

**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 Southern Services
Centre ID:	OSV-0005121
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Una Nagle
Lead inspector:	Patricia Sheehan
Support inspector(s):	Jennifer Healy
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	3

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:
25 November 2015 09:00	25 November 2015 18:30
26 November 2015 09:00	26 November 2015 16:00

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 inspection was the third inspection of the centre carried out by the Authority and its purpose was to inform a decision to register the centre.

The centre provided a short term residential respite service for children with disabilities and had recently consolidated two services into one. It was set in a rural area in close proximity to nearby towns and services. The single story building operated as one respite centre but could be subdivided into two areas if the groupings of children receiving respite required such an arrangement. There was an afterschool service attached to the building that operated independently.

According to its statement of purpose, the centre provided short term respite care to children from the age of six to the age of 18 with intellectual disabilities/autism. It had capacity for a maximum of seven children. The service consolidation meant that all children were now receiving their respite service in this centre and some staff had been reallocated accordingly.

As part of this inspection, the inspector met with the sector manager, the person in charge, two social care leaders and four other members of staff. Inspectors met briefly with the four children and observed practices and reviewed documentation such as children's personal plans, medical records, incident logs, policies and procedures and staff records. Inspectors also spoke with three parents on the telephone and met one in person.

Inspectors found that the children were well cared for and the staff team were person-centred and in the process of assimilating the changes brought about by the service consolidation. Care practices were generally of a good standard and relationships between children and staff were warm and respectful. The centre maintained close communication with families and the children were observed to be happy, which parents confirmed. A number of improvements had been made in the centre in response to actions required from the previous inspections but the findings of this inspection demonstrated a lack of compliance across a number of key outcomes. These included children's rights, social care needs, medication management and safeguarding. As a result, inspectors remained concerned about the governance of the centre. These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Inspectors found that while staff treated the children with dignity and respect, improvements were required in relation to the level of consultation with children and the management of complaints.

Parents who spoke to inspectors said that they had received information about the service, were aware of their children's rights and considered themselves as the primary advocate for their children. An action from the previous inspection was to ensure children had access to advocacy services. A brochure was available on the national advocacy service which was referenced in the centre's statement of purpose and resident guide. Senior managers told inspectors that they were liaising with that service in regards to the supports being planned for children.

Inspectors found that the level of consultation with the children was not adequate. Inspectors observed that some child friendly information was available and children were offered choices regarding the bedroom they wanted during their respite stay and the food they liked. However, a review of files showed that many of the children had a range of abilities but these abilities were not sufficiently considered as regards their participation in the organisation of the centre and decisions about activities during their respite stay. This was an action from the previous inspection and the provider's response was that at each respite visit there would be discussion with the children about how they could participate. Inspectors found no evidence of routine arrangements in place to ensure this and no record of key-worker sessions taking place as a forum for staff to consult with children. Children were not consulted regarding activities as these were planned at staff meetings before the child came to the centre.

There was a policy and procedures for the management of complaints with a named complaints officer and an independent appeals process in the event of a complainant not being satisfied with the outcome. Parents told inspectors that they knew how to make a complaint. More effective ways to support children to make a complaint had been introduced since the previous inspection with, for example, a complaints poster outlining the process placed in a prominent position in the centre. However, the written complaints brochure was not child friendly and on review of the complaints log inspectors found that it was not always clear what action had been taken on foot of a complaint, whether the complaint was resolved and the complainant satisfied and notified of the appeals process. The person in charge told inspectors that a new process for recording and managing complaints was in the process of being implemented.

Each child was afforded the privacy of a single bedroom and staff told inspectors that they were conscious of preserving the children's privacy and dignity while providing personal care in line with the centre's policy on intimate care. An action from the previous inspection was to improve the quality of intimate care plans and inspectors found that this action had been satisfactorily implemented. Parents told inspectors that their children were treated with dignity and respect and inspectors observed that staff relationships with the children were very appropriate. An action from the previous inspection related to the practice of carrying out night checks on every child. The provider's response was that an individual risk profile would be undertaken for each child in relation to their individual need for staff monitoring during the night. Inspectors saw that assessment of such a need was addressed through completion of risk profiles but only a small number of these had been completed to date. Inspectors noted that the timeframe for completion of this action had not yet elapsed.

While inventories of belongings were recorded at each respite stay, inspectors noted that a number of complaints, which ultimately were all resolved, related to missing personal items. As this was a respite stay of short duration the centre did not encourage families to provide their children with money. The availability of storage for children's belongings in terms of wardrobes and bedside lockers had improved since the previous inspection.

Although children's activities were planned at staff meetings before the child came to the centre, parents told inspectors that their children had opportunities to engage in activities with their peers and that they had lots of fun during their respite stay. Records reviewed by inspectors showed the extent of leisure activities and participation in the community. For example, there were outings to playgrounds and parks and visits to community events. Inspectors observed some of the children after their return from a wildlife park and they were able to communicate how much they enjoyed the outing. While children had opportunities to participate in play, aspects of the premises required improvement to facilitate greater opportunities. This is covered under Outcome Six, Safe and Suitable Premises.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

While children were supported to communicate, improvements were required in the recording of the communication supports required within their personal plan.

