Tom Flanagan
Support inspector(s):	Orla Murphy
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
02 December 2015 10:00	02 December 2015 19:30
03 December 2015 09:15	03 December 2015 16:30

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

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

Summary of findings from this inspection

This was the second inspection of the centre carried out by the Authority and it took place over two days. The centre, according to its statement of purpose, provided residential care for children with autism and autistic spectrum conditions.

Residential respite services were provided for approximately 60 children in total, all of whom were under the clinical care of the Health Service Executive (HSE) services in the Dublin Mid Leinster area. The service was provided in two separate units which were at a large geographical distance from each other at opposite sides of the city. One unit had capacity for five children and the other had capacity for four children. At the time of inspection there were four children receiving a service in each unit.

The children attended special schools in the Dublin area.

As part of this inspection, inspectors met with the children, the acting CNM3 who was the person in charge, the director of nursing, the CNM2, the CNM1, staff members, and two parents. Completed questionnaires were received from several children and parents. Inspectors also observed practices and reviewed the children's files and a range of documentation in the centre.

One unit accommodated a maximum of five children and the second unit had accommodated a maximum of four children. Inspectors found that the centre provided a child-centred service with an emphasis on effective child-friendly communication. The facilities in both units were appropriate to the children's needs and the environments were comfortable. The children presented as relaxed and happy and parents told inspectors that they felt their children were safe there. The personal plans were appropriate for children on respite and good quality care was delivered by a committed and skilled staff team in a consistent manner.

The acting CNM3 and the CNM2 provided good management and leadership to staff and there was evidence of good practice found in all the outcomes inspected.

Improvements were required in a number of areas: access to independent advocacy, oversight of the management of complaints, multidisciplinary input into the reviews of personal plans, fire safety records, access to training in the protection of children, recording and review of restrictive practices, notification of incidents to the Authority, monitoring of children's nutritional intake, prescription sheets, statement of purpose, supervision records, staff files, training, the directory of residents and the Resident's Guide.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

A child-centred service was provided to children. Their rights were respected and they were consulted in relation to their care. There was no access to independent advocacy. Complaints were welcomed and were well managed but some improvements were required.

Children were consulted appropriately about how the centre was run. Due to their needs, children were consulted in a one-to-one format as this was the most appropriate way of seeking each child's views. A number of parents told inspectors that their children were encouraged to exercise decision-making in relation to how the centre was run and inspectors found that staff sought to elicit children's preferences and choices as much as possible.

There was a policy and procedures for the management of complaints which was based on the HSE policy Your Service Your Say but adapted for the centre. Information provided to children and their parents on how to make a complaint was adequate and a child-friendly guide to making a complaint was available. There had been three complaints during the previous 12 months. These were well managed and the A/CNM3 and CNM2 maintained adequate records of the complaints, the action taken to investigate them and whether or not the complainant was satisfied. All complaints were resolved and there was evidence that some improvements were made for children as a result of the individual complaints. The director of nursing was the complaints officer and an appeals process was available. However, there was no nominated person to oversee the complaints process and ensure that all complaints were dealt with. The details of complaints were maintained individually in children's files and there was no overall log of complaints which meant that it would be difficult to identify trends over

time.

Some children had the support of people external to the centre to advocate on their behalf. The parents of children were fully involved in decisions about their care and were encouraged to make their views known. However, there was no facility for access to an independent advocate should they require one.

Inspectors observed that staff treated children very warmly and with respect. Children presented at ease with staff and in the centre. The needs of individual children were taken into account when planning the respite breaks. For example, if a child needed to be in the centre with no other children present for whatever reason, this was facilitated and adequate staffing was provided. Children were facilitated to have freedom of movement within the centre and children were allowed use the computer in the staff office on occasions.

There was a policy on the provision of intimate care and each child had an intimate care plan. Staff provided such care in a way that safeguarded the dignity of children and they encouraged children to maintain their own privacy and dignity. Staff also knocked on bedroom doors before they entered.

Children were supported to maximise their independence. This was reflected in their personal goals and some parents told inspectors that their children had made great progress and become more independent since coming to the centre. For example, children were encouraged to take part in household tasks such as setting the table and washing up. They were also assisted to take as much responsibility as possible for their personal care and to develop their communication skills.

Children's monies and possessions were well managed. There was a policy on personal property, possessions and finances and a record of children's possessions were maintained. Staff kept individual records for the money that each child brought to the centre. They recorded any money spent by or on behalf of the child and retained the receipts. The receipts were then given to the children's parents at the end of the respite stay. There was sufficient and suitable storage for children's clothes and possessions in their rooms.

