

**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 St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003446
Centre county:	Kilkenny
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Patricks Centre (Kilkenny) Ltd
Provider Nominee:	David Kieran
Lead inspector:	Tom Flanagan
Support inspector(s):	Patricia Sheehan; Philip Daughen (Day 2)
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 November 2015 09:00	04 November 2015 16:30
15 December 2015 09:00	15 December 2015 15:30

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 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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the third 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 fulltime residential care in three adjoining units for up to 10 children between the ages of 5 and 18 years with severe to profound intellectual disabilities and/or autism. It also provided respite care for up to four children in a respite house which was located nearby. Children using the respite service were also aged between 5 and 18 years and had moderate to profound intellectual disabilities and/or autism.

The purpose of this inspection was to follow up on actions that the provider committed to undertake following the previous inspection. On the first day of inspection the person in charge told inspectors that senior managers had made a decision to close the respite service that week as there was an insufficient number of staff with the appropriate mix of experience and knowledge of the children to

operate a safe service. She told inspectors that parents had been informed by telephone on the day before respite was due to take place but that they had not been communicated with in writing as yet.

There had been several changes to the management structure since the previous inspection. There was a new operations manager and an assistant operations manager in the organisation and both had been in post for a few weeks at the time of this inspection. There had also been changes in management within the centre. One clinical nurse manager 1 (CNM1), who was also a deputy manager, had resigned and a second CNM1 had moved to the adult services within the organisation. A third CNM1 had gone on long-term leave a few days before the inspection. A new CNM1 had been recruited a few weeks before the inspection but, as this person was on leave at the time of inspection, he was not interviewed by inspectors.

Since the respite centre was closed and, according to the person in charge, was unlikely to open again for the foreseeable future, inspectors did not visit the respite house or inspect actions that were specific to the respite service. As part of the inspection, inspectors met with the person in charge, the operations manager and the assistant operations manager. They also met with a member of nursing staff and met with a number of the children. Inspectors observed practices, reviewed the files of specific children and viewed certain policies and procedures and a range of other documentation.

The centre was located within a large bungalow of traditional masonry construction with a pitched roof. This bungalow was divided along its length into three houses. The three houses were linked internally with doors providing access between them.

A number of the actions following the previous inspection concerned the care of a child who had been inappropriately placed in the respite house and remained there for approximately nine months. The child was subsequently moved to the fulltime residential centre but an appropriate long-term placement for the child had not yet been sourced.

Inspectors found that progress had been made in relation to a number of actions arising from the previous inspection. Children were provided with an independent advocacy service. The complaints policy had been reviewed, updated and had improved. Considerable improvement took place in the assessment of children's needs and in the provision of multidisciplinary input into their care. Staff files were audited and updated. A training needs analysis had been carried out and a rolling programme of training had been put in place.

Following day one of the inspection, inspectors held a meeting with the operations manager and assistant operations manager to discuss concerns that arose during the inspection. The operations manager subsequently informed the Authority that the board of management had decided that children would no longer be admitted to the respite house.

There were 41 actions arising from the previous inspection. There were 31 actions arising from this inspection. There was still no strategic plan for the development of

the service. Fire safety measures had been improved but a number of the recommendations of a fire safety consultant had not yet been implemented. There was no transition plan in place for a child who had reached 18 years of age. Further improvements were required in risk management, in the statement of purpose and in policies and procedures. The centre remained in need of painting and redecoration. These and other required improvements are contained in the action plan at the end of the report.

The provider submitted a response to the actions contained in the action plan. However, the Authority did not agree some action plan responses with the provider despite affording the provider two attempts to submit a satisfactory response.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

An independent advocacy service had been provided since the previous inspection. The person in charge organised a meeting with two advocates from an independent advocacy organisation and the meeting was attended by staff and by one of the children. The advocates agreed to provide a service to children and their parents. Inspectors found that information on the advocacy service was available in leaflet and poster form in the centre and minutes of meetings showed that independent advocates attended meetings in relation to two of the children.

At the time of the previous inspection, the clothes and belongings of one child, who was placed in the respite service on an almost continuous basis, were removed from his/her room when other children were availing of respite. The child had since been relocated to the fulltime residential premises and had his/her own room. Inspectors viewed the room and found that there were adequate storage facilities for the child's clothes and belongings.

