

**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 Brothers of Charity Services Clare
Centre ID:	OSV-0004636
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Caroline Browne
Support inspector(s):	Tom Flanagan
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 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:
17 February 2016 09:00	17 February 2016 17:30
18 February 2016 09:00	18 February 2016 17:30

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

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

Summary of findings from this inspection

This was the second inspection of the centre by the Authority. The purpose of this inspection was to inform the registration process. The centre was located in a two-storey house in a residential community on the outskirts of a town in the West of Ireland. The service provided respite care to children with an intellectual disability aged five to 18 years. Children’s with physical disabilities could also be catered for by the centre.

The centre had the capacity to provide overnight respite care to three children at any one time and there were two children accessing the service on the first day of the inspection. On the second day, one child was discharged home and another child

was admitted. There centre had six children in total on their respite schedule for 2016.

As part of this inspection the inspectors observed staff interaction with the children, met with parents, the service leader, a clinical psychologist, a regional and centre manager and staff. The designated liaison person was contacted by phone. Inspectors observed day to day practice and reviewed documentation such as personal plans, medical records, incident logs, policies and procedures, registers, audits and staff files.

There were improvements in the centre since the last inspection but more were required. Children were well cared for while they accessed the service and the majority had their needs identified and met. However, there was a need to engage external professionals in the process of assessing children's needs and ensuring they were met through the provision of the specialist supports they required.

The centre was managed by two centre coordinators on a job-sharing basis, and although there were identified challenges to this arrangement, steps were not taken to rectify it. There were systems in place to monitor the quality of the service but there was a need to ensure all risks were identified and managed. The centre was operating within its statement of purpose and function but the statement did not contain all elements required by the regulations.

Further details are outlined in the body 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):

This was the centre's first inspection by the Authority.

Findings:

Children's rights were promoted in the centre. Centre records showed that children were consulted about their care and contributed to various meetings where decisions were made about their day to day lives. Personal plans reviewed by inspectors showed good levels of consultation with children and their wishes and aspirations were well recorded and represented.

Inspectors found that the staff team were strong advocates for the children they cared for, in particular when ensuring children had access to the specialist services they required. The centre coordinator told inspectors that they regularly attended interagency meetings to ensure children's needs were met by the appropriate services. This was demonstrated in centre records.

Children had opportunities to participate in meaningful activities which suited their needs, interests and capacity. For example, records showed that children took part in activities they liked such as horse riding lessons, trips to the local beach and parks and the cinema. There was information in the centre about community based activities, but children's right to choose would be enhanced further by making this information readily available to them. There were opportunities for children to play and socialise within the centre. Inspectors found that there was a large secure and safe back garden where children could play outdoors and this encouraged children to interact with each other. There were plenty of activities and toys available throughout the centre and there was a sensory room which was well equipped. Parents and staff told inspectors that children really enjoyed spending time in the sensory room. Inspectors observed children helping the staff to prepare meals and interacting well whilst they did so. Children used social stories, engaged in play and took part in activities in the centre over the course of the

inspection. They presented as happy and appeared to have formed good attachments with the staff team.

Children's religious needs were met. Personal plans reviewed by inspectors showed that arrangements were put in place to ensure children attended religious ceremonies of their or their parent's choice and that they celebrated religious occasions.

Children's privacy and dignity was respected. Each child had their own bedroom and staff made efforts to ensure children had the same bedroom when they availed of the service. Staff told inspectors that they respected children's privacy and never entered a bedroom without knocking first. Inspectors reviewed intimate care plans for each child and found that personal care was provided to them in a way that maintained their dignity and privacy and reflected their wishes. Inspectors observed staff supporting children to prepare for their day and allowing them to choose the clothes they wished to wear.

Complaints were well managed, but recording of the outcome of complaints required improvement. There was an effective complaints policy in place which included an appeals procedure, and this was available in a format that was accessible to the children availing of the service. The centre coordinator was the complaints officer and the regional manager had oversight of all complaints made in relation to the centre. Parents told inspectors that although they never had reason to complain, they knew how to make a complaint and who to make it to. Inspectors reviewed records of complaints held by the centre manager. These showed that there were no complaints received in the year prior inspection. There were two complaints received in 2014 and on review, they were found to be managed well. However, the centre did not record whether the complainant was satisfied with the outcome. Although the complaints policy was displayed in the centre, it needed to be placed at the children's eye level so they could read it.

The centre had a policy in relation to children's personal property and money. Children brought their own money to the centre and this was used to pay for their individual activities and trips out to local amenities. Receipts were kept of all expenditures and they were given to parents when the child was returning home. The centre manager had a system in place to ensure practice was safe and records in relation to money were up to date. The centre provided ample space for the safe storage of children's belongings whilst they stayed there.

Judgment:

Substantially Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

Children's communication needs were met and although the centre was well resourced in terms of providing communication aids and equipment, staff were not fully trained to use them to their full potential. Access to specialist services required improvement. There was an organisational communication policy in place which guided practice and inspectors found that it was implemented by the staff team.