There was a policy on communication which provided information on a range of communication methods and aids. It also provided details of where additional information and supports could be sought to enable staff to communicate as effectively as possible and to encourage children to communicate to the best of their abilities.

Staff demonstrated through their practices and via conversations with inspectors that they used different communication methods according to the child's need. Staff considered themselves sufficiently trained and inspectors reviewed records and saw that training in the picture exchange system method had been provided in past years. A number of staff were scheduled to receive further communication training as part of the training plan for the coming year. Visual schedules were displayed and there was evidence that signs, symbols and pictures were used to communicate with children. The centre linked in with parents, carers and children's individual schools to learn more about their communication needs prior to admission. However, inspectors found that the recording of children's communication needs and supports necessary while of a good quality was fragmented and did not ensure that all staff would be aware of any particular communication supports. For example, in some files it was not immediately clear to the inspector whether the child was verbal or not and with the recent amalgamation of services many staff were still getting to know the children.

Children had access to television and wireless internet was available in the centre to enable access to assistive technology and to promote children's full capabilities. While the centre had two electronic tablets and children were facilitated by staff to use these for entertainment, it was not clear to inspectors from reviewing personal plans how this type of assistive technology was being used to enhance communication.

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):

No actions were required from the previous inspection.

Findings:

Children were supported to maintain relationships with their families and to develop links with the wider community.

Some parents of children who now received their respite stay in this centre told inspectors that the children had an opportunity to visit the new centre and its facilities during an open day prior to the new service commencing. This opportunity was welcomed by parents.

Positive relationships between the children and their families were actively supported and the policy on visitors guided staff accordingly. Parents were a primary source of information about the children and children were encouraged to maintain contact with their families during respite. Parents said they were provided with updates about their children's wellbeing and kept advised of any significant events. They were asked about any new information that staff needed to be aware of such as medication changes or diet or any other issue. Parents told inspectors that they were aware of their children's personal plans and involved in any review of their plans. Records of contacts with parents needed improvement.

Children were encouraged and facilitated to use community facilities with transport provided. Records and staff interviews showed that the extent of use of community facilities was good and parents confirmed that they were very satisfied with their child's participation in the wider community.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was an admissions policy with clear criteria for admission and discharge but contracts for the provision of services were not in place.

Children eligible to receive a service were from six to eighteen years of age with intellectual disability and who attended a special school under the patronage of the organisation. Support needs that could not be met by the centre were outlined. Inspectors found that children using the service met these criteria and admissions were in line with the centre's statement of purpose.

Children did not have a written agreement for the provision of the respite service signed by the child's parents/guardians and a representative of the service.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Improvements were required to ensure the development of personal goals and involvement of children in the care planning process and to support children when moving between childhood and adulthood.

Inspectors examined the personal plans of four children and found that while the personal profile was detailed and the plans developed with the active participation of parents, they did not have multidisciplinary input. Despite the fact that a number of children were receiving school based specialist services, such as speech and language, there was very little evidence of multidisciplinary input into different aspects of the children's care prior to admission or at reviews.

The personal plans included all aspects of the children's lives such as health, dietary requirements, personal care, communication and activities. However, the format of the

plans was disjointed and not concise and it was difficult to determine how likes, dislikes, and preferences were identified. Personal development goals were either not always established or, if they were established, it was not clear how the achievement of these goals would be supported. For example, some children needed full assistance with maintaining oral hygiene but there were no goals in place to assist in achieving this. Records of updates relating to progress in acquiring skills were not found. Inspectors were not able to determine if personal goals were being achieved and if they were contributing to improving the child's quality of life. The involvement of the child in the care planning process was not evident.

The personal plan was available in an accessible format and parents confirmed to inspectors that they were involved with the development of plans and participated in reviews. Signatures of parents and keyworkers to show that the plans had been discussed with the child were not evident.

Children were not sufficiently supported in managing all transitions. Children were supported as they transitioned from school to the centre with staff members accompanying the children on the trip and parents spoke of good communication between themselves and the staff and the teachers. However, inspectors found that there were no transition plans in place to support the child as they approached the age of discharge from the service. No information was provided on future services and supports.

Since the respite stays were of a short duration and their purpose mainly of a social nature, staff were not involved in in-depth preparation of the children for independent living. Inspectors found that there was some focus on life-skills to enable the children to have as much independence as possible. Inspectors observed some children assisting with setting of the dinner table and meal preparation. There was evidence of staff encouraging the children to be involved in general household tasks according to their abilities and wishes.

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:

The premises were well maintained but required some improvements to ensure it met children's needs and was suitable for its stated purpose.

The centre was located in a rural area on six acres in close proximity to nearby towns and services. The single story building operated as one respite centre but could be subdivided into two areas if the groupings of children receiving respite required such an arrangement. Each of these adjoining areas had their own entrances with internal doors linking them and allowing for free access between the areas. In total, the centre comprised seven children's bedrooms, two staff bedrooms with en-suite bathrooms, two main bathrooms, one living room, one dining room with a kitchenette, one dining/living area with a separate kitchen, a laundry room and an office. There was an outdoor garden area at the front and back of the building.