There were adequate facilities for indoor and outdoor play. Each unit had dedicated spaces within the premises for activities. There were stocks of books, games and DVDs. There was also access to a computer and internet access in each unit. Outdoor activities in both units were generally limited to swings, trampoline, go-carts and water/sand play but records showed that children took part in other outdoor activities such as walks on beaches or parks or in activities such as bowling. Children were able to take part in activities similar to their peers by being away from home for short breaks and spending time with friends.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The communication needs of children were met and inspectors found examples of very good communication with children using a variety of methods.

There was a policy on communication which provided clear guidance to staff and which was seen to be implemented. All of the permanent staff members had received training in communication with children using either picture exchange systems or a recognised form of sign language.

Each child had a communications passport in which their strengths and abilities in the area of communication were outlined. This also provided guidance to staff about how the child wished staff to communicate with him/her. Staff demonstrated their awareness of the children's communication needs and told inspectors how they responded to the particular communications needs of different children. Children had assessments and input from speech and language therapists when this was needed and the children's communication needs and care plans in relation to these were reflected in their personal plans.

It was the policy of the centre to provide all information to children in formats that were accessible and child-friendly and this was implemented in practice. Documents such as personal plans, consent forms and personal evacuation plans were available in pictorial format. Staff had created social stories for children on fire drills and on the visit by inspectors, for example. The photos of staff on duty were displayed as were the photos of children using the centre at the time. There were also choice boards, visual schedules and the personal daily routines of individual children in pictorial format.

Children had access to radio, television, books and music systems in both units. Internet access was available to and used by the children and this access was seen to be subject to supervision by staff. When children were able to use other technological appliances they were facilitated and assisted to use them.

Judgment:

Compliant

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

Residents are supported to develop and maintain personal relationships and links with

the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The admission of children to the centre was in line with the statement of purpose and all children had suitable contracts for the provision of services.

There were policies and procedures in place for the admission, transfer and discharge of children and inspectors found that admissions to the service were in line with these. A detailed application was completed for each child to be admitted. This contained an assessment of the child's needs and reports from specialist services were also submitted where relevant. Inspectors found that careful consideration was given to matching children and groups of children were admitted for respite based on compatibility in terms of age, interests and abilities.

Each child had a contract for the provision of services which met the requirements of the regulations. These were signed by the children's parents and by a representative of the service. Parents were given copies of the contracts

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The admission of children to the centre was in line with the statement of purpose and all children had suitable contracts for the provision of services.

There were policies and procedures in place for the admission, transfer and discharge of children and inspectors found that admissions to the service were in line with these. A detailed application was completed for each child to be admitted. This contained an

assessment of the child's needs and reports from specialist services were also submitted where relevant. Inspectors found that careful consideration was given to matching children and groups of children were admitted for respite based on compatibility in terms of age, interests and abilities.

Each child had a contract for the provision of services which met the requirements of the regulations. These were signed by the children's parents and by a representative of the service. Parents were given copies of the contracts.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

The needs of children were assessed and were outlined in their personal plans. The children's goals were realistic and were implemented. The outcomes for children improved as a result. Children and their parents were involved in the development and review of the plans but members of the multidisciplinary team were not generally invited to contribute to the reviews.

Prior to admission, the respite coordinator ensured that the centre had sufficient information on each child to be admitted. A detailed application form set out the child's abilities and needs and any reports that were available following specialist assessments of the child were also submitted.

Following admission, staff carried out their own assessment of the child's needs and developed care plans for the child. These ensured that all staff were made aware of any area in which the child required support and how that support should be delivered. Inspectors viewed a sample of personal plans and children's files in both units. The plans reflected the children's needs and set out the supports required to meet those needs. Both the children and their parents were involved in the development of the plans which were reviewed annually or more often if required. Child-friendly versions of

the plans were also in place. However, there was little evidence that members of the multidisciplinary team were invited to contribute to the review of personal plans.

The outcomes for children were evaluated and demonstrated that their goals were implemented. The evaluations were updated approximately every six months and they documented progress that the children had made in achieving some of their goals. Parents told inspectors that the work carried out by staff had contributed hugely to positive developments in their children's skills and abilities.

There was a detailed policy on transitions and discharge and inspectors found that children were supported in transition between services. While not all children who were approaching the age of 18 years were assured of a placement in an adult respite service due to waiting lists that were in operation, each child was supported by a transition plan which was designed to support them and their parents with this move. For some children this meant that they focussed on practical daily living skills such as setting the table, getting their breakfast, making their bed and paying for items in a shop. For others, the focus was on the development of emotional skills so that they were better equipped to deal with relationships.