Since the previous inspection the complaints policy had been reviewed and updated and was satisfactory. The person in charge told inspectors that one complaint had been received since the previous inspection and inspectors viewed the documentation relating to this. The complaint was dealt with appropriately and records showed that the complainant was satisfied with the outcome. The person in charge told inspectors that a new complaints log had been put in place and that this recorded the actions taken, the outcomes and whether or not the complainant was satisfied with the outcome. Inspectors could not verify this as the person in charge told inspectors that the complaints log was not available for inspection as it was not in the centre and the

complaints officer was on leave.

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):

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

Findings:

Internet access had been provided for children. However, training for staff in key methods of communication had not yet been delivered.

Wireless internet was installed in August 2015 and the provider had purchased some electronic equipment for the children's use.

Following the previous inspection, the provider undertook to provide training for staff in key methods of communication with children by 30 September 2015. There was evidence that the person in charge had been in contact with a speech and language therapist to organise such training and that the training would be specifically focussed on the communication needs of the children. This training had not yet taken place but was listed on the training schedule and was due to be delivered on 20 November 2015 and 27 November 2015. The person in charge told inspectors that she was in the process of arranging for all staff members to attend this training.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were no new admissions to the centre since the previous inspection.

The policy on admissions, transitions and discharges was reviewed and amended in August 2015. Inspectors found that it did not make provision for a comprehensive assessment of the needs of a child prior to admission and it did not take account of the need for a child to remain in the centre beyond their eighteenth birthday if they were completing their final year in school. The policy on emergency admissions did not make clear how the needs of a child would be assessed prior to an emergency admission.

The contract for the provision of care template was reviewed since the previous inspection and inspectors found that the updated document was satisfactory. The person in charge told inspectors that the new contracts had been sent to the children's parents but that approximately half of the contracts had not yet been returned.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Multidisciplinary input into the care of children had improved since the previous inspection. The organisation had employed a behaviour specialist and there was evidence of this in the development of appropriate behaviour support plans for children who required this. The behaviour specialist had also developed a number of behaviour programmes which staff implemented with the children. Staff were able to explain these programmes to inspectors and there was evidence in the children's files that staff were better able to manage the behaviour of the children as a result. A social worker was

available to the children's service one day per week and there was evidence that a speech and language therapist and an occupational therapist had assessed the children and that follow up involvement was planned. A number of other professionals such as a psychiatrist, a GP and a paediatrician had also been involved in the assessment of children. At the time of the previous inspection, a child who had resided in the centre for approximately seven months had not had a comprehensive assessment of his/her needs carried out. Since that time, the child had been assessed by several professionals. Referrals had also been made for a psychological assessment and an assessment of the child's sensory needs but these assessments had not yet taken place. A staff nurse told inspectors that, once these final assessments had taken place, the staff nurse and key worker would collate the findings into a comprehensive assessment of need document.

At the time of the previous inspection there was no evidence that all parents had been involved in the development of the children's personal plans. Inspectors viewed the person plan of one child. Records showed that, since the inspection, the parent had been invited to attend assessments on the child and a multidisciplinary meeting to plan for the child's future placement. The person in charge told inspectors that staff were in regular contact with the parents regarding all decisions about their children's care. The person in charge had also developed a new template for the personal plan and this made provision for improved recording of the involvement of parents in the development of personal plans.

At the time of the previous inspection, there was no transition plan in place for a young person who had reached 18 years of age. On this inspection, the person in charge told inspectors that a significant amount of planning had taken place for the young person's transition and that a programme of activities had been developed. However, there was still no transition plan on file and there continued to be a lack of clarity regarding the future placement of the young person. Following the inspection, inspectors requested that the provider submit a transition plan for this young person but this was still outstanding at the time of writing the report.

Actions from the previous inspection in relation to the assessment of children's needs in the respite house and the suitability of that premises to meet children's needs were not inspected as the respite house was closed at the time of this inspection.

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):

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

Findings:

Repairs had not been carried out to the ceiling of the fulltime residential units and the premises had not been painted or decorated since the previous inspection. Although the provider had undertaken to carry out this action by 30 September 2015, water damage to the ceiling of the fulltime residential units, which had been apparent at the time of the previous inspection, had not yet been repaired. The provider had also undertaken to have the premises painted and decorated but this had not been done either. The person in charge told inspectors that the provider was awaiting completion of fire safety works in the premises before completing these actions.