Since the previous inspection all blinds in the centre had been either repaired or replaced where necessary. Safety lighting in the event of the centre losing power had been installed in the children's living areas. However, an action from the previous inspection regarding improvements to how maintenance requests were managed was not satisfactorily implemented. Although there were a few days left within the provider's proposed timescale to complete the action, inspectors viewed the maintenance book and found that maintenance issues were often not dated and it was not clear if the issues were addressed in a timely manner. For example, staff told inspectors that there had been problems with television reception and this had taken some time to address the problem. Many issues were written on loose sheets of paper.

The bedrooms were of adequate size and were well furnished. The action from the previous inspection relating to inadequate storage for personal use in one bedroom had been addressed.

Communal living areas were also well furnished and clean and comfortable. There were some areas within the centre that were set aside for quiet spaces for the children but no specific room with a stimulating environment to help the children explore their sensory world. As described above the two adjoining areas had their own entrances and these entrance doors opened directly into the dining areas which did not provide sufficient privacy to the children. When inspectors left the building in the evening, they had to walk through the dining area where the children were getting ready for their meal. In one area of the centre, the dining and living space were combined within one room which resulted in inadequate living space.

The two bathrooms had a shower, bath, sink and toilet. At the time of inspection there were only four children receiving respite but the centre had capacity for seven children and the amount of bathrooms was inadequate. Staff told inspectors that only two bathrooms meant that children, many of whom were teenagers, were given their bath and shower and in their pyjamas by early in the evening in order to accommodate all personal care needs. This was not an acceptable practice.

Corridors in the centre received little natural light and some sections of the centre were completely enclosed and had no windows. At the previous inspection, the person in

charge had told inspectors that light tunnels were being considered to introduce natural light. This resolution was still being considered but had not sufficiently progressed.

Inspectors found that while children had some access to outdoor play equipment, such as balls and bats, outside areas were not sufficient as the recreational areas did not have a sufficient variety and range of play equipment. External playground facilities for the children were not easily accessible and required staff to drive children to them. Staff did not consider the outside trampoline had been satisfactorily installed and maintained. Inspectors observed that it looked crooked and was covered in leaves.

The premises were clean and suitably decorated and furnished. An action from the previous inspection regarding insufficient ventilation in the kitchenette and insufficient household storage had been satisfactorily implemented. Assistive equipment was not required for any child at the time of inspection. Suitable arrangements were in place for the disposal of waste.

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:

Overall, the health and safety of children, staff and visitors was promoted and protected but not all risks in the centre had been identified.

There was a centre-specific health and safety statement in place. Suitable procedures were in place for the prevention and control of infection. Training in infection control and hand hygiene was provided and there were sufficient facilities and materials available for hand washing. Colour-coded cleaning materials were used.

The risk management policy had been revised since the previous inspection and in general met the requirements of the regulations but omitted to outline the arrangements for the identification, recording and investigation of, and learning from, serious incidents. Inspectors found, however, that the risk management policy was not fully implemented in the centre. Not all staff spoken with were aware of the policy. The risk register was still under development and for the most part was populated with risks identified by the Authority on previous inspections. While the person in charge said that risk management data was regularly reviewed when she met with her line manager, the

hazard notification forms used to populate the register were for the most part incomplete. A hazard log had recently been updated but all risks in the centre had not been assessed with measures in place to control them. For example, there were risks associated with not all rostered relief staff having up-to-date medication administration training and with inadequate staff supervision. Equally, environmental hazards such as a loose cord for the extractor fan in the kitchenette, the outside trampoline which staff felt was not safe to use, and the lack of a viewing panel on one of the sitting room doors which was a fire door and kept closed, had not been identified with measures in place to control them. The loose cord was addressed satisfactorily during the inspection.

The systems in place to respond in the event that a child goes missing from the centre had improved since the previous inspection and inspectors saw that staff were updating all photographs of the children and their individual profiles. The centre was in the process of implementing a new process for assessing individual risks for the children. The aim of these new individual risk profiles was to identify risks in areas such as behaviour, safeguarding, nutrition and develop a risk management plan. Inspectors found that while this change was being introduced staff were using different risk tools and not all of them were completed.

Arrangements were in place for recording serious incidents. Inspectors viewed the records of incidents which were signed off by the person in charge. A computerised system that generated reports on incidents so that significant trends could be analysed and summary data discussed with the sector manager on a quarterly basis was in the process of being implemented in the centre. In the interim there was little evidence of analysis of incidents and review by managers and in particular there was little evidence of behaviour incidents being reviewed consistently with the staff team and the behaviour support team. This is discussed further under Outcome 8: Safeguarding and Safety.

Fire safety management systems were in place. The fire alarm was serviced quarterly and suitable fire equipment was available and had been routinely serviced. Emergency lighting was in place and fire exits were unobstructed. A child friendly fire evacuation notice was displayed in a prominent place. Records of daily, weekly and monthly checks on the fire equipment, fire precautions and on the means of escape were completed by staff. All staff had received training in fire safety in and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. Planned fire drills were carried out regularly and personal emergency evacuation plans (PEEPS) were under review which was a required action from the previous inspection. Five of these plans had been updated and were easily accessible to staff in the centre's emergency folder but the timeframe given by the provider to have all personal evacuation plans updated had elapsed.