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):

No actions were required from the previous inspection.

Findings:

The design and layout of the two units were in line with the statement of purpose and were suitable for the purpose of residential respite care.

One unit was a detached two-storey house which was located in a quiet suburban area. There were five bedrooms, four of which had en suite shower, toilet and wash hand basin facilities and one of which had en suite toilet and bath. There was a large well-equipped kitchen, two sitting rooms and an activities room. There was also a large staff office. There was a utility room and sufficient storage facilities. The premises had a secure gate and parking facilities to the front. There was a large garden to the rear. The unit was clean, comfortable and well maintained. There was adequate light and heat.

The second unit was also a two-storey house but was located in a busy suburban estate. There were four bedrooms, one of which had en suite shower, toilet and wash hand basin facilities. There was an upstairs bathroom which had toilet, shower, bath and wash hand basin facilities. There was also a toilet downstairs. There was a well-equipped kitchen, a dining area, a sitting room, a play room and a multi-sensory room. There was a laundry room and storage facility to the rear of the premises. There was a small secure back garden which was tiled with rubber tiles and which had two swings. There was also a staff office upstairs. The premises was also clean and had adequate light and heat. It was comfortable and well maintained.

The units were free of hazards that could cause injury. Both units were close to public transport and to shops and other community facilities. Neither of the units was wheelchair accessible or suitable for children with mobility difficulties but the person in charge told inspectors that none of the children using the centre had mobility difficulties. Neither of the units had assistive equipment but none was required for the cohort of children using the service.

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):

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

Findings:

The health and safety of children, visitors and staff was promoted and protected. Fire safety precautions were in place but some of the fire safety records were incomplete.

There were site-specific safety statements in place for each unit. These had been reviewed during 2015 and had been signed as read and understood by all staff members. The safety statements were accompanied by lists of hazards in each unit and these had all been risk assessed. A health and safety audit was undertaken in February 2015 and there was evidence that learning from this audit was implemented.

There was an infection control policy in place. Each unit had dedicated household staff who undertook cooking and cleaning duties and had a role in identifying any hazards in the units. Both units were clean and appropriate infection control measures were in place. There was an adequate number of cleaning materials such as mops that were clearly marked for use in different locations in the premises. Hand gels and paper towels were provided in communal bathrooms and toilets. Hand washing instructions were on display in both units for children and staff. Personal protective equipment such as gloves

and aprons was available for staff. No clinical waste was generated in either unit. All staff had been trained in manual handling.

The centre used the HSE risk management framework for the management of risk. A local risk management policy had been reviewed since the previous inspection and it was adequate. It set out the risk management framework including the roles and responsibilities of the managers and staff and how to identify, assess and record risks. It also set out the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events and it included the measures and actions in place to control the risks specified in the regulations.

A risk register was maintained in each unit. There were clear criteria in place for risks to be escalated to senior managers when they could not be managed in the unit. The risk registers contained detailed risk assessments in relation to individual children and also risk assessments in relation to the overall service.

Accidents and incidents were documented appropriately and completed incident forms were sent to line managers and to HSE administration. All accidents and incidents were reviewed monthly. While risks were reviewed on a continuous basis, a yearly health and safety audit was carried out and medication errors were reviewed regularly as part of medication audits. Records showed that action plans were put in place following audits and learning from these were implemented.

There were a number of fire precautions in each unit. Fire fighting equipment was in place and was serviced annually. The fire alarms and emergency lighting were serviced every quarter. Emergency exits were clear of obstruction. Staff received annual training in fire safety and were knowledgeable about what to do in the event of a fire. Fire instructions were clearly displayed and there were child-friendly notices of what to do in the event of a fire. There were break glass panels by the doors which contained the door keys and all staff carried door keys as well. The needs of individual children were taken into account and staff had prepared a social story for the children to explain the process of evacuation in the event of a fire. A fire evacuation kit was available in each unit. There was an emergency plan and arrangements were in place to relocate children if necessary. The fire alarm was tested weekly and daily checks were carried out in both units on a range of fire safety procedures. Fire drills were carried out regularly and the records of these were generally adequate. However, in one of the units the weekly fire safety checklist was not completed in full. The record of fire drills did not always contain the names of and the number of staff who took part in fire drills. This meant that it was not possible to determine over time that all staff had taken part in fire drills.