Inspectors reviewed children's individual personal plans and found that their communication needs were assessed and clearly identified. A speech and language therapist was in the process of developing communication passports for each child to inform staff of their preferred method of communication. In the interim there was a brief outline of children's communication needs on their file. Staff interviewed by inspectors were knowledgeable about each child's needs in this regard and inspectors observed them communicating effectively with children. For example, there was good use of pictures and social stories for children who did not use language. The centre had hand held electronic devices which also supported children to communicate clearly, and staff had made videos using this device which acted as a visual version of children's personal plans. Staff and parents said this device supported children to develop better speech and language skills. Staff had received training in the use of hand held electronic communication devices, but training records showed that staff had not received specific training in the use of communicating through pictures. This meant that they may not be used effectively or fully.

Records reviewed by inspectors showed that referrals were made to relevant specialist supports for children with communication needs, such as speech and language therapy. The centre manager told inspectors that although a speech and language therapist assisted with the development of communication passports, not all children had access to individual speech and language therapy which they required. The centre coordinator said that they were making the necessary arrangements to rectify this.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

Positive relationships between children and their family members were maintained whilst children availed of the service and parents were fully involved when decisions were being made about their children.

The centre had a visitor's policy in place and this meant that children could receive visits from families and friends without unnecessary restrictions. Staff explained that because this was a respite centre which provided short breaks to children, children did not generally receive visitors. However, there was a room available to children should they wish to receive a visitor in private. Parents told inspectors that they could come to the centre whenever they wished. Inspectors met parents while they visited their children and observed that they had good relationships with the staff team and were welcome in the centre.

Parents were consulted in relation to their children's care. Records showed that parents were consulted and participated in the development of their child's personal plans. Parents who met with inspectors said that they felt involved and included in their child's care. They said that they were kept informed of their child's wellbeing. The centre maintained a communications book and this recorded updates to and from parents and their school on how the children were getting on and any changes to their circumstances and or health. Parents who met with inspectors expressed overall satisfaction with the service provided to their children.

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):

This was the centre's first inspection by the Authority.

Findings:

There was an admissions policy and procedure that applied to all services provided by the organisation. This differentiated between children and adult services but did not clarify the age range of children the centre could cater for. The organisational admissions policy and procedure was supplemented by a comprehensive statement of purpose and function that clearly defined the group of children the centre could cater for and their age range and dependency levels.

There were no new admissions to the centre since the last inspection. Records showed that there was a written procedure in place to assess and admit new children to the centre. The service leader told inspectors that admissions to the centre were determined by a panel which included the service leader, the regional manager, the principal social worker, psychologist, finance manager, home share coordinator and other personal if necessary. While the policy did not specifically include the involvement of the centre coordinator in the initial stages of assessing referrals, the centre coordinators were consulted with regard to proposed admissions and carried out assessments of need in relation to potential admissions. Further assessments were carried out by the centre in relation to children on a needs basis to determine additional supports they may require. This was confirmed in the centre's admissions criteria and statement of purpose and function.

Children's needs were assessed by the centre coordinators prior to admission. Assessments reviewed by inspectors showed that the staff team considered the impact of admissions on other children during this process. There was a tool available on each child's file which supported staff to assess their dependency levels. The centre coordinator told inspectors that there was learning from all admissions to the centre, and that recently, senior managers had produced a leaflet for parents and referrers stating that children would not be admitted to the centre without the required resources. This was particularly the case in relation to children who displayed high levels of behaviour that challenges. This supported the centre to ensure children's individual needs were met. Records showed that each respite break was planned and scheduled in a way that ensured the mix of children was appropriate to their needs and that adequate staffing levels were sustained.

There were six children availing of the service at the time of the inspection. The centre provided breaks for a maximum of two children on any given night. The centre had recently reduced the number of children per night so that their individual needs could be met in a safe way. One child's placement was under review by the centre to ensure it remained an appropriate placement for them.

There were individual service agreements on children's files which were found to be up to date and signed by parents and the centre coordinator. These agreements were in line with regulations and specified the services provided and details of fees charged.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children were well cared for in the centre, but there was a need to ensure all necessary supports were in place to meet the needs of all children availing of the service. The centre had an assessment process in place to identify children's health, personal and social care needs on admission. There was a new assessment template called a 'discovery document' which the staff team were in the process of updating for all children. Some assessments were completed and were comprehensive. While the centre managers and the senior management team requested reports from external professionals, they were not always provided. External professionals did not always engage with the centre's process of assessing children's needs.

Each child had a personal plan which outlined the arrangements to meet their individual needs but they lacked adequate input from a multidisciplinary perspective. Since the last inspection a new personal plan tool had been developed and children's personal plans were written in this revised format. Parents told inspectors that they were consulted in the development of their children's personal plans and this was demonstrated in those sampled by inspectors. Young people's wishes and views were clearly reflected in personal plans. Plans included the supports required for children to achieve their goals in areas such as health, education, social development, transport and assistive technology. However, inspectors found that the revised personal plan contained elements that were not applicable to children such as assessment of their financial and work needs. Personal plans were up to date for all children but they some were not informed by updated reports from external professionals involved with the children. This was an ongoing issue that was identified by the centre coordinators.