Systems were also in place for responding to emergencies and there was a satisfactory emergency plan which set out the arrangements for responding to a range of possible emergencies. The centre had vehicles for transporting the children and there was evidence of appropriate insurance in place. Missing safety equipment in vehicles which was an action from the previous inspection had been provided.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

There were adequate measures in place to protect children but the system in place to understand and alleviate the causes of challenging behaviour required improvement.

There was a policy and procedures on child protection in place which was comprehensive. Staff interviewed were aware of the designated liaison person within the organisation and her role to report allegations or suspicions of abuse in accordance with national guidance. The person in charge and social care leaders were aware of their responsibilities in relation to child protection and the person in charge outlined the steps she would take in the event of an allegation of abuse or neglect by a staff member. Inspectors reviewed the outcome of an internal investigation by the centre which had taken place in (December 2014) and found appropriate action had been taken. There had been one child protection concern in 2015 that had been appropriately notified to the Authority. The person in charge said that the concern related to behaviour by the sibling of a child no longer receiving respite at the centre. She told inspectors that the matter had been reported in line with Children First and investigated and closed. However, there were no records in the centre either of this referral to the Child and Family Agency or the final outcome.

There were various safeguards in place to protect children. All staff members had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) and training records confirmed this. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. An Garda Síochána vetting was in place for all staff. Parents commented that they considered their children to be safe in the centre. There was a policy and procedures on the provision of personal and intimate care and each child had an intimate care support plan.

Systems in place to identify, understand and alleviate the underlying causes of challenging behaviour were not adequate. Training in positive behavioural support had been provided to staff (with a number of staff scheduled for refresher training) and

behavioural support plans were in place as required. Where a child engaged in behaviour that was challenging, records were maintained of the behaviour and the circumstances surrounding it. Behaviour support was provided by an independent service funded by the organisation. Referrals could be made directly by families or through the centre. Inspectors viewed the records of staff team meetings and saw that the behaviour support service attended periodically to discuss individual children and their behaviour support plan. Inspectors reviewed a sample of the 22 incidents of challenging behaviour that were recorded by social care leaders and found that not all these incidents reported were reviewed by the person in charge. Furthermore, there was no evidence that these behavioural incidents were always reviewed by the team and the behaviour support service despite assurances by the person in charge that all incidents on an individual child were discussed at team meetings. As a result, the system in place to monitor behavioural incidents did not lead to changes in individual practice for children and did not ensure that staff could appropriately respond to behaviour that is challenging and support children to manage their behaviour.

Some restrictive practices were used in the centre and were governed by a comprehensive policy. These included a key pad on the front door and front gate and some harnesses used during transport. Use of restrictive practices were recorded and monitored by a multidisciplinary behaviour standards committee who met monthly.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the designated centre was being maintained and where required, notified to the Chief Inspector according to the time frames laid down. Quarterly reports were provided as required. The provider nominee and person in charge were aware of the requirements in relation to the submission of notifications.

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):

No actions were required from the previous inspection.

Findings:

Children were facilitated to participate in education and they were provided with opportunities to socialise with their peers. However, improvements were required regarding the assessment of the educational needs of the children.

Appropriate education policies were in place and children were supported to attend school. All of the children availing of the respite service attended different special schools which were under the patronage of the organisation. There was transport available to take children to and from school at the beginning and end of their respite stay.

There were systems in place to ensure effective communication between the school and centre staff, such as the use of communication books. Staff told inspectors that they liaised regularly with the school in order to address any issues impacting on the child's respite and this was sometimes but not always evidenced in children's records. Parents said they were satisfied with the support their child received with any homework they had to complete while on a respite stay. While the periods of respite were short, nevertheless, there was no evidence of any educational assessment included in the children's files.

Records and interviews with staff and parents evidenced that children participated in activities both inside and outside the centre and were supported to socialise with their peers. One child was able to communicate to inspectors that he knew a friend was also coming to the centre and he hoped to see him later in the evening. Daily activity logs were reviewed and a range of activities were seen on file. External activities were also identified on the activity log.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

Children's health care needs were generally met but improvements were necessary in relation to the input of health care professionals.

Parents were primarily responsible for ensuring that the health care needs of children were met as the children attended the centre for short periods of respite. Personal plans contained emergency contact details should a child require medical attention while on respite and it was centre policy to discharge children in the event of illness so that parents could arrange an appointment with their own general practitioner.

An action from the previous inspection was to ensure that updating personal plans in relation to health care were more robust. Updates on children's health were still discussed in fortnightly staff meetings but inspectors found that keyworkers and social care leaders had now been assigned the responsibility to ensure all health care information was gathered from families to be included in the personal plans. There was some evidence that engagement with families before respite visits to enquire about health issues that staff may need to be aware of had begun. As a result some personal plans reviewed contained improved detail in relation to children's health. Overall, this was a work in progress and the timescale for completion of the action from the previous inspection had not yet elapsed.