A fire safety risk assessment of each unit was carried out by a fire safety consultant in June 2015 and the reports of these assessments listed a number of high priority actions to be completed. Inspectors observed that fire safety works had been carried out in both units and that several of the recommendations had been implemented. At the time of inspection there was no certificate to show that the works were complete but the provider subsequently submitted certification which stated that high priority actions had been completed and that both units were substantially compliant with the relevant fire safety legislation.

Vehicles were available in each unit. Staff carried out weekly checks and the vehicles were serviced regularly. They were also taxed and insured. Each vehicle contained an emergency kit and a fire extinguisher.

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):

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

Findings:

Measures to safeguard and protect children were satisfactory. However some staff had not received training in Children First: National Guidance on the Protection and Welfare of Children (2011) and some restrictive practices were not recorded in the restrictive practices log.

There were policies and procedures in place for child protection and safeguarding. These had had been revised since the previous inspection and met the requirements of Children First (2011). Staff who were interviewed were knowledgeable regarding the signs and symptoms of abuse. They were confident that they could report any concerns they had and they knew who the designated liaison person (DLP) was. There was also a policy on protected disclosures in place. While the majority of staff had received training in Children First (2011), the acting CNM3 told inspectors that agency staff and a member of household staff had not been facilitated to access the training provided.

One child protection concern had been notified to the Authority since the previous inspection. Inspectors found that the allegation had been reported to the DLP and dealt with appropriately.

Inspectors observed the interactions between staff and children and found that staff were warm and respectful towards the children. Parents told inspectors that staff showed great sensitivity to the children's needs and that their children felt safe in the centre.

There were various safeguarding measures in place to protect children. Inspectors found

that it was the policy and practice in the centre to keep parents informed of all incidents involving their children. A record was maintained of all visitors and any contractors working in the centre were supervised by staff. The acting CNM3 told inspectors that all staff were subject to vetting by An Garda Síochána. Records of this vetting were maintained for all permanent staff and assurances to this effect were provided by an agency for relief staff. There was a policy on a child going missing which contained good guidance for staff. There was a policy of the provision of intimate care and detailed intimate care plans for the children.

There was a policy on behaviour support and staff were trained in managing behaviour that challenges. Records showed that, when a child demonstrated behaviour that challenged, this was well managed by staff. Efforts were made to identify and alleviate any underlying causes of behaviour that challenges and behaviour support plans were used to good effect. Interventions that were used were monitored and evaluated.

There was a policy and procedures in place on the use of restrictive procedures and restraint and staff were trained in its implementation. There was no evidence of restraint being used in the centre and restrictive procedures were kept to a minimum. For example, the kitchen in one of the units was locked on occasion. There was a clear rationale for this and it was recorded as a restrictive practice. It was risk assessed and monitored and the impact on other children was taken into account. There were two incidences in 2015 of medication being used to manage behaviour that was challenging and these were in line with protocols for the children concerned. There were other restrictive measures taken to protect children. These included the locking of the front and back doors and the locking of children's bedroom windows while they were in the centre. These practices were risk assessed and staff retained the keys to the doors and windows. However, these were not recorded in the restrictive practices log. They were also not reviewed regularly as restrictive practices to ensure that their use was warranted or that alternatives were not possible.

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and the acting CNM3 and the director of nursing were knowledgeable on how to report any notifiable events to

the Authority.

Quarterly and three-day notifications were made to the Authority in a timely way in accordance with the timeframes outlined in the regulations. However, not all restrictive practices were notified to the Authority as outlined under Outcome 8.

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):

No actions were required from the previous inspection.

Findings:

Children's participation in the education system was valued and supported and they were given opportunities to socialise with their peers.

The children who used the service attended schools in the Dublin City or greater Dublin area. The majority of children using one of the respite units attended two special schools in the area and were provided with transport to and from school. However, there were children from over a dozen schools attending the other respite unit and many of these children had to rely on their parents to transport them between the unit and the schools they attended.

Inspectors found that copies of the children's individual educational plans were maintained on their files and both parents and staff told inspectors that the goals that the children were working on at school were also addressed in the centre. Staff also supported children to do homework if they were given any.

Parents told inspectors that their children enjoyed spending time in the centre with their friends and that they took part in activities both inside and outside the centre. Some children who completed questionnaires confirmed this. Inspectors observed that children were active together in the early evening following their return from school and then left the centre with staff for an outing and a meal out. Records showed that involvement in activities external to the centre played a key part in the children's respite breaks.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children's health needs were assessed and addressed. However, the access that some children were given to fast food during their respite stays needed to be monitored.

