

**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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004692
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Breda Noonan
Lead inspector:	Susan Geary
Support inspector(s):	Jennifer Healy
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
05 August 2015 09:30	05 August 2015 18:30
06 August 2015 08:30	06 August 2015 16:45

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

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

Summary of findings from this inspection

This was the second inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre.

This community based centre was located in a bungalow on a busy road on the outskirts of a city. The centre provided a respite service for boys and girls aged from 0-18 years with mild to profound intellectual disabilities, physical disabilities, communication needs and specific medical or social needs. The centre had capacity for five children to stay overnight but because one of the bedrooms was a twin room, four children generally stayed overnight and the centre also provided day

respite.

The centre comprised a sitting room, kitchen/dining area, a small staff office and five bedrooms, one of which was used by staff only. Two of the children's bedrooms were en-suite and children also had access to a main bathroom containing a fully accessible bath and shower. Minimal parking facilities were available to the front of the house and to the rear was a fully enclosed back yard.

During this inspection, the clinical nurse manager 2 (CNM2) who was the person in charge, staff, children and three sets of parents/carers were met by inspectors. The clinical nurse manager 1 (CNM1) who participated in the management of the centre was interviewed following the inspection as well as the provider nominee/designated liaison person (CNM3). Two children were interviewed and eight children in total were observed in the centre during inspection.

All interactions observed by inspectors between children and staff were notably positive. Staff were at all times kind and considerate and they interacted with children in a warm and sensitive manner. Children appeared relaxed and content in the centre and those interviewed expressed satisfaction with the service. Parents/carers told inspectors that they were happy with the service provided. In general they found staff to be professional and pleasant to deal with.

Significant work had been done in relation to personal planning since the previous inspection and all children had child friendly copies of their personal plans. There was also evidence of good consultation with children and their representatives. Children's rights were generally promoted however, some practices required improvement to ensure the protection of children's dignity and privacy. Further work was also required in relation to comprehensive assessments of need, goal setting and monitoring progress.

Other aspects of care in need of attention related to transitions, behaviour and intimate care planning. Improvements were necessary in areas related to food and nutrition; social care; safeguarding; records, documentation and admissions.

As part of this inspection a number of issues with the service were identified that were impacting on the quality of care provided to children. These concerns related primarily to premises, the admissions process and the management of risk in the centre. Inspectors had concerns about the number and high needs of children staying overnight in the centre with only two members of staff on duty to evacuate children in the event of a fire. An immediate action plan was issued in relation to this and an acceptable response was subsequently received.

The Action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. In addition, at the time of this inspection the provider had not submitted evidence of planning compliance in line with the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, which is required for registration.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children's rights were generally respected and promoted however, some practices were in need of review to ensure the protection of children's privacy and dignity. There was good consultation with children around personal planning. Children's views and opinions were regularly sought however, information on access to advocacy services was not provided within the centre.

Children and their representatives were consulted on admission to discuss children's personal plans. Children were encouraged to exercise choice whenever possible in relation to where they slept, what they ate and what activities they participated in. Child friendly menu and activity boards were displayed and regularly updated in the kitchen/dining area.

While a significant amount of work had been done in relation to personal planning since the previous inspection, deficits remained in relation to other aspects of care planning. Inspectors found that some children did not have adequate intimate care plans which could impact negatively on children's rights to privacy and dignity.

Where some instructions were included on children's files in relation to personal and intimate care they were insufficiently detailed to ensure that children received individualised and appropriate levels of support and supervision. In some cases instructions stated that 'full support' was required but this did not provide staff with sufficient guidance in relation to how that support was to be provided, or the child's wishes and needs in this area.

All children were assigned their own bedrooms on admission. Each door had a glass panel covered by a privacy curtain and a sign asking people to knock before entering. Staff were observed entering children's bedrooms on occasion without their permission. While staff encouraged children to be mindful of other children's privacy by not entering their bedrooms without permission they did not always model this in practice.

Children's views and opinions were sought at monthly children's meetings. Children's contributions at these meetings were well documented and there was evidence to suggest that children's requests were followed through on. There was however, no formal process in place to provide children with feedback.

Consultation with children was transparent in that, where possible, they were asked to confirm their participation in meetings by signing the record. Children did not however, have access to information regarding independent advocacy services or how to access an advocate if required.

There was a policy and procedures for the management of complaints which was reviewed in February 2015. Information on how to make a complaint was made available to children and parents in an accessible format. Children were spoken to about the complaints process and they were regularly asked if they wished to make a complaint. Parents and children spoken to as part of this inspection knew how to make a complaint but they had never had reason to.

Records reviewed showed that five complaints in total were made in 2015 all of which appeared to have been dealt with appropriately. A yearly analysis recorded the status of complaints on a monthly basis but there was no section to record whether complainants were satisfied with how the complaint was dealt with.

Systems were in place to ensure that children's belongings and monies were protected. A record was maintained of any money that was brought to the centre by children and children's money was signed in and out by two staff members. Children's money was securely stored as were children's belongings in general. Children had some storage space in their bedrooms to store their personal belongings. Some children brought in their own electronic devices and sensory items specific to their needs.

Children were given opportunities to participate in activities that they enjoyed and they were facilitated to engage in recreational activities with their peers. Children watched DVD's together and an X-Box was purchased following the suggestion of one child. Toys and puzzles were available in the centre and there was a soft play area in a section of the sitting room. Inspectors observed children making use of the enclosed back garden area and inspectors saw photographs of children engaging in gardening activities and sensory play with water.

The centre had a policy on the use of Closed Circuit Television (CCTV) but there was no CCTV system in use in the centre. A monitor was used for one particular child but there was no policy in place to inform practice in this regard.