Clinical supports were not attached to the centre and access to a multidisciplinary team, including occupational therapy, speech and language therapy, psychology and social work, was through the school. Inspectors saw from their review of files that some children were accessing these services. However, reports from the relevant healthcare professionals were not always sought and kept on file and used to inform the personal plan. For example, there was no evidence of the input of a dietician in relation to the care practices for a resident with dietary issues. Some children received speech and language therapy but there were no reports sought from these professionals and used to inform the personal plan.

Children had some access to outdoor play equipment and they were provided with appropriate opportunities to exercise. They were encouraged to take part in physical exercise such as swimming and walking. Children had access to snacks and drinks throughout the day and inspectors saw that a food intake diary had been introduced with the food and drink consumed by the children at all mealtimes now recorded. Parent's typically advised centre staff if children were on special diets and some children brought their own food with them on respite.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

A major non compliance from the previous inspection was the lack of appropriate medication management practices and implementation of a new medication management policy. While there had been some improvements, overall children were not fully protected by safe medication management practices.

Inspectors found that a comprehensive policy and procedures on medication management was now in place but not all staff were aware of it in sufficient detail. Some practices followed by staff were safe and appropriate. The medications received were now counted and logged in a specific medication log book and these drug counts were signed by two staff members. Medication was stored securely and was clearly labelled for each child. All medications were individually prescribed. A respite-visit only supply of medication was provided by parents to avoid any surplus amounts of medications that might require disposal. Children had not been assessed as to their ability to self-administer medication. There were no prescribed controlled medications and no medications requiring refrigeration at the time of inspection. Medication was not used as a chemical restraint.

However, the medication administration charts were very disorganised and inspectors reviewed the medication folders for each child and found that individual medication plans were not all current. While medication was administered by support staff who had undertaken a course in the safe administration of medication not all the relief staff had received the training. This resulted in a social care leader being required to come in on some days off in order to administer medications. The system for signing in the medicines was complex and staff said they often had to contact parents because medications were not correct. This caused delays and unnecessary stress to staff and inspectors noted that such an event occurred during inspection. A process was in place for the recording and review of medication errors which were managed in line with other serious incidents. Inspectors viewed the report on medication errors and spoke with staff and found that not all medication errors were being captured as medications omitted or refused were not being considered as errors.

The processes in place to monitor medication practices and ensure the medication management system was protecting children were not adequate. Inspectors examined three monthly audits of medication management practices which had taken place in 2015 by the person in charge. The audits reviewed medication security and administration but had not addressed that not all medication errors were being captured

or that the administration record sheets were disorganised. The action plan response from the previous inspection had stated that a weekly audit of the medication administration record system would be implemented immediately for each child prior to their planned stay but there was no evidence that this was taking place.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There was a statement of purpose which was available to children and their families but it did not contain all the information required by the regulations.

The Statement of Purpose, dated September 2015, described the aims and objectives of the centre and the facilities and services which were to be provided for children. It contained most but not all of the information required by Schedule 1 of the Regulations. More accurate information was required in relation to the organisational structure and more specific information was required with respect to the following: the behavioural supports provided to support children with challenging behaviour; total staffing compliment in full time equivalents.

Inspectors found that staff were familiar with the statement of purpose and it was implemented in practice. For example, children participated in social activities and the environment was welcoming and inclusive.

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

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:

Management systems to ensure the service provided was safe and consistently and effectively monitored required continued improvement.

The management structure identified the lines of authority and accountability in the centre. Support staff reported to two social care leaders who in turn reported to the person in charge. The latter reported to a sector manager who in turn reported to the director of services who was the provider nominee. The director of services reported to the Chief Executive Officer who reported to the Board of Directors. Staff were clear about the relevant reporting mechanisms. An on-call arrangement was in place so that staff could contact a manager within the organisation for advice or support at any time of the day.

Some systems to review the safety and quality of care and support to children were in place. There were arrangements in place to ensure oversight of key areas relevant to the provision of safe, quality care to residents as outlined in Outcome 07: Health and Safety and Risk Management. The risk register was in the process of being implemented and new individual risk profiles for the children were being introduced. Regular line management meetings up to the director of services level provided a forum for ongoing review of the service and the achievement of its objectives. However, arrangements were not adequate to ensure that staff exercised their personal responsibilities for the quality and safety of care as a performance management system was not in place.

The person in charge had a degree in nursing and many years of experience of working with people with intellectual disabilities within the organisation. She had attended a two day course in management training and her post was fulltime and she was based in the centre. She had knowledge of the standards and regulations. However, inspectors found that not all actions from the previous two inspections had been completed and the level of managerial oversight of the children's records and audits to monitor the quality and safety of the service was not adequate. While notifications had been made within the appropriate time-frames by the person in charge to the Authority, there was little evidence of quality assurance checks on critical records, such as the daily recordings, behavioural support plans, and personal plans. While there was an annual premises audit with corrective actions identified, there was little evidence of other routine audits such as restrictive practices. The medication management audit was not effective in addressing medication management issues. Inspectors viewed the records of fortnightly team meetings and found that these meetings were chaired by a social care leader and that the person in charge had only attended one meeting between February 2015 and the time of the inspection. Inspectors were concerned about the effectiveness of the

governance of the centre.