The service provided was a nurse-led service and children had their health and medical needs assessed and addressed. A detailed assessment of each child's health and medical needs was maintained in their file. Children's medical background information was available and inspectors found that there was information available in relation to children's allergies and immunisations. There was good monitoring of children's health needs. Staff carried out regular checks on children's weight, sleeping patterns and children with conditions such as epilepsy were carefully monitored. Children had their own general practitioners and access to members of the multidisciplinary team in the organisation.

As children lived at home and were cared for by their parents, appointments with professionals such as dentist, dietician, speech and language therapist, psychologist and psychiatrist were arranged and facilitated by the parents.

When a child required emergency medication to be available, this was maintained in the centre and staff were careful to bring this with them on trips out of the centre. Staff were trained in the administration of emergency medication.

Children's nutritional needs were assessed. Children were encouraged to engage in exercise and walks on beaches or in parks were organised. Menus were planned according to children's preferences and the food and drink consumed by the children was recorded. The meals provided in the centre were nutritious and children had access to healthy snacks. Some of the children enjoyed assisting staff with cooking and baking. However, inspectors noted that some children ate in fast-food restaurants on subsequent evenings during their respite breaks. This was discussed with the director of nursing and acting CNM3 as it needed to be monitored to ensure that it was not over used as an option for some children.

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):

No actions were required from the previous inspection.

Findings:

Children were protected by safe medication management policies and practices. However, the prescription sheets did not contain the addresses of children and not all contained photographs of the children.

The policies and procedures for medication management had been reviewed in 2015 and were comprehensive.

Medications were stored in accordance with regulations and the keys to the medication press were carried on the person of a registered nurse on duty at all times. Out of date or medication to be returned to the pharmacy were identified and stored securely and kept separately from medication that was in current use. Systems were in place for medications to be counted at the beginning and end of respite breaks and also at the times of administration.

Prescription sheets were written by the children's general practitioners (GPs) and supplied to the centre by the children's parents. These were then transcribed by a consultant or registrar. Prescription sheets contained all the required information except the addresses of the children and a photograph in the case of one child. Both nursing and care staff administered medication. Nurses received regular updates on their core training and care staff were also trained in the safe administration of medication.

Children had individual medication plans which were detailed in the case of some children whose needs were complex PRN (as required) medications were appropriately managed. Protocols for their use were in place and were implemented. PRN medication was used twice as a form of restraint and on each occasion it was used in accordance with the protocols in place.

Systems were in place for medication errors to be recorded and reviewed. Audits of medication management were carried out twice in 2015 and there was evidence of learning from these.

Children did not administer their own medications as they were assessed as not being able to assume responsibility for this.

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, which was dated November 2015, had been reviewed and updated since the previous inspection. The centre’s practices and services were accurately described. However, the revised statement of purpose did not contain all the information required under Schedule 1. The admission criteria were not clearly outlined. It stated that children up to 18 years are admitted but did not make clear that children are grouped or matched on respite stays. The arrangements for dealing with complaints was not explained in sufficient detail and the arrangements for contact between a child and his/her social worker were not included. Neither of the two units were accessible for children who were wheelchair users or for children with mobility difficulties and this was not referred to in the statement. There was also some inaccuracies in the numbers given for full-time equivalent staff.

Staff interviewed by the inspectors were familiar with the purpose and function of the centre and inspectors found that the statement of purpose was implemented in the centre.

A more accessible copy of the statement of purpose was available to children and their representatives.

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:

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

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

Findings:

There was an effective management system in place to promote the delivery of a safe, quality service which was appropriate to the children's needs.

There was a clear management structure with defined lines of authority and accountability. Care staff, household staff and nursing staff in one unit reported to the acting CNM3. In the second unit staff reported to the CNM2. The CNM2 reported to the acting CNM3, who was the person in charge and, in turn, reported to the director of nursing. The director of nursing reported to the area manager in the HSE Dublin Mid-Leinster area. The service was part of a dedicated HSE Intellectual Disability Services and was under the clinical governance of the management team of this service. This team comprised the heads of discipline in psychiatry, social work, occupational therapy, psychology, speech and language therapy and nursing and a respite coordinator.

The acting CNM3 was suitably qualified and had extensive experience in the area of autism. Although the two units were located at opposite ends of the city, the acting CNM3 was fully engaged in the operational management and administration of both units. She was the day-to-day manager of one unit and maintained close communication with the CNM2 who managed the second unit. She ensured the effective governance of both units which provided similar levels of quality care. Apart from an annual health and safety audit, the acting CNM3 ensured that audits of the personal plans and of the medication management system were undertaken two to three times per year. The acting CNM3 and CNM2 were very familiar with the children and there was evidence that they read the daily reports written by staff. The acting CNM3 was also committed to her own professional development. Apart from participating in the training provided to staff, the acting CNM3 and CNM2 were also undertaking an accredited management course at the time of inspection. When interviewed, both the acting CNM3 and CNM2 were knowledgeable about the regulations and the responsibilities of the person in charge under the Act.