Personal plans were made available to each child in an accessible written format called 'my support plan'. The centre coordinator provided inspectors with examples of these plans in the form of a video which was a friendlier version for the children. Inspectors found that plans were implemented to improve outcomes for children. Some positive outcomes included children eating independently and being able to fasten their seat belt without support. However, achieving tasks to reach individual goals was not always well recorded and this did not support the staff team to monitor progress on a consistent basis.

There was no system in place to consistently review children's personal plans. The centre coordinator identified this deficit in practice and a strategy was put in place to ensure all children's plans were reviewed on a six monthly basis.

Children were supported to move between child and adult services. One young person

was approaching adulthood and had a transition plan in place, and the centre manager was liaising with a community based team to secure a placement. This young person was assigned an occupation guidance officer in order to assess and recommend any necessary supports required for their transition to adult services and young adulthood. Inspectors reviewed this young person's personal plan and found that it guided staff on how best to support the young person to develop independent living skills. The plan identified short achievable goals for the young person.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

This centre was fit for purpose. On a walk around the premises, inspectors found that it was clean, tidy and well maintained with suitable heating, lighting and ventilation. The design and layout of the centre was in line with its statement of purpose and function and it met the needs of the children. There were five bedrooms, a sensory room, a large conservatory area, a kitchen dining area, a sitting room, 3 bathrooms, a utility room, a large hallway and a staff office. The house was warm, friendly and decorated in a way that reflected children lived there. There were pictures and colourful paintings completed by children displayed in the centre. There were also photos of children out on activities to the local park and the beach. There was a display board with pictures of staff and children who were present in the centre on any given day.

The centre coordinator told inspectors that bedrooms were personalised when possible and children were encouraged to bring some personal belongings so they would feel more at home whilst on a respite break. On walk around the centre, inspectors saw one child's bedroom which was nicely decorated and personalised and other children's bedrooms contained their toys and personal items.

The kitchen was well equipped with appropriate cooking facilities and children had access to this. There were suitable outside areas for children to play and the garden was well maintained and safe. The garden contained outdoor activity equipment such as a swing, a goal post and a go cart. Inspectors found that the centre had various supports for children who required assistance such as a hoist in the bathroom. Inspectors

reviewed the service history of the hoist and found that it was up to date.

There were suitable arrangements in place for the disposal of general waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

Risk management in the centre required improvement. There was a risk management policy in place which was in line with the regulations. Inspectors found that there were systems in place to identify, assess and manage risks in the centre, but they were not always effective.

The centre had a risk register that was recently reviewed. Inspectors found that the risk register contained centre and child specific risks and that it reflected current risks in the centre. Following deficits identified on the last inspection the risk register was updated to include risks relating to the use of a staircase and road safety. Other risks identified included children absconding, risk of children falling from a bed and the risk of children not being able to access appropriate multidisciplinary supports. These risks were found to be well managed by the centre. Inspectors reviewed risk assessments on children's files and found that risks were adequately assessed and had control measures in place.

The centre had one vehicle which was used to transport children. The centre coordinator provided inspectors with documentation which showed this was taxed and insured. However, inspectors observed that the vehicle had tyres that were in poor condition. Inspectors brought this to the attention of the centre coordinator who addressed this matter immediately. This risk was not identified by the centre coordinator prior to inspection.

There were measures in place to prevent incidents and accidents, but the centre's health and safety statement was out of date. There was an annual health and safety audit which was completed in February 2015. This audit identified that a swing seat in the garden required replacement and this was addressed. There was a maintenance record which showed that staff identified maintenance requirements. Records showed that maintenance issues were responded to in a prompt and timely way. Incidents and accidents were reviewed by the centre coordinator and inspectors found that

appropriate actions were taken as a result of this review. There was also a review of incidents and accidents by the regional manager and appropriate measures were put in place as a result. Team meeting minutes showed that there was shared learning following a review of incidents, and relevant issues were discussed at team meetings. The centre had a health and safety statement dated 2014. This required updating on an annual basis.

There were emergency planning procedures in place. The centre had a plan in place for the safe evacuation of the centre should it be required. Evacuation procedures were clear, and relevant contact details were available to the staff team.

Infection control measures required improvement. There was a policy on infection control for the centre. Safe systems were in place such as a colour coded system for cleaning of equipment and food preparation. There was good written guidance for staff in this regard. Staff interviewed were familiar with infection control measures. Adequate personal protective clothing was available and there was a daily and weekly cleaning rota in place. Records showed that there was a hygiene observation tool which was completed by the regional manager and spot checks were routinely completed by the centre manager. However, not all bathrooms were equipped with paper towels for drying hands as an infection control measure.