There was some evidence that the maintenance system had been improved since the previous inspection. The person in charge told inspectors that she had met with the maintenance manager and agreed a system for logging and referring maintenance issues. Inspectors found that a new maintenance log had been put in place and the person in charge told inspectors that the maintenance team responded quickly to any requests that have been made in recent months. A new policy and procedures in relation to maintenance had been developed and these were due to be signed off by senior managers in the days following the inspection. However, there were several maintenance issues that had been identified but had not yet been addressed. These included loose tiles, cracks on walls and some broken furniture.

Actions in relation to the respite house were not inspected as the respite house was closed at the time of this inspection.

Judgment:

Non Compliant - Major

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:

The person in charge and the health and safety officer had undertaken a review of both premises and generated a list of hazards since the previous inspection. Some of the hazards had been dealt with but others had not. For example, the person in charge

ensured that there was a locked cupboard for chemicals. However, issues such as a draughty back door and an insufficient slope in a shower area which was likely to cause flooding had not been addressed.

The policy on risk management had been reviewed and updated. Some measures and actions to control the risks specified in the regulations were listed in the policy but these were not adequate and required further elaboration. The policy did not include the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Works had been carried out to improve fire safety systems since the previous inspection. The provider prioritised the upgrade of the fire alarm and the installation of emergency lighting throughout the fulltime residential units. This work was completed in October 2015 and, subsequent to the inspection, the provider informed the Authority that the new alarm and emergency lighting had been fully commissioned. Fire drills at night time had been commenced in May 2015 and these had been carried out on a regular basis since that time. However, staff were unable to provide inspectors with definitive plans and timescales to carry out the remaining works recommended by the fire safety consultant, including compartmentation of the units, upgrading of the fire doors and other works. The provider told inspectors that funding had not yet been secured for this work. As the fire safety consultant had recommended that these works be carried out to achieve an acceptable level of fire safety, inspectors were not satisfied that the premises was adequately protected in the event of a fire.

In relation to the building and as previously mentioned, inspectors noted that the fire alarm had been upgraded and there was automatic fire detection provided throughout the centre. There were also manual call points enabling staff to manually raise the alarm if required. The alarm system was capable of displaying the exact room in which a fire had been detected with the location being displayed on the alarm panels provided. There were three alarm panels provided with one located adjacent to the entrance to each of the three houses that made up the centre. Emergency lighting was provided throughout. There was directional exit signage installed to direct occupants along escape routes. There were also fire extinguishers provided throughout the building. The fire alarm was connected to door locks along escape routes in a manner that would disengage the locks in the event of fire with appropriate manual override. However, this work was noted as being incomplete on the date of inspection.

The layout of the building provided occupants with an adequate number of escape routes generally. Furthermore, staff informed inspectors that an additional escape route was going to be created in one part of the centre as part of the remaining building works in order that the occupants of that area be provided with an alternative escape route. However, inspectors noted that the escape routes were not adequately protected with construction capable of containing fire and fire resistant doors where required. Inspectors noted that many of the existing internal doors were provided with fire safety features such as self closing devices as well as fire and smoke seals to seal the gap between the door and the frame. Inspectors observed that these doors in many cases would not be capable of effectively containing a fire for a variety of reasons. A number of the door leaves were of lightweight construction and some had holes within them

where a lock previously installed had subsequently been removed. A number of the doors were ill fitting or warped with excessive gaps between the door and the frame that would allow heat and smoke to pass the door in the event of a fire. The self closing devices fitted to some doors was out of adjustment and incapable of fully closing the door. Inspectors also noted that while all of these doors were noted as being closed on day one of the inspection, a significant number of them were noted as being wedged open or having had the self closing device disconnected on day two of the inspection.

In addition to the failings identified in relation to the doors provided within the centre and their inability to effectively contain a fire if required, there were other areas identified where the arrangements in place to contain a fire were not adequate. The ceiling in multiple locations had not been repaired where old light fittings had been removed, leaving a hole that would allow smoke to pass into the attic space should a fire occur. There were also doors, windows and hatches provided in some areas which were not fire resistant and would not adequately contain a fire should one occur. The subdivision of the attic space to prevent the spread of smoke and fire was incomplete and it was noted that where subdivision was in place, it was inadequate due to holes present within it created for the provision of building services.