There were a number of supports in place for the acting CNM3. Each month there was a management meeting attended by the director of nursing, the acting CNM3 and the CNM2. The agendas for these meetings included administrative issues, staffing, incidents and risk, health and safety, and issues involving specific children. The director of nursing also visited the units regularly and maintained oversight of the service by meeting the acting CNM3 weekly to discuss staffing and policy implementation. Accidents and incidents were also monitored through the HSE risk management system and arrangements were in place for investigations to be carried out if required. There was an on-call service which meant that a manager was accessible at any time outside of usual working hours. The acting CNM3 and CNM2 also met with the respite coordinator approximately every six weeks to discuss referrals and discharges.

The managers of the service were committed to the improvement of the service. They

promoted a culture of learning and action plans that arose from the previous inspection by the Authority and from unannounced visits to the centre were developed and implemented. Since the previous inspection, the provider ensured that written reports were produced following the unannounced visits to the centre every six months. The reports were also produced in a child-friendly format available to children and their parents. They highlighted the strengths of the service and areas where improvement was required. They included action plans to address any identified deficits and there was evidence that improvements were made as a result.

An annual report on the quality and safety of care and support in the centre was produced for 2014 and was of good quality. The report for 2015 was in preparation at the time of inspection. There was good consultation with the parents of children availing of the respite service. Apart from extensive informal communication which took place between staff and parents, the unit managers sent a detailed survey to parents seeking their views of the service and suggestions for improvement. Following analysis of the responses, the acting CNM3 and CNM2 wrote to the parents, outlining the issues that arose and giving a considered response to each.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of the services they delivered. New staff were subject to a probationary period and regular appraisals. Records showed that issues that arose in relation to a staff member's performance were addressed by the person in charge. Staff meetings took place in each unit approximately every two months and a wide range of issues, including policies and procedures, care practices, governance issues and issues relating to specific children, were discussed. Staff who were interviewed demonstrated knowledge of the purpose and function and the policies and procedures of the centre. The organisation had a policy on protected disclosure and staff demonstrated familiarity with this.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The acting CNM3 and the director of nursing were aware of the requirement to notify the Authority in the event of the absence of the person in charge for a specified period.

There have been no notifications regarding the absence of the person in charge to date.

Arrangements were in place for a CNM2 to assume the role of person in charge should the person in charge be absent for a short period. Inspectors interviewed the CNM2 who was suitably qualified, experienced and knowledgeable to take on the role.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The centre was sufficiently resourced to ensure that care and support was effectively delivered to children in line with the statement of purpose.

The facilities available in the centre were of a good standard and children had access to adequate space both inside and outside the centre. They also had access to a range of resources such as toys and games, garden furniture and play equipment.

Staffing resources were adequate and the acting CNM3 ensured that the centre was staffed to suit the individual needs of children. Financial systems were in place to ensure that there was access to adequate funding and that all financial outlay in the centre was monitored and audited. When significant financial resources were required for remedial works such as the upgrading of fire safety systems, this was provided.

As children attended school during the weekdays, activities and outings took place after school and at weekends. In order to facilitate this, both units of the centre had access to suitable vehicles to facilitate outings for the children.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were sufficient staff on duty to meet the needs of the children. Staff were skilled and provided a child-friendly service. All permanent nursing and care staff were trained and supervised. However, not all permanent and relief staff were trained in Children First (2011) and the quality of supervision records required improvement. The information and documents required under Schedule 2 were not available for relief staff.

The service was nurse-led and the staff team comprised nurses, care staff and household staff. Staff were qualified and many of the staff were very experienced in the provision of the service. A number of relief staff were used to fill vacancies and the provider sought to ensure consistency of staffing by arranging for four relief staff to have six-month contracts.

A staff rota was prepared in advance and this took account of the support needs of each child. The rotas for each unit were prepared by the acting CNM3 and the CNM2, respectively. The acting CNM3 and the CNM2 worked Mondays to Fridays. There were usually two staff providing care for the children in each unit during the day and two waking staff in each unit at night. The acting CNM3 told inspectors that, on occasions and in response to their individual needs, children were admitted to respite on their own. Records showed this to be the case and adequate staffing was in place to meet their needs.

Inspectors observed that staff treated children with warmth and affection and parents told inspectors that their children loved coming to the centre and that staff were very caring towards them.