There were precautions against fire but they were not sufficient. Inspectors observed that suitable fire equipment was placed around the centre. Fire records showed that there were regular and up to date checks and servicing of fire equipment which included daily, monthly, quarterly and annual checks. Fire procedures were prominently displayed in the hallway and a visual aid for children was also available. However, children could not see this as it was placed too high up on the wall. On a walk around the centre, inspectors found that there adequate means of escape and appropriate emergency lighting. The mobility and cognition of children was adequately accounted for in evacuation procedures. There were personal evacuation procedures available on each child's file. Fire records were comprehensive and outlined the names of staff and children who took part in fire drills, the duration of the drill and how well children participated. Staff interviewed demonstrated a good knowledge of how to respond in the event of a fire. Fire records showed that there were five fire drills carried out since the last inspection. However, inspectors found that one child and one staff member had not taken part in a fire drill in the year prior to inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard children, but there was a need to ensure children were provided with the skills to keep themselves as safe as possible. The centre took a positive approach to managing behaviour, but specialist supports were not always available to support the children or the service in this regard. Restrictive practices in the centre were minimal and well monitored and reviewed.

The centre had a draft policy on child protection. This was reviewed by inspectors and found to be in accordance with Children First (2011). Records showed that all staff were trained in Children First (2011). There were adequate systems in place to report and manage child protection and welfare concerns including allegations against staff members. The centre had a designated liaison person (DLP) to whom all concerns were notified. The DLP demonstrated a good knowledge of their role and responsibilities in relation to Children First (2011). The DLP kept a central record of all concerns and they showed that five child protection concerns were reported since the last inspection. On review, inspectors found that they were managed within the centre's policy and procedure.

Children were safeguarded through elements of every day practice such as the provision of intimate care. There was an intimate care policy in place which provided good guidance to staff on safe practice. Intimate care plans were held on each child's file. Plans reviewed by inspectors showed that they were sensitive to the child's needs and ensured children were safe, treated with respect and that their dignity was maintained. Staff told inspectors that they made sure children were informed about intimate care provision and what it entailed. Other safeguarding measures were in place such as a visitor's book, which recorded the names of all people who came in to the centre, and levels of supervision and monitoring of children were good. The centre coordinator said that children were educated about keeping themselves safe as part of their school curriculum, but direct work within the centre did not demonstrate how staff further promoted this learning within the centre.

The centre took a positive approach to managing behaviour and this was supported by centre policy. Each child had a behaviour support plan and inspectors found that they were of good quality. These plans guided staff on how to manage behaviour that challenged and provided staff with strategies to do so. Staff demonstrated a good knowledge of the behaviours displayed by the children and how to manage them. However, the centre acknowledged that it could not meet the needs of one child who displayed high levels of behaviour that challenged without specialist supports from a behavioural therapist. These supports were not available to the child or the centre and this meant that the child's placement was at risk. This child's placement was under

review by the centre at the time of the inspection and the child was not availing of the service until necessary supports were in place.

There were restrictive practices in the centre and although there was a system in place to review these, some required review more frequently than others. There was a policy in place to guide staff on the use of restrictive practices and although it required review it provided good guidance for staff. This policy outlined that the least restrictive alternatives must be attempted before a restrictive practice was put in place. This was implemented in day to practice in the centre.

Restrictive practices in use in the centre included use of bedrails and locking of external doors whilst children were in the centre. Records reviewed by inspectors showed that these measures were appropriate and based on a risk assessment. One child slept in a specific type of bed in which they were enclosed. The centre coordinator said that this was recommended by an occupational therapist to ensure the child's safety. Risk assessments and risk management plans were on file for each child that required one. There was a system in place to review restrictive practices in the centre on a quarterly basis. These reviews were carried out by the clinical psychologist for the organisation and the regional director. The clinical psychologist told inspectors that reviews of all incidents of restrictive practice were discussed with the staff team for learning and guidance and specific training was provided on occasion as a result of the findings of these reviews. However, inspectors found that the enclosed bed used for one child was an extraordinary measure to take and as such, it required a more robust monitoring and review process than was found to be in place for other restrictive practices in the centre.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre maintained a record of all incidents occurring in the centre, which included the use of restrictive practices. The centre reported incidents to the Authority on a quarterly basis in line with regulation 31(3) (a) to (f) of schedule 4. However, inspectors found that an enclosed bed for one child was described in these notifications as a bed rail. This was not an adequate reflection of the restrictive nature of the bed.

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):

This was the centre's first inspection by the Authority.

Findings:

Children's educational needs were met. The centre had a policy on the provision of education and training. All children attending the service were in school. Inspectors observed staff driving children to school and picking them up in the evening. Inspectors reviewed the centre's communications and found it ensured communication from children's school was accessible to all staff. Children's personal plans outlined their aspirations related to educational outcomes. For example, inspectors found plans reflected that children would like to go to secondary school and college in the future. There were individual education plans on some children's files.

As this was a respite service, it was identified in children's personal plans that exposing them to new experiences was mainly the responsibility of parents. However, personal plans included arrangements for children to learn new experiences, and the centre's daily records showed that one child was learning to hold a musical instrument.

Inspectors found that parents viewed the respite centre as primarily a place where their child met other children and took part in fun activities. Children's social skills were assessed and improved by staff and they took every opportunity to involve children in community based activities such as going to the local restaurant for dinner and taking horse riding lessons. The centre staff organised birthday parties for children and these were social events that children enjoyed.