In relation to fire safety management, it was found that there were many examples of good fire safety practice. The escape routes were kept clear and inspectors observed that generally materials that can burn were stored in a responsible manner in dedicated rooms for the purpose even though in some cases the rooms were not capable of adequately containing a fire due to the absence of fire resistant construction as mentioned previously. Inspectors also noted other aspects of good fire safety practice such as the avoidance of lint accumulation within driers, the provision of emergency grab bags in the event of an evacuation and a regular programme of fire drills. The provider had also implemented a programme of safety testing for the electrical appliances within the centre. Inspectors identified one instance where a limited amount of materials that can burn was stored within a room containing the electrical distribution equipment which is not good practice due to the electrical equipment being a potential source of ignition. There were also curtains provided across escape route doors in some cases that could potentially hinder a timely escape in the event of a fire as the curtains when drawn were hanging across fire exit doors. Inspectors were shown records indicating that safety checks were being carried out daily within the centre. Staff also explained that they were in the process of introducing a more thorough programme of safety checks and audits, including the use of a comprehensive fire safety register template supplied by the local fire authority which was shown to inspectors.

Inspectors found that the needs of the residents had been comprehensively assessed in the event of an evacuation of the centre and appropriate evacuation aids had been provided where necessary. There was a fire procedure in place within the centre although it was not displayed anywhere within the centre. Furthermore, the procedure did not adequately take into account the current layout of the building including the lack of construction capable of containing a fire between two houses within the building. The assembly point identified as part of the procedure for evacuation to the outside of the building was in the front yard and was provided with conspicuous signage. However, many of the exits from the building were to the rear and the path around the building to the assembly point in the front was not well lit with poor ground conditions noted.

In general it was found that fire safety training had been provided to staff. However from examination of records inspectors determined that the fire safety training, which was provided over two modules, had not been completed by all staff. Furthermore, there were a small number of staff that had not completed training in the use of ski sheets for evacuation which had been provided within the centre for evacuation. As already mentioned, there was a regular programme of fire drills in place within the centre although from the level of the detail recorded within the fire drill records, inspectors were unable to determine if night time conditions had been adequately simulated within the fire drill programme.

In summary, while some areas of good practice had been identified, further improvement was still required in order to ensure that the fire precautions in place within the centre were adequate. Improvement was identified as being of particular importance with respect to the arrangements in place to contain a fire should one occur.

Judgment:

Non Compliant - Major

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:

At the time of the previous inspection, children who displayed behaviours that challenge did not have access to a psychologist or behaviour specialist. On this inspection, inspectors viewed the personal plans and files of children who displayed behaviours that challenge and found that a behaviour specialist was actively involved in the assessment and care planning for two children and that arrangements were in place for work to begin with a third child in the days after the inspection. The behaviour specialist had carried out assessments on two children and a detailed behaviour support plan was in place for one of these children. The behaviour support plan was based on a functional analysis and outlined proactive and reactive strategies to be employed by staff in their work with the child in relation to targeted behaviours.

There was evidence that the behaviour of one child had been closely monitored and that

staff were employing the new behaviour strategies. These involved choice boards, communication strategies and social stories and there was evidence that these interventions were successful in engendering a positive response from the child concerned.

The behaviour specialist met regularly with staff to inform them about the assessments and to provide the training they required to implement the strategies. Plans were in place for the further development of these strategies in relation to other targeted behaviours.

Since the previous inspection the person in charge notified the Authority of a number of incidents involving behaviour that challenged in relation to children and one allegation against a staff member. Subsequent discussion with the person in charge and documentation submitted to the Authority showed that the person in charge took immediate action to ensure the protection of children at the time of the incidents.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

Inspectors found that a young person did not have an appropriate day placement and spent much of each day on his/her own with staff in the centre while the other children were at school. One staff member told inspectors that the young person did not have a day placement as their medical condition required the presence of a nurse at all times and that this was not possible at a day placement. This was not acceptable as it meant that the young person was not supported to access opportunities for education or training due to lack of resources.

Actions in relation to the assessment of educational needs of children using the respite house were not inspected as the respite house was closed at the time of this inspection.