Inspectors viewed a sample of four files of permanent staff. The files were well organised and each file contained all the documents and information specified in Schedule 2 of the regulations. However, the information and documents specified in Schedule 2 were not available for relief staff. The acting CNM3 told inspectors that the recruitment agency that supplied the staff obtained the necessary information and documents and provided a letter of assurance to the acting CNM3 that they were in place but copies of these were not available to the acting CNM3.

The acting CNM3 maintained an overview of the training needs of all permanent nursing and care staff and ensured that were provided with regular training. Records showed that they had received training in Children First (2011), manual handling, fire safety, behaviour that is challenging, cardiopulmonary resuscitation and infection prevention

and control. Nursing and care staff received training in the management of medicines. These staff had also received training in the use of a picture exchange system and a recognised form of sign language. However, training records were not maintained for relief staff, some of whom were on medium-term contracts in the centre. The acting CNM3 told inspectors that some of the relief staff did not have training in Children First (2011) and that she could not access training for them in the organisation as they were not permanent members of staff. Neither could she access training in Children First (2011) for a member of household staff. This issue is subject to an action under outcome 8.

Since the previous inspection, a system had been put in place to ensure that permanent nursing and care staff received supervision on a regular basis from trained supervisors. The acting CNM3 carried out an audit of supervision in October 2015 and this showed that staff received supervision every four to eight weeks. Inspectors viewed a sample of four supervision files. The records showed that substantial issues were discussed but there was little detail on decisions taken. When actions were agreed there was an absence of dates by which the actions should be carried out. This, coupled with the fact that a number of staff received supervision from supervisors who worked outside of the service, meant that there was not full accountability in relation to the follow up on those decisions.

No volunteers worked in 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):

No actions were required from the previous inspection.

Findings:

The policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely. The records maintained in both units were accurate and up to date. However, the Resident's Guide and the

directory of residents did not contain all the required information.

Records viewed by inspectors were generally complete, up-to-date and well maintained. However, there were some gaps in record keeping. A directory of children was maintained in each unit but these did not contain all the information specified in Schedule 3.

The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage space in the centre for archived files.

All the policies and procedures required by the regulations had been reviewed and updated in 2015 and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them.

A child-friendly Resident's Guide had also been developed. However, it did not contain the arrangements for accessing previous reports of inspections in the centre.

Inspectors viewed correspondence which confirmed that the centre was insured under the auspices of the State Claims Agency.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0003375
Date of Inspection:	02 December 2015
Date of response:	08 February 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children had no access to independent advocacy services.

1. Action Required:

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

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

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

The provider will ensure that an independent advocate:

- Is available to advocate on behalf of the young person.
- The independent advocate will be included into the young person's visual Services Guide and easy read Complaint Procedure.
- A photo and contact detail of the independent advocate will be on display in Farmleigh and Liffey Vale.
- Parents will be notified of the independent advocate.

Proposed Timescale: 29/03/2016

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 oversee the complaints process and ensure that all complaints were appropriately responded to.

There was no overall log of complaints.

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:

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

The Provider has mandated that the Person in Charge and in her absence the Deputy PIC is available to residents to ensure all complaints are appropriately responded to including records maintained by the Complaints Officer under regulation 34 (2)(f)

- The persons responsible for ensuring that all complaints are appropriately responded to as per policy and Complaints Officer notified are the CNM11 and A/CNM111.
- A log book has been set up to log any complaints made and the outcome of the complaint.
- Individual complaint form will be retained in young person's personal file.
- A photo of the local named Complaints respondent will be on display in both respite units.

Proposed Timescale: 27/01/2016

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:

Members of the multidisciplinary team were not generally invited to contribute to the reviews of personal plans.

3. 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:

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

The person in charge will:

- Present individual Personal Plans to the Heads of Multi Disciplinary Team on a 6mthly basis, to review and contribute to the planning process.
- Individual referrals may be referred to appropriate Disciplines for further intervention if necessary in consultation with parents.
- Respite Review meeting will be arranged at least annually with respite unit staff, young person's parents, social worker and appropriate Multi-disciplinary team members to discuss young person's progress and future planning.

Proposed Timescale: 21/04/2016

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:

The weekly fire safety checklist was not completed in full in one of the units.

4. Action Required:

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

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

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

The Provider will ensure that all fire check lists are completed and:

- Weekly fire check record and Daily fire check Record are completed.
- Updated weekly recording sheet has been included in the Fire Check Folder.