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):

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

Findings:

Children's identified health needs were met. Children's case files showed that their individual health needs were assessed on admission to the centre. Children had access to their own medical practitioner. Each child had a hospital passport which detailed any medical conditions they had and provided an overview of their medical history. Records showed that dietary needs of children were appropriately assessed and met. Advice was sought from a dietician when necessary and their recommendations were implemented and reflected in children's personal plans. Records showed that staff monitored and recorded any changes to children's health and wellbeing. Inspectors reviewed children's personal plans and found that they identified goals which would enhance children's physical health.

There was a policy on food and nutrition for the centre which promoted children's health. Inspectors observed a menu plan which included visual aids for children and supported them to choose their meals from a range of healthy options. A food diary was kept for each child which allowed staff to monitor children's nutritional intake. Inspectors observed children enjoying a healthy meal and found that staff provided supports to children who needed assistance eating in a sensitive manner. Snacks were available to children when they requested them. Children were supported to prepare their own meals in keeping with their individual abilities, and the staff had made a video of children making pancakes to help them learn and remember how it was done. Inspectors found that the children enjoyed this innovative way of learning.

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):

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

Findings:

There were some improvements to the management of medication in the centre but further improvements were required. The centre had a medication management policy that provided guidance on ordering, prescribing, storing and administration of medicines but it was not fully implemented. Not all staff were trained in the safe administration of medication.

On a walk around the centre inspectors observed that medication was safely stored in a locked cabinet in the staff office. Each child's medication was stored in an individual folder that was clearly marked with the child's photograph and details. There were prescription sheets that recorded all medication prescribed to a child, the child's details, the name of the prescribing doctor and the route of administration.

There was a system in place to record medication administered to a child and on review records were found to match the children's prescriptions. Medication was counted by staff to ensure all medication was accounted for. However, staff did not adhere to centre policy by ensuring two staff were involved in this process and signed the relevant records for accountability.

There were appropriate procedures in place for the handling and disposal of unused and out of date medication, and controlled drugs were stored appropriately. The centre coordinators had a system in place to audit the administration of medication and records showed that there were no medical errors since the last inspection.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The statement of purpose and function did not meet all the requirements of the regulations. The centre had a statement of purpose and function that said the centre provided a respite care to boys and girls with an intellectual disability aged between five and 18 years of age. It described the centre as an environment that promoted children's health and wellbeing and rights. The statement of purpose and function was made available to children and their families.

Inspectors found that the centre was operating within its statement of purpose and function. However, the number of children the centre had the capacity to cater for was not consistently recorded throughout the statement of purpose and function and it did not contain all the elements required by the regulations. These deficiencies included the arrangements in place for dealing with reviews and development of children's personal plans and the arrangements in place for visits from social workers. The statement of

purpose and function did not describe how complaints were dealt with in the centre.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure but lines of authority and accountability for service provision were not clear and required review. The position of person in charge was job shared by two part-time centre coordinators. One centre coordinator worked 2 days and the other worked 3 days per week. The centre coordinators reported to the regional manager. Both of the centre coordinators were found to be qualified and experienced. Inspectors found that the responsibilities of the position of the person in charge were known to the centre coordinators. Inspectors found that centre coordinators were knowledgeable about relevant standards and regulations. However, one centre coordinator told inspectors that the responsibilities of each coordinator were not clearly identified and that this was an arrangement that was not working well for them. An audit carried out at the centre in November 2015 showed that this issue was highlighted to the senior management team, but inspectors found that steps to remedy the situation were not taken or planned.

Management systems were in place to ensure the centre operated effectively. There were organisational policies in place and they were implemented at centre level. There was adequate guidance for staff in relation to the operation of the centre. Inspectors found that staff were familiar with the majority of policies and procedures. On review of team meeting minutes, inspectors found that staff were required to familiarise themselves with policies and procedures. Training records showed that staff completed training on the centre's policies and procedures.

Effective communication systems were in place. Records showed that team meetings were held monthly with the centre managers and staff team. These meetings were well recorded and outlined agreed actions and timelines for actions to be completed. There

was good attendance at these meetings and items discussed included each child's individual needs, policies and procedures, personal planning and learning from incidents. Records showed that there was shared learning at team meetings and staff were held to account for their day to day practice. There were monthly regional team meetings held with the regional manager and all centre managers in the area, and this promoted effective communication and learning across the service.

There were quarterly service lead meetings which were attended by the centre coordinator, the regional manager and the service leader. Safeguarding, risk management, budget and multidisciplinary supports were some of the items on the standing agenda. Records of meetings showed that issues were well discussed and agreed actions with timeframes for completion were in place. Senior managers met on a monthly basis and meeting minutes reviewed by inspectors showed that children's services were a standing item on the agenda. Items discussed related to safeguarding, health and safety, finance, training and development. Board meetings were held on a quarterly basis. The service leader reported to the board on children's services. Meeting minutes showed that issues brought to the board were relevant, such as limited access to multidisciplinary supports for the centre.