Judgment:

Non Compliant - Major

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Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.
Findings: At the time of the previous inspection, the need for some children to have specific assessments and treatment by members of the multidisciplinary team was either not being met or was severely limited. Following that inspection, the provider committed to ensuring that any specialist services required for the children would be sourced through the Health Service Executive or privately in a timely manner. Inspectors found that this action was completed and that a range of multidisciplinary professionals had become involved in the assessment and care of the children since that time.
Judgment: Compliant

Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
Theme: Health and Development
Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings: At the time of the previous inspection the prescription sheet for one child did not contain sufficient information and there were no individual medication plans for the majority of children in the respite house. On this inspection, inspectors found that the child's prescription sheet had been updated to include all the necessary information. However, although the child's medication had been reviewed by a general practitioner in the interim, the child's individual medication plan had not been updated since 2014.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

Inspectors viewed the statement of purpose which had been reviewed and updated since the previous inspection. At the time of inspection it was under review again and this review was not yet completed. However, it did not contain all the information required under Schedule 1.

The statement of purpose was not available in a format accessible to children.

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:

Since the previous inspection a new operations manager and assistant operations

manager were employed and there was evidence that the management and governance structures had improved. The assistant operations manager told inspectors that there were regular meetings with managers from the HSE to progress plans for the development of the service. A weekly quality assurance meeting was put in place to ensure the policies and procedures across the organisation were consistent and of good quality and to oversee the implementation of action plans. New templates had recently been put in place for the statement of purpose, for personal plans and for regular unannounced inspections of the centre but these had not become operational at the time of inspection. The new managers had also put in place a weekly multidisciplinary team meeting and the assistant operations manager told inspectors that the needs and care of the children in the centre would be discussed at this forum every fortnight. Inspectors reviewed minutes of the senior managers meetings with the HSE and meetings of the quality assurance group, which showed that several issues that had arisen at the time of the previous inspection were in the process of being addressed.

However, while there was evidence of some progress in the development of better governance structures, several actions arising from the previous inspection had either not been addressed or had not been completed. These included major issues such as the completion of fire safety works and the development of a transition plan for a young person who had reached the age of 18 years.

Prior to the inspection, inspectors sought an update on the progress on implementing actions from the previous inspection. The response from the provider was incomplete and unsatisfactory. Inspectors met with the operations manager and the assistant manager following this inspection and requested a complete update on the progress of actions and timelines for the completion of outstanding actions. A response was received by the Authority but this was not satisfactory either as there were no timelines for the completion of fire safety works and there was still no transition plan in place for a young person.

Since the previous inspection, the person in charge sent questionnaires to parents of the children to gauge their satisfaction with the quality of the service and to look for suggested improvements. A schedule of family forum meetings had also been organised and the first of these was due to take place on the week following the inspection.

The policy on admissions, transitions and discharges had been updated and this included a section on emergency admissions. The policy made clear that emergency admissions were of short duration but it did not stipulate the information that was required on a prospective resident to be admitted in an emergency and it did not outline the procedures to be followed, including any possible impact on current residents.

A corporate risk register had not yet been put in place since the previous inspection and the provider did not outline a timeframe for its introduction.

The premises were in need of maintenance and re-decoration and no action had been taken on this since the previous inspection. The provider informed the Authority that this would begin following conclusion of fire safety works but no timeframe was given for this.

The report on the annual review was updated by the assistant director of services since

the previous inspection but it was not satisfactory as an evaluation of the quality and safety of the care and support provided. The provider informed inspectors that a new template for unannounced inspections had been adopted and that this would incorporate a new reporting format and an action plan. The assistant operations manager told inspectors that an unannounced inspection would take place using the new format before the end January 2016.

Judgment:

Non Compliant - Major

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):

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

Findings:

At the time of the previous inspection, the centre was not resourced to relocate children's services to the community in line with the strategic plan of the organisation nor to provide an adequate level of multidisciplinary input for the children.

On the inspection, inspectors found that progress had been made in relation to the provision of multidisciplinary input. Following the previous inspection the provider had undertaken to source any specialist services that were required by the children either through the HSE or privately and in a timely manner. Inspectors found that this action had been completed. A range of professionals were involved in the assessment and care of the children. These included a behaviour specialist, a social worker, a speech and language therapist, an occupational therapist, a psychiatrist, a GP and a paediatric neurologist.

The provider had informed the Authority that a decision on the funding of the strategic plan was expected by the end of November 2015. An update from the provider indicated that this funding was not yet in place but that new senior managers in the organisation were in the process of preparing a plan for the development of the children's service in collaboration with the HSE. The provider had also committed to implement the recommendations of a fire safety consultant by end October 2015. This work was not completed and the provider told inspectors that the organisation did not have the resources to complete the work as funding came from the HSE and the HSE had only committed resources for a first phase of fire safety works.