Proposed Timescale: 11/12/2015

Theme: Effective Services

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

The record of fire drills in one unit did not always contain the names of and the number of staff who took part in fire drills.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The provider will ensure that review and recording of fire drill checklist will include:

- Name of staff and young people participating in Fire Drill are to be included in the Fire Drill check list.
- An audit of participation by all staff in Fire Drill will be carried out by the Person in Charge biannually.
- This has been addressed in staff meeting (19/1/16)

Proposed Timescale: 10/02/2016

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:

Not all restrictive practices were logged in the restrictive practices log and reviewed in accordance with national policies.

6. 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:

The person in charge will:

- Review on a quarterly basis, the need for locking of external doors and windows and document in Restrictive Practice Book.
- Risk assess the practice of locking doors, and windows and how this impacts on the physical environment of the respite home and its occupants.
- Include in writing, in the Day and Night routine list the need for staff to check windows and doors are secure when they arrive on duty prior to young people attending for respite.
- Staff to record and sign in "Preparation for Respite Folder" when windows are opened and secured prior to young persons arriving in respite home.
- Include in induction for agency staff the importance of checking windows/doors are

secure.

Proposed Timescale: 30/03/2016

Theme: Safe Services

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

Agency staff and a member of household staff had not been facilitated to access training in Children First (2011).

7. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

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

- Application for agency staff and household staff have been made to Tusla for upcoming children 1st. Training.
- Agency employer to be contacted to implement training of children 1st (2011) Guidelines for future agency staff.

Proposed Timescale: 30/04/2016

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 restrictive practices were notified to the Authority.

8. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

- All restrictive practices are now notified to HIQA

Proposed Timescale: 03/12/2015

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:

Some children ate in fast-food restaurants on subsequent evenings during their respite breaks but this was not monitored to ensure that it was not over used as an option for these children.

9. 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:

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

- Parents will be requested to provide an up to date food list. Letters to be send by 30/2/16
- Food recording sheets in each child's chart to be checked by staff when planning meals, to ensure that fast food visits are not repeated during the young person's visit.
- Local managers of respite home to conduct quarterly audit on young person dietary intake while in respite.

Proposed Timescale: 01/03/2016

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:

Not all prescription sheets contained the addresses and photographs of the children.

10. 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:

- All prescription sheets now contain address and photographs as per regulations.

Proposed Timescale: 01/02/2016

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 the information required under Schedule 1.

11. 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 registered provider has updated the Statement of Purpose to include:

- Admission criteria outlining age of children catered for in the respite unit
- The mix of children is catered for by matching for respite
- Complaints procedure updated
- Access to social worker included
- Non accessibility for wheelchair users in the respite unit
- Whole time equivalents were updated

Proposed Timescale: 01/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The information and documents required under Schedule 2 were not available for relief staff.

12. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- CNM111 contacted the contracted Agency services for information related to agency staff being available to inspectors as per schedule 2 of the regulations.
- Training record spread sheet will be available for individual agency staff with courses taken and when updates are required.
- Documentation will be available for inspectors to view

Proposed Timescale: 30/04/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The quality of supervision records meant that there was not full accountability with regard to decisions taken in supervision.

13. Action Required:

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

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

The Person in charge will:

- Following supervision session contact supervisors requesting they record on supervision sheets with any decisions made relating to supervisees practice and include action plan and time frame for completion of decision.
- Person in charge will arrange for supervisors to feedback to CNM11 and A/CNM111 any decisions relating to practice in a three month period.
- To monitor accountability CNM11 and A/CNM111 will log decisions recorded and follow up on implementation of agreed decision.
- The person in charge will Audit log on six monthly basis and feed back to supervisors and supervisees.

Proposed Timescale: 30/04/2016

Theme: Responsive Workforce

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

Training records were not available for relief staff.

14. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

The person in charge has:

- Sent application form to Tusla for upcoming Children 1st dates for household staff and Agency staff.
- Contracted Agency services have been notified in writing of the need to train Agency staff in Children 1st. If Tusla unable to provide training, Children 1st training will be sourced from a alternative training provider.

Proposed Timescale: 30/04/2016

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 directory of residents did not contain all the required information.

15. Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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 provider has updated the directory all children to comply with regulation 19(3) and include information as specified in paragraph (3) Schedule 3.

Proposed Timescale: 01/02/2016

Theme: Use of Information

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

The Resident's Guide did not include the arrangements for accessing reports of previous inspections of the centre.

16. 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:

- Provide will make a copy available on site for families to read.
- Will write to all families outlining the reports findings and a link to HIQA website
- Include in The Resident's Guide a read easy entry on how to access any inspection reports relating to the respite home.

Proposed Timescale: 30/03/2016