Risk management systems required improvement. Inspectors found that there was good discussion and shared learning at team meetings in relation to incidents and how risk was managed. The majority of risks were appropriately assessed and control measures were implemented. Inspectors found that risks were appropriately escalated to the service leader and actions were taken to manage these risks. However, some risks identified by inspectors were not identified by the staff team and therefore not managed.

There was good quality monitoring of the safety of care and support to the children. There was a six monthly unannounced visit by external managers to the designated centre and a written report was available on their findings. The last visit was undertaken in November 2015. An action plan was in place and the centre coordinators were in the process of implementing the agreed actions. They reported regularly to the regional manager in relation to progress. Inspectors reviewed the centre coordinator's progress report which showed that many actions were completed and others were ongoing. The centre's 2015 annual review was not available on the day of inspection as it was due for completion in February 2016. Records showed that families were consulted on their experience of the service in order to inform the annual review.

The centre coordinators monitored care provided to children, but some monitoring systems were not effective. One centre coordinator identified monitoring systems such as a review of centre records including handover books, petty cash records and children's monies, on a monthly basis. The centre coordinators also reviewed medication records and fire and vehicle checks. The centre coordinators reviewed children's files on a weekly basis. The regional manager visited the centre on a weekly basis and identified that he observed practice and reviewed children's files but this was not recorded in centre records. Although there were systems in place to monitor and quality assure practice, inspectors found that they were not always effective in the identification of risk in the centre.

Staff described the centre as a safe working environment where any concerns about practice or the quality of care provided to children could be reported, and they were confident these concerns would be well managed. However, there was no policy on protected disclosures for the centre.

There was an updated service level agreement between the service and the Health Service Executive (HSE) for 2016, but this agreement had yet to be signed by the HSE.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There were appropriate arrangements in place to provide cover in the case of the absence of the person in charge. One centre coordinator who shared the role of person in charge was absent from the centre previously, and this was reported to the Authority in line with the regulations.

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):

Findings:

The centre was adequately resourced to ensure the effective delivery of day to day care

and support to children. The centre had a designated budget for the year which was managed by the regional manager. Inspectors found that this was effectively utilised. The centre coordinators were responsible for the day to day budget allocated to the centre for everyday items and activities. There were sufficient resources and funds available to the manager to provide the level of care each child required.

There was an effective system in place to secure any additional resources required by the centre and one centre coordinator told inspectors that there was no delay when additional funding was requested. A purchase order system was in place for more expensive items and this worked well.

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 improvements in relation to staff numbers and skill mix since the last inspection. However, appropriate training was not provided to all staff.

Inspectors found that the number and skill mix of the staff team was sufficient to meet the current needs of the children availing of the service. The centre was staffed by two social care leaders, three social care workers and four support workers. There was a relief panel for the organisation that provided cover for staff leave, and inspectors found that the same four relief staff were used by the centre to promote a stable and consistent environment for the children. There was a staff rota in place and this reflected any changes made on an ongoing basis. The numbers of children scheduled together on respite breaks had decreased in order to ensure there were appropriate staff numbers to meet their individual needs and children benefited from this level of flexibility. According to the rota reviewed by inspectors, there was one staff on shift for every child on placement. Records showed that staff had the necessary skills and experience to meet the needs of the children. Inspectors observed staff providing assistance and care to children in a respectful, skilled and safe way.

Staff files reviewed by inspectors contained all documents required under schedule two of the regulations. There was a comprehensive induction programme for new staff.

Staff received regular supervision from the centre managers. Staff told inspectors that they found supervision helpful. Inspectors reviewed supervision records and found good quality supervision took place which promoted improved practice and provided accountability for practice. Issues discussed included training and children's needs. Supervision was well recorded. However, the centre managers had not received training in supervision.

Training was provided to promote staff's professional development but the centre's training programme was not well informed. Staff received additional training identified to meet the needs of the children attending respite which included medication management, peg feeding and epilepsy awareness. A training needs audit was completed in February 2016 which identified that training was required in relation to personal plans, autism report writing, complaint handling and recording. However, the training programme was not informed by a comprehensive analysis of the needs of all children availing of the service. Training records showed that not all staff received up to date mandatory training and gaps in this training related to fire, first aid, manual handling and supervision.

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):

This was the centre's first inspection by the Authority.

Findings:

Centre records were accurate and up to date. However, some records were not organised in a way that made them accessible.

There was a resident's guide which was provided to children on admission to the centre. This provided essential information about the centre in a child friendly format. However,

it did not include the name of the complaints officer or the terms and conditions of the respite service. In addition, information in relation to how to access inspection reports was not clearly outlined.

There was a record kept of each resident currently attending the respite service and this directory of residents contained all the relevant details for these children. However, it did not record all children who had availed of the service since 2013 and their discharge details as required by schedule 3 of the regulations.

The majority of policies outlined in Schedule 5 were available in the centre but there was no policy for the provision of information to children or protected disclosures.

The centre was adequately insured against accidents or injury to residents, staff and visitors.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Browne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Clare
Centre ID:	OSV-0004636
Date of Inspection:	17 February 2016
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 centre did not record whether complainants were satisfied or not with the outcome of the investigation of a complaint.