Judgment:

Non Compliant - Major

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:

An audit of staff files had been undertaken by the human resources department since the previous inspection and outstanding information and documentation was sought from staff. Inspectors viewed a sample of four staff files and found that all the information and documents required under Schedule 2 were in place.

An audit of staff training needs was also undertaken by the training department. Inspectors viewed the results of this audit which set out clearly the training staff had received and the training that was required. This showed that the majority of staff had received mandatory training but that some staff were not up to date in the training or in refresher courses. A rolling programme of training had been put in place to ensure that all staff received this training and there was evidence that the person in charge had ensured that staff from the centre were booked places on the training for her staff.

The assistant operations manager told inspectors that there had been problems staffing the respite house for a number of weeks and that senior managers had taken a decision to close the respite house as there was an insufficient number of staff with the appropriate mix of experience and knowledge of the children to operate a safe service. The person in charge told inspectors that the respite house would be closed indefinitely and, subsequent to the inspection, the operations manager informed the Authority that the board of management had taken a decision not to readmit children to the respite house. The immediate consequences of the decision to close the respite house were that children who were expecting to avail of respite on the week of the inspection and following weeks and weekends were told at short notice that this would not happen. This was not acceptable as the residential respite service played a key part in their lives and that of their families.

There were changes in the management of the centre since the previous inspection. One clinical nurse manager 1 (CNM1), who was also a deputy manager, had resigned and a second CNM1 had moved to the adult services within the organisation. A third

CNM1 had gone on long-term leave a few days before the inspection. A new CNM1 had been recruited a few weeks before the inspection but, as this person was on leave at the time of inspection, he was not interviewed by inspectors. The result of the changes meant that there was an insufficient number of CNM1s in the fulltime residential service to ensure that the service was managed effectively.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

At the time of the previous inspection, a number of the policies and procedures did not provide adequate guidance for staff and procedures needed to be developed regarding end of life care. A policy and procedures on end of life care was developed in July 2015 and was satisfactory. Associated documentation included a dedicated end of life care plan. The complaints policy was updated and was also satisfactory. The policy on admissions, transitions and discharges was reviewed but was not adequate. The policy and procedures on risk management required further development and the policies on communication and medication management had not yet been reviewed.

The Resident's Guide was updated to include arrangements for accessing previous reports of inspections in the centre.

The directory of residents was reviewed and updated but did not contain all the information required by the regulations.

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:

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 St Patricks Centre (Kilkenny) Ltd
Centre ID:	OSV-0003446
Date of Inspection:	04 November 2015
Date of response:	

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints log was not available for inspection.

1. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and

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

whether or not the resident was satisfied.

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

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

Complaints Log now in place.

Proposed Timescale: 31/12/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Training for staff in key methods of communication had not yet taken place.

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:

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

Communication Training (Lamh) took place on November 20th & 27th with 12 staff in attendance.

Remaining staff scheduled to complete training on the 10th and 31st March 2016.

Proposed Timescale: 31/03/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The policy on emergency admissions did not make clear how the needs of a child would be assessed prior to an emergency admission.

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:

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

Policy on Admissions currently being reviewed and updated to ensure that each referring agency must have an up to date assessment completed for each child before being considered for emergency admission. The updated policy will also ensure that the centre will conduct its own needs assessment within the first week following an emergency admission.

Proposed Timescale: 15/02/2016

Theme: Effective Services

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

Not every child had a written contract which set out the services to be provided and the charges that applied.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

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

New contracts for the provision of services have been sent to all families. 2 have been returned and the Social Worker is working with families to ensure all are signed.

Proposed Timescale: 31/01/2016

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:

There was no plan in place for the transition to adult services of a young person who had reached 18 years of age.

5. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

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

New Policy & Procedures for the Transfer and Transition of Residents in The Centre, came into effect on 15/12/15.

New Transfer/Transition Referral Process agreed at Quality Assurance Meeting on 11/1/16.

A transition plan was underway but was not yet completed at the time of the inspection. A possible suitable adult service was identified between the first (27/5/15) and the second monitoring inspection of (4/11/15) but in the absence of written confirmation that the move would indeed take place, staff were not in a position to complete the transition plan.