An action from the previous inspection was to have a strategy in place to support staff and ensure the centre was fully prepared for the expansion of service that had occurred. The social care leaders and person in charge told inspectors that an open day for the additional 34 children who had transferred to the centre went well. Overall, staff considered that the children who had received their respite in this centre to date were happy. Nevertheless, interviews with staff, the person in charge and sector manager showed that there was no clear implementation plan with tangible timeframes to govern management of this expansion and the resulting changes for children and staff. The provider's response to the requirement to have a strategy in place was that a system would be introduced in order to streamline services and manage all areas of the change process with a timeframe for completion of 31st January 2016. At the time of inspection, inspectors did not see evidence of any progress to date in the introduction of this system. While parents spoken with considered communication in the centre to be good, some staff considered that the communication and management of the service expansion and resulting changes could have been more effective.

A formal system for carrying out a six monthly unannounced visit of the centre by sector managers was in place and inspectors reviewed a report arising from these visits. The annual report on the safety and quality of the service was completed by the person in charge and made available to inspectors alongside the action plan to address any issues arising. Inspectors saw the survey results from parents as part of the formal consultation with them in relation to their experience of the service and in order to identify any improvements that would benefit the service.

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):

No actions were required from the previous inspection.

Findings:

Formal arrangements were in place that identified a specific deputising arrangement for any notifiable absence of the person in charge. The person in charge was based in the centre and the social care leaders were on the staff roster and managed many aspects of the centre on a day-to-day basis.

There had not been any times when the person in charge had been absent from the designated centre for 28 days or more. The provider nominee was aware of the requirement to notify the Authority in such an event.

Judgment:
Compliant

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

No actions were required from the previous inspection.

Findings:

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

While the premises required some improvements as outlined under Outcome 6: Safe and Suitable Premises, the facilities available in the centre were of a good standard. Children were afforded adequate space both inside and outside the centre. They also had access to resources such as tablet devices, toys, games and some outside play equipment. The centre had access to suitable vehicles for transporting children to and from community activities.

Resources were allocated for any repairs, for the maintenance and servicing of equipment and the upkeep of the centre.

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:

While continuity of care for some children was affected by the service consolidation, the staff team were qualified, experienced and trained. The numbers of staff required review to ensure there were appropriate staff numbers to meet the needs of the children.

The person in charge told inspectors that there was no formal assessment tool in use to determine the dependency level of a child and that staffing levels were determined in relation to the assessed needs of the children. For example, two siblings required additional staff support during their respite stay and inspectors found that this had been provided. Inspectors found that there was a core staff team in place and that relief staff from within the organisation were called upon as necessary. Upon review of the staff rota and interviews with staff and observations of staff engaged with the children during the inspection, inspectors found, however, that the overall staffing levels required a review to ensure the numbers of staff were appropriate to the assessed needs of children. During the inspection, there were four staff on duty for four children and one waking and one sleeping staff at night time. Inspectors observed that in the early evening the staff were very busy as they logged in personal possessions and medications, helped the children to choose their bedrooms, engaged with the children and were also responsible for making dinner. Not all of the children were known to the staff who told inspectors that they were in the process of getting to know the children which was time consuming. Staff said that typically between 6-9pm was very busy and there was little time for updating records and files.

Inspectors observed the interaction between staff and children and found that staff treated the children with warmth and respect and were focused on getting to know the children who had transferred from the other service. They made efforts to ensure that the children were given opportunities to express themselves and exercise choices. Parents spoke well of the staff and the relationships they had with their children.

Inspectors spoke with staff who confirmed what training they had received and records showed that staff had received core training in areas such as Children First (2011), fire safety, manual handling, safeguarding, and managing behaviour that challenges. Staff interviewed were knowledgeable and competent. A comprehensive staff learning and development policy had recently been developed and inspectors reviewed the training needs analysis and training priorities for 2016. However, medication administration training was not provided for all relief staff nor was first aid refresher training to ensure at least one shift member was up to date.

Good systems were in place for the induction of new staff and inspectors viewed the staff files of four staff members. The files were well-maintained and the documents required by Schedule 2 were easily accessible. All four files contained all the information and documents specified in the regulations.

Night supervisors told inspectors that support staff rostered to work during the night were subject to unannounced visits every second week. The results of these unannounced visits were verbally reported to the person in charge but there were no written supervision session records. For day support staff there was no one-to-one supervision taking place and the group supervision was inadequate. Inspectors examined the group supervision sessions and found that they were facilitated by a staff member who was the only person trained in group supervision and not a part of the line management structure. There had been three such sessions in 2015 with discussion around items such as staff continuity and training needs. Ensuring staff were properly supervised was an action from the previous inspection and the response from the person in charge was that individual supervision incorporating performance management would be introduced by 31 December 2015. Inspectors did not see any evidence that this action was being progressed.

There were no volunteers involved in the centre at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records were stored securely and records were made available to inspectors as required by regulations. Improvements were required to ensure all records were complete and accurate and well maintained.