The centre's complaints procedure was displayed in the centre but it was not located at a level where children could read it.

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

1. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

Complaints policy reviewed 08/03/2016 and complaints log now includes specific section on Outcome of Complaint and whether or not complainant was satisfied.
Centres complaints procedure relocated to level where children can read it.

Proposed Timescale: 31/03/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Ensure children are supported to communicate through the provision of specialist supports in a timely way.

2. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Person in Charge has ensured that all residents are supported to communicate through the provision of specialist supports and input will be reviewed on a 6 monthly basis. Four children have the support of SLT, one child awaiting inputs from SLT in School Age Disability Team, referral for this child sent Jan 2016, PIC will follow-up on this referral with Clinical Team Lead for SADT by 21/04/2016. New admissions will not be accepted without completed assessment of need from relevant MDT.

Proposed Timescale: 30/04/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The centre's admissions policy did not clearly identify the age range of children the centre could cater for.

3. Action Required:

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

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

The Admissions Policy will be reviewed to include that the age range of children is clearly outlined.

Proposed Timescale: 30/04/2016

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:

Assessments of need were not always informed by updated reports from external professionals.

4. Action Required:

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

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

Current reports from relevant external professionals on file for all children accessing supports at centre. New admissions to respite service will require comprehensive assessment of needs prior to admission, as per Statement of Purpose and Function. Each child will receive a review by relevant MDT supports at quarterly Individual Family Support Planning meetings or at case review meetings.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

There was no system in place to formally review children's personal plans on a consistent basis.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All children's personal plans will now be scheduled for review on six monthly basis in line with the Organisations Individual Planning Procedure. System for review outlined in Individual Planning Procedure Doc Ref No 2014.13 . Reviews planned for July 2016, will be completed in consultation with the child, family, keyworker, relevant MDT and PIC.

Proposed Timescale: 31/07/2016

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:

Systems in place to identify risk were not always effective.

The centre's health and safety statement was out of date.

6. 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 daily Health and Safety check/walk around of centre will be carried out by a member of staff and any issues identified will be actioned appropriately. This process will be incorporated as part of the handover between shifts. PIC will develop a checklist which will incorporate all key areas relating to service delivery to support this process. The PIC will oversee this process on a weekly basis to ensure its effectiveness. Local risk register will be reviewed at each Quarterly Service Lead meetings attended by Regional Manager and Persons in Charge – next meeting scheduled 03/05/2016. Risk Management will be an agenda item at team and Regional Meetings. PIC to review child related risks in consultation with relevant MDT supports, child and families at quarterly Individual Family Support Planning meetings or at case review meetings.

The service has an online information system, OLIS, a centralised system storing details of each child supported in the service and recording all accidents, incidents, fire drills and medication misadministration. Information is inputted by frontline staff which in turn is accessed and reviewed by PICs, Regional Manager and Provider Nominee, in a timely manner. Incidents/accidents etc are reviewed at monthly local team meetings, at monthly regional meetings and quarterly at Provider Nominee meetings.

Centres Health and Safety Statement will be reviewed on an annual basis.

Proposed Timescale: 30/05/2016

Theme: Effective Services

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

There were inadequate hand drying facilities in some bathrooms.

7. Action Required:

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

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

Adequate hand drying facilities will be installed in any bathroom which does not already have one installed.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Not all staff or children had participated in a fire drill in the year prior to inspection.

8. 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:

All children have participated in a fire drill since inspection visit – and the remaining member of staff outstanding completed a fire drill on 08/04/2016. Person in Charge will continue to maintain an overview of participation in fire drills and raise as recurrent agenda item at monthly team meetings.

Proposed Timescale: 08/04/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some restrictive practices required robust and regular review.

9. 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:

A full case review of the specific restrictive practice referred to in the report scheduled for 18/5/2016 to include all relevant professionals and parents of child – to ensure that current measures are in accordance with Brothers Of Charity policy and evidence based

practice on restrictive procedures.

Ongoing reviews of restrictive practises involving relevant MDT, Family and child, ensuring least restrictive options are employed. Opportunities for review are 6 monthly review of Behaviour Support Plan – Personal Plan. These review meetings to include full consultation with child, family, keyworker, relevant members of Multi-d team and PIC. Restrictive practises agenda item at monthly team meetings.

Restrictive practise audit in Hazelwood House completed by Principal Psychologist and PIC quarterly. Copy of audit forwarded to Regional Manager and Provider Nominee. Refresher training on safe holding techniques provided on site by Principal Psychologist quarterly to team.

Proposed Timescale: 30/05/2016

Theme: Safe Services

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

The required specialist supports were not available in relation to the management of one child's behaviour.

10. Action Required:

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

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

A joint meeting of all relevant disciplines has been held in order to identify and alleviate the cause of the specific child's behaviour – actions highlighted for centre have been completed. Specialist supports in relation to the management of child's behaviour will be a prerequisite for any future admission.

Proposed Timescale: 30/03/2016

Theme: Safe Services

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

Direct work was not carried out with children in the centre on how to keep themselves safe.

11. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Person in Charge in consultation with DLP to source specific program for residents which will support the development of the knowledge, self-awareness, understanding and skills needed for self-care and protection. PIC has contacted the School Age Disability Social worker on the 15/04/16 and the principals of the schools, where the children are supported, on the 18/04/16, regarding suitable material. When the materials are sourced staff training if required will be provided to ensure appropriate supports are given to the children

Proposed Timescale: 30/05/2016

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:

Notifications to the Authority did not contain adequate details of the nature of some restrictive practices.

12. 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:

Person in Charge will ensure that all further quarterly returns on restrictive practice will include a more comprehensive brief, on the specific cot/bed referred to in the report

Proposed Timescale: 30/04/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Not all children had access to allied health services.

13. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Children who require the supports of allied health professionals will be supported in consultation with their parents, to access same, through the completion of a referral form. Comprehensive healthcare assessment to be completed by each child's GP. New

Admissions will only be accepted with completed assessment of needs by relevant MDT as per Statement of Purpose.

Proposed Timescale: 30/05/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Not all staff were trained in the safe administration of medication.

Staff did not fully adhere to the centre's policy on medication management.

14. Action Required:

Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

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

2 relief staff scheduled for medication training on 26/02/2016 have now completed training and all staff team trained in medication. Medication Policy guidelines scheduled for discussion at April Team meeting on 13/04/2016

Proposed Timescale: 30/04/2016

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 centre's statement of purpose and function did not contain all information required by the regulations.

15. 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:

Statement of Purpose and Function has been reviewed and updated as required and will be submitted to HIQA prior to 30/04/2016

Proposed Timescale: 30/04/2016

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:

Arrangements for the day to day management of the centre were not adequate.

16. Action Required:

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

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

The PIC role is shared by two staff members. Each PIC has full responsibility when on duty. Each PIC reports to the Regional Manager, who in turn reports to the Provider Nominee. A Memo of Understanding will be drafted which states, the responsibilities of how the day to day arrangements will be shared with the two PICs. This will outline in specific detail the roles and responsibilities of the PIC when on duty. This will be signed off at Quarterly Service Lead meeting – next meeting scheduled 03/05/2016

Proposed Timescale: 03/05/2015

Theme: Leadership, Governance and Management

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

Systems in place to manage risk were not always effective.

Quality assurance and monitoring of the safety and quality of the service by the regional manager was not well recorded.

17. Action Required:

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

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

Local risk register will be reviewed at each Quarterly Service Lead meetings attended by Regional Manager and Persons in Charge – next meeting scheduled 03/05/2016.

Quality systems for services will be reviewed with Service Leader, Regional Manager and PICs on 03/05/2016. Proposed improvements will be documented and actioned on/before 30/05/2016

Risk Management is a recurring agenda item at monthly team meetings and will be an

agenda item at Regional Meetings. PIC to review child related risks in consultation with relevant MDT supports, child and families at 6 monthly Personal Plan review meetings.

The service has an online information system, OLLIS, a centralised system storing details of each child supported in the service and recording all accidents, incidents, fire drills and medication misadministration. Information is inputted by frontline staff which in turn is accessed and reviewed by PICs, Regional Manager and Provider Nominee. Incidents/accidents etc. are reviewed at monthly local team meetings. Ollis and risk management will be a recurring agenda item at monthly regional meetings. Risk Management and monitoring of the safety and quality of the Service will be discussed at quarterly Provider Nominee meetings.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

The centre did not have a policy on protected disclosure.

18. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Service guided by the HSE Protected Disclosure document which is contained in policy folder in centre and available on intranet to all staff. Child Protection/Safeguarding Issue is a recurring agenda item at all monthly team meetings and Protected Disclosure will be highlighted at all monthly team meetings. Protected Disclosure Poster to raise staff awareness sourced and displayed in staff office.

Proposed Timescale: 30/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The training programme for staff was not informed by an adequate analysis of the needs of all children who availed of the centre.

Core staff training was required.

Managers were not trained in the provision of staff supervision.

19. 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:

Persons in Charge will review the current training needs analysis form with Training Manager, Regional Manager and Service Leader, which will inform core staff training requirement for service. Persons in Charge will attend training in Brothers of Charity Supervision Policy Training.

Proposed Timescale: 30/05/2016

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 centre did not have a policy on the provision of information to children.

The centre did not have a policy of protected disclosure.

20. Action Required:

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

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

A specific policy on the provision of information to children will be drafted by the service on or before. Service guided by the HSE Protected Disclosure document which is contained in policy folder in centre and available on intranet to all staff.

Proposed Timescale: 30/05/2016

Theme: Use of Information

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

The centre's directory of residents was not complete.

21. 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 centre's directory of residents has been reviewed and updated.

Proposed Timescale: 30/03/2016

Theme: Use of Information

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

The centre's guide for residents did not contain all of the required information.

22. Action Required:

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

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

The centre Residents Guide has been updated to contain all the required information and will be submitted to HIQA prior to 30/04/2016

Proposed Timescale: 30/04/2016