A meeting took place between the Children's Service, the HSE and the proposed Service Provider in another county to discuss the feasibility of arrangements for a resident moving to a new house in the community with others who will have attained the age of 18 (April 2016). While it was agreed in principal that this move would benefit the residents concerned no formal plan or funding was agreed at this stage. The HSE Liaison Nurse subsequently developed a Business Case Plan which was submitted to the HSE Disability Manager for approval. This plan was recently approved and the purchase of the new house is proceeding. Once the sale of the property is confirmed the centre will work with the residents, their family, the HSE and the proposed service provider to ensure a smooth transition for all three siblings.

Proposed Timescale: 31/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The fulltime residential units were not in a good state of repair and maintenance issues which had been identified had not been addressed.

6. Action Required:

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

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

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

All maintenance issues will be resolved once the fire safety works are completed.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

The fulltime residential units had not been painted or decorated for several years and were in need of re-decoration.

7. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

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

Redecoration will take place once the fire safety works are completed.

Proposed Timescale: 30/06/2016

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 risk management policy outlined some measures and actions in place to control the risk of the unexpected absence of a resident but this was not adequate.

8. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

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

Although recently updated the Health, Safety & Risk Management Policy will be reviewed again to ensure that there are measures and actions in place to control the risk of the unexpected absence of a resident.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The risk management policy outlined some measures and actions in place to control the risk of accidental injury to residents, visitors or staff but this was not adequate.

9. Action Required:

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

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

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

Although recently updated the Health, Safety & Risk management Policy will be reviewed again to ensure that there are measures and actions in place to control the risk of accidental injury to residents, visitors or staff.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The risk management policy outlined some measures and actions in place to control the risk of aggression and violence but this was not adequate.

10. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

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

Although recently updated the Health, Safety & Risk management Policy will be reviewed again to ensure that there are measures and actions in place to control the risk of aggression and violence.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The risk management policy outlined some measures and actions in place to control the risk of self-harm but this was not adequate.

11. Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

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

Although recently updated the Health, Safety & Risk management Policy will be reviewed again to ensure that there are measures and actions in place to control the risk of self-harm.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The risk management policy did not contain the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

12. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

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

Although recently updated the Health, Safety & Risk management Policy will be reviewed again to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

A number of hazards which had been identified had not yet been addressed.

13. Action Required:

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

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

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

"Material in electrical distribution room". Material now removed Complete.

"Curtains on doors". Has been removed. Complete.

"Draughty back door". Will be replaced as part of fire safety work.
"Doors being wedged". All new fire doors will have hold open devices that will be released when fire alarm is activated. Will be completed as part of fire safety work.
"Poorly lit escape route", Will be addressed as part of fire safety work.
"Slope in shower unit". Shower not currently in use. Will be addressed once fire safety work is complete.

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 22/04/2016

Theme: Effective Services

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

The means of escape from the centre were identified as not being adequate in the following respects:

Not all doors on escape routes were capable of being opened in a timely fashion in the event of a fire

The means of escape was not adequately protected with fire resistant construction and fire doors where required

There were curtains hung across escape routes that could potentially hinder escape in a timely fashion in the event of a fire

14. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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 broken lock on the door between section 1 & 2 has been replaced.

New Fire doors will be installed as part of fire safety work.

Curtains have been removed.

Planned works in Centre incorporates Compartmentation, sub-compartmentation (incl cavity barriers in roof space), repair/upgrade/fit fire doors, as necessary to protect escape routes.

Automatic Fire alarm system and emergency lighting installed & 30 minute ceilings are confirmed.

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 30/06/2016

Theme: Effective Services

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

A number of the doors currently provided within the centre to contain a fire were not maintained in a condition that would allow them to do so as described within the findings.

The path from the rear of the building to the assembly point to the front was not maintained in a manner that would ensure it was usable in the event of a fire.

15. Action Required:

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

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

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

New fire doors will be installed as part of the fire safety work. 22/4/16

The path will be repaired as part of the fire safety work. 30/5/16

Remedial works have been carried out to existing doors to make them more effective in the event of a fire. Completed 26/1/16

Door closures mechanisms have been correctly adjusted. Completed 26/01/16.

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 30/05/2016

Theme: Effective Services

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

The construction of the building was not of an adequate standard for containing fire and preventing the movement of heat and smoke through the building.

16. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

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

New fire preventive measures will form part of the fire safety work.