While the two services had amalgamated some weeks prior to the inspection, there were still two directories of residents and both contained all of the items required by the Regulations. The person in charge began the process of developing one inclusive directory during the inspection. She was aware of the requirement to retain records in accordance with the regulations and there was adequate storage of archived files. A guide for children was available. The centre was appropriately insured.

Policies and procedures required by the regulations were in place and inspectors found that they reflected care practices in the centre. Staff were not aware of all the policies and did not sign off on them as evidence that they had been read.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Patricia Sheehan
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 Southern Services
Centre ID:	OSV-0005121
Date of Inspection:	25 November 2015
Date of response:	

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The level of consultation with the children and opportunities to participate in the organisation of the centre was not adequate.

1. Action Required:

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

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

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

At each visit the children will be consulted on opportunities to participate in the organisation of the Centre. These consultations will be documented and facilitated by the child's key worker when on duty, or by the nominated staff on duty at the date of the child's respite stay.

Proposed Timescale: 11/03/2016

Theme: Individualised Supports and Care

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

The written complaints brochure was not child friendly and it was not always clear what action had been taken on foot of a complaint, whether the complaint was resolved and the complainant satisfied, and notified of the appeals process if they were not satisfied.

2. 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 whether or not the resident was satisfied.

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

To facilitate a child to make a complaint, an updated child friendly accessible version of the Complaints brochure will be available in the Respite Centre for staff to discuss with the children during their respite stay. In accordance with the Services Policy the local records detailing the complaints received will record any actions, outcomes, or appeals arising from the process of examining the complaint. The complainant's response will be recorded in the Centre.

Proposed Timescale: 19/02/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The recording of children's communication needs and supports, to include assistive technology, was fragmented and did not ensure that all staff would be aware of any particular communication supports.

3. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

To ensure that all respite staff and the Children's key workers are updated and familiar with the Children's communication needs and supports, including the use of assistive technology, the children's individual Personal Plans will be reviewed, updated and rewritten in a new and clearer format and placed in a prominent and easily accessible place on the Children's files.

Proposed Timescale: 18/03/2016

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:

Children did not have a written agreement for the provision of the respite service signed by the child's parents and a representative of the service.

4. Action Required:

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

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

The Services will provide all families with the terms of the respite service, and a written agreement for each Child availing of respite care. The agreements will include provision for signatures of both the Parent and the Services representatives respectively.

Proposed Timescale: 19/02/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment prior to admission did not take place.

5. Action Required:

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

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

A pre-admission assessment of the child's needs will be completed for all new

admissions and will be reviewed on an annual basis or more frequently as required.

Proposed Timescale: 29/02/2016

Theme: Effective Services

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

The review process did not meet the requirements of the Regulations as it was not multidisciplinary in order to fully assess the effectiveness of the plan and consider any proposed changes to the plan.

6. Action Required:

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

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

To assist the planning process and to ensure the effectiveness of the children's plans , reviews of will include multidisciplinary input.

Proposed Timescale: 29/04/2016

Theme: Effective Services

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

The maximum participation of children according to their abilities in personal plan reviews was not evident.

7. Action Required:

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

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

The Children's individual Personal Plans are under review with the Children's Parents. To ensure that each child's wishes and choices are known, the Child's key worker or the respite staff on duty will consult on the draft updated plans with the children at their subsequent respite stay, as appropriate.

Any amendments required following these discussions will be agreed with the child and family prior to finalising the plan.

Proposed Timescale: 18/03/2016

Theme: Effective Services

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

The format of personal plans was disjointed and not concise and it was difficult to determine if personal goals were being achieved and if they were contributing to improving the child's quality of life.

8. Action Required:

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

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

A new format of the Children's personal plans will be introduced in the Centre to ensure that the Children's identified goals are prominent and can be easily understood and identified in the plan. The new format will facilitate the review of the goals to assess if the goals have been achieved. The attainment of the goals, and their impact on the Child's quality of life can be effectively monitored and documented on the plan

Proposed Timescale: 25/03/2016

Theme: Effective Services

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

Children were not sufficiently supported in managing all transitions in a timely manner.

9. 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:

To support the Children's transition to an alternative children's residential/respite services information on the new service will be provided and supports will be available during the transition.

For children departing from the Centre at school leaving stage information will be provided in at least 12 months in advance of their discharge from the Centre. For 2016 school leavers this information will be provided by end of January 2016.

Proposed Timescale: 29/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Entrance doors opened directly into dining areas which did not provide sufficient privacy to the children.

The amount of bathrooms for seven children were inadequate.

Within one area of the centre the dining and living space were combined into one room which resulted in inadequate living space.

Corridors in the centre received little natural light and some sections of the centre were completely enclosed and had no windows.

Outdoor recreational areas did not have age-appropriate recreational facilities.

10. Action Required:

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

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

The Services are currently finalising a redesign plan for the Centre which will include for the following improvements:

- A reception lobby will be provided for purposes of improving entry and egress from the Centre.
- An additional bathroom for the Children's use will be provided in the Centre.
- Reorganised living space
- Light Tunnels for corridors
- Age appropriate outdoor recreational facilities will be provided

The design plan will be finalised by 29th February and will be implemented incrementally having gained prior approval by the HSE. The works are scheduled to be finalised by the year end.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

The management of maintenance issues was not effective.

11. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A system for the effective management of the maintenance of the Centre has now been introduced. This system assists in monitoring maintenance requests and tracks completion dates This record is held in the Centre.

Proposed Timescale: 19/01/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

All risks in the centre had not been identified with measures in place to control them.

There was insufficient analysis of incidents and review by managers.

The risk management policy did not include the arrangements for the identification, recording and investigation of, and learning from serious incidents.

12. Action Required:

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

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

The Risk Register in the Centre will be reviewed fortnightly by managers to ensure that all risks and control measures are identified and included in the register.

A monthly review and analysis of incidents in the Centre will be undertaken by managers.

The Risk Management Policy will be updated to include for the arrangements for the identification, recording and investigation of, and learning from serious incidents.

Proposed Timescale: 29/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

in the following respect:

The system in place to monitor behavioural incidents did not lead to changes in individual practice for children and did not ensure that staff could appropriately respond to behaviour that is challenging and support children to manage their behaviour.

13. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Staff will receive refresher training in the incident management procedures and in the management of the challenging behaviours expressed by some of the Children in the respite centre.

Proposed Timescale: 31/03/2016

Theme: Safe Services

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

There was no evidence of a child protection concern being reported to the Child and Family Agency in line with the national guidance for the protection and welfare of children.

14. Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The record of the referral to the Child and Family Agency is held with the Designated Liaison Person. A copy of this referral and details of the final outcome will be filed with the Person In Charges HIQA notification form.

Proposed Timescale: 29/01/2016

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:

There was no evidence of any educational assessment included in the children's care files.

15. Action Required:

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

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

A copy of the Children's IEP (Individual Education Plan) will be requested from the children's Parents. The education attainment targets will inform the support plans.

Proposed Timescale: 27/05/2016

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:

Reports from relevant healthcare professionals were not always sought and used to inform the personal plan in order to provide the appropriate health care.

16. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A report template for completion by health care professionals will be introduced to inform the Children's Personal Plan.

Proposed Timescale: 27/05/2016

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:

Medication administration charts were very disorganised and individual medication plans were not all current.

Not all relief staff had received medication administration training and were not able to administer medication.

The system for signing in the medicines was complex and caused delays and stress to staff.

Not all medication errors were being captured and reviewed for learning.

Processes in place to monitor medication practices and ensure the medication

management system was protecting children were not adequate.

17. Action Required:

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

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

All prescriptions and medication administration records of the children will be reviewed and updated where necessary prior to the Children's respite stay.

The sign in /out system of the children's medications by staff will be reviewed and replaced by a more efficient system.

Audits of medication administration and recording practices will be undertaken by PIC on a fortnightly basis. Random checks will also be undertaken by managers.

As required, relief staff will receive training in the Administration of Medication.

Proposed Timescale: 18/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The Statement of Purpose did not contain all of the information required by Schedule 1 of the Regulations.

18. Action Required:

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

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

The Statement of Purpose is under review and will include all requirements to ensure compliance with Schedule 1 of the Regulations.

Proposed Timescale: 19/02/2016

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:

The level of managerial oversight to ensure the service provided was safe and effectively monitored was not adequate.

There was little evidence of the introduction of a strategy to support staff and ensure the centre is fully prepared for the expansion of service that has occurred.

19. 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:

The Management of the service is currently in transition and Senior Management is providing additional supports in this period to oversee and monitor the safe delivery of service.

Managers will consult with staff individually to identify and plan for supports required for the expanded service.

Proposed Timescale: 31/03/2016

Theme: Leadership, Governance and Management

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

Arrangements were not adequate to ensure that staff exercised their personal responsibilities for the quality and safety of care as a performance management system was not in place.

20. 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:

A system of staff supports including performance appraisal of has now been introduced and training is currently being finalised to enable the implementation of this system is the centre. Implementation period is scheduled for February and March 2016

Proposed Timescale: 31/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Overall staffing levels required a review to ensure that the numbers of staff are appropriate to the assessed needs of the children.

21. 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:

A review of the staffing levels relevant to the Children's assessed needs is currently in progress.

Proposed Timescale: 19/02/2016

Theme: Responsive Workforce

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

Medication administration training for relief staff and first aid refresher training was not provided.

22. 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:

As required, relief staff will receive training in the Administration of Medication. First Aid Refresher training will be scheduled for identified staff, as required

Proposed Timescale: 31/03/2016

Theme: Responsive Workforce

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

Group supervision was not adequate and there was no evidence of development of the plan to introduce individual supervision.

23. Action Required:

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

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

One-to-one supervision of staff is currently being introduced for all staff. Training for the line managers and staff is currently being organised. The implementation period is scheduled for February and March 2016

Proposed Timescale: 31/03/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all staff were aware of key policies and as a result were not fully guided in their practice.

24. 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:

To ensure that all staff are aware of the Services Policies guiding their practices, discussion on Policies will be included as a standard agenda item on the fortnightly respite staff Team meeting. Staff attendance is recorded, and any clarifications arising from discussion with staff will be noted for follow up initially with the Person in Charge.

Proposed Timescale: 29/04/2016