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 22/04/2016

Theme: Effective Services

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

The storage of materials that can burn within a room containing electrical distribution equipment did not constitute adequate precautions against the risk of fire.

17. 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:

Material has been removed.

Proposed Timescale: Completed.

Proposed Timescale:

Theme: Effective Services

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

The procedures to be followed in the event of a fire were not displayed within the centre.

18. Action Required:

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

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

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

Procedures now displayed appropriately.

Proposed Timescale: Completed.

Proposed Timescale:

Theme: Effective Services

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

The fire procedure in place did not adequately account for the location of fire resistant construction to prevent the spread of fire through the building.

19. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

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

This information will be added to the fire procedures once the fire safety work is complete.

Revised evacuation procedures are in place. Completed. 26/1/16

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

Training records indicated that there were some staff who had not received all fire training modules and training in the use of evacuation aids.

20. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

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

All staff will be scheduled to complete Modules 1 and Modules 2 of the fire safety training and ski sheet training in the first quarter of 2016.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

It was unclear to inspectors from examination of fire drill records if night time conditions had been adequately simulated as part of the programme of fire drills in place.

21. 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:

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

Fire drill documentation will be reviewed and updated to clearly demonstrate that night time conditions have been adequately simulated.

Proposed Timescale: 31/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

One young person who had reached the age of 18 years did not have an appropriate day placement.

22. Action Required:

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

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

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

While the current health status of the resident concerned prevents them from attending our day services on a regular basis we have sourced external supports to visit the

centre to provide a range of meaningful activities.
Activity Plan now in place.

Proposed Timescale: 26/01/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Inspectors found that, though a child's medication had been reviewed since the previous inspection, the individual medication plan for the child had not been updated since 2014.

23. Action Required:

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

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

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

Medication plan now updated to reflect recent changes.

Proposed Timescale: 14/01/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

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

24. 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:

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

Statement of Purpose now contains all the information required under Schedule 1.

Proposed Timescale: 14/01/2016

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in a format accessible to children.

25. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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 Statement of Purpose currently being transferred into an easy read format.

Proposed Timescale: 28/02/2016

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:

Several actions arising from the previous inspection had not been addressed.

26. Action Required:

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

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

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

Fire Safety;

Transition Plan; See Outcome 5 (Social Care Needs).

Admissions & Discharge Policy; To be updated to include the information that is required on a prospective resident to be admitted in an emergency and to outline the procedures to be followed including any possible impact on current residents.
(28/2/16).

Maintenance/redecoration; To be completed after fire safety work is completed.
(30/5/16).

Annual review; Commenced 8/1/16 and will be completed by 31/1/16.

Proposed Timescale: 30/05/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was no strategic plan in place for the development of the children's service.

The provider did not have the resources to fully implement the recommendations of a fire safety consultant.

27. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

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

A) Phase 1 of the Fire Safety work will be completed by 22/4/16.

B) The Board of The Centre have written to the HSE informing them that the service will no longer provide overnight respite services and there will be no new admissions into the residential service. A Strategic Plan for the residential service for the medium term will be developed to ensure that the quality and safety of those children who remain part of the service until they reach the age of 18 is paramount.

Proposed Timescale: 30/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was an insufficient number of staff with the appropriate mix of experience and knowledge of the children to operate a safe service in the respite house. There was an insufficient number of CNM1s in the fulltime residential service to ensure that the service was managed effectively.

28. Action Required:

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

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

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

As indicated above (Outcome 16) The Centre no longer is providing overnight respite services.

A recruitment process is underway to replace the CNM1 who recently left the service.

Proposed Timescale: 30/03/2016

Theme: Responsive Workforce

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

Some staff were not up to date in mandatory training or in refresher courses.

29. 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:

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

All staff scheduled to complete all mandatory training by end of the first quarter.

Proposed Timescale: 30/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of the policies and procedures did not provide adequate guidance for staff.

30. 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:

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

All policies and procedures are currently referred to the Quality Assurance Team who review, amend and update all policies etc. Once through the QA Process all updated documents go the Operations Manager for sign off.

Admissions/Discharge Policy; To be reviewed and updated.

New Transitions Policy in place. Completed.
Risk Management; To be reviewed and updated.
Communication Policy; To be reviewed and updated.
Medication Management; To be 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 directory of residents did not include all the required information.

31. 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:

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

Directory of residents currently being updated.

Proposed Timescale: 31/01/2016