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:

Staff communicated positively and warmly with children. Policies and procedures were in place but communication systems were not robust. Communication plans were not sufficiently detailed and there were deficits in staff training.

Inspectors observed positive interactions between staff and children using various informal communication techniques. Staff sang songs to children and used sounds that the children appeared to recognise and respond to. Staff appeared to know the children well in terms of how best to communicate with them and they recognised non-verbal cues and gestures and responded to them accordingly.

The centre's policy stated that all children should have communication plans setting out their preferred method of communication and that each individual's most effective method of communication should be acknowledged and supported at all times. The policy referred to children's access to media and technologies appropriate to their communication needs however the policy did not address aspects of staff training in relation to the use of assistive technologies.

Some staff members had no formal training in the use of Picture Exchange Communication Systems (PECS) even though some of the children attending the centre used this method of communication. Some staff had training in manual signing systems but felt that they needed to be refreshed.

Children's specific communication needs were not described in sufficient detail in their plans to enable staff to support children to communicate effectively. Inspectors found notes on children's files regarding children's preferred communication styles and methods. These notes were recorded by staff over time based on their observations and interactions with children. They described words and sounds used by children to communicate different things, actions and emotions. While the notes were specific, descriptive and user friendly they were not always easily retrievable.

Some notes were handwritten on the back of other records and unfortunately they were not always included in children's communication plans. While these notes demonstrated staff's good intentions and their attentiveness to children they would have been more

beneficial if collated into clear communication plans.

Children had access to an iPad while on respite but staff felt insufficiently trained in the use of assistive technologies and aids to support children to use them. Inspectors could not view the iPad because it was having security software installed at the time of inspection.

Children had access to age and developmentally appropriate media while on respite.

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 in their relationships with family and friends and they were assisted to develop links within the community. Children were encouraged to develop relationships with their peers while on respite.

Children's views were taken into consideration in relation to who they attended respite with. Some children asked to attend respite with classmates for example and this was facilitated. Inspectors observed staff helping children to list their friends in the centre. Staff made efforts to foster positive relationships between children by encouraging them to identify each other's strengths rather than weaknesses.

Friends and family were welcome to visit children during respite and it was clear from the visitor's book that this was availed of. Family members and carers who were met as part of this inspection said that they regularly received updates about their child's wellbeing during respite. Parents spoke about informal consultation being of particular benefit to them, such as during drop offs and collections. Inspectors observed one such meeting and management and staff were notably attentive to the child's needs.

Children were provided with opportunities to participate and engage with services available within the community. Inspectors observed children going on outings to the local shopping centre where they had opportunities to spend their own money. Children were taken to the cinema and to local restaurants and there was a small park nearby. Staff told inspectors that some children from the area were well known by local shop keepers. Staff said that they tried to take children out regularly to interact with people in

the community because the children seemed to enjoy it.

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:

While policies and procedures were in place in relation to admissions, transfers and discharges they were not centre specific. Transfers between children and adult services were not addressed in the policy. Admissions were in line with the statement of purpose however, the admissions process did not consider the centre's capacity to care for the health, personal and social care needs of all residents.

The policy on admissions, transfers and discharges while comprehensive and up to date did not provide clear guidance specific to children. The centre did not have adequate transition plans in place for resident's turning 18 and there was no documentary evidence to suggest that children were receiving appropriate supports or life skills training to prepare them for adulthood. While parents and carers took primary responsibility for this the centre could not evidence what supports they provided to carers to improve outcomes for children.

Each child had an agreed written contract that was in line with the regulations. Agreements set out the services to be provided and the fees payable to the organisation. Inspector noted that the agreement stated that children should bring pocket money with them to ensure that they were not excluded from participating in paid activities. The person in charge confirmed however that a child was never singled out or prevented from participating in paid activities if they did not bring pocket money.

The centre's admissions criteria was broad and applicants were generally accepted if they lived within the catchment area. Given the broad admissions criteria children with varying levels of dependency were accepted for respite and were often admitted for respite together.

The process of allocating respite did not appear to take into consideration the staffing ratios required for each child and the capacity of the centre staff rota. Premises and resources also appeared to have been omitted from the decision making process.

Inspectors noted that on a number of occasions children with significant health and mobility issues were admitted for respite together which limited staff's capacity to ensure that the needs of all children were equally met. This is highlighted further under Outcome 17: Workforce.

Judgment:

Non Compliant - Moderate

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:

Children and parents were involved in the development of personal plans. Plans were child friendly and all children had access to their own personal plan. Not all plans were updated however, to reflect changes in needs and circumstances and progress could not be monitored because goals and objectives were not identified.

Children's needs were assessed prior to admission however, assessments were not comprehensive. Transition plans were in place for children moving on to adult services but they were inadequate. It was apparent that, while staff and management were supporting children to develop independence and life skills, this was done in an ad-hoc manner and was not clearly outlined as part of their plan.

Children were met on admission with their parents/carers to discuss their interests and preferences. This meeting informed the child's personal plan and each child was provided with an "easy read" personal plan which was kept in a designated area of their bedroom throughout their respite stay. The "easy read" plans were child centred and appropriate to the children's communication needs. Personal plans were insufficiently detailed however. They did not provide clear instruction to staff in relation to areas such as behaviour support, intimate care and communication.

Multi-disciplinary team meetings were held with varying regularity depending on the child's catchment area. Personal plans were updated to reflect the recommendations of the multi-disciplinary team. Inspectors found that some recommendations were not followed through on however and explanations as to why could not be found on file. The recommendations of dietician's and occupational therapists for example were not always included in children's plans.

While assessments were carried out prior to a child's admission these assessments were for the purpose of establishing the family's need for respite; to inform decisions about respite allocation as opposed to establishing the child's needs. They did not constitute a comprehensive assessment of children's health, personal, social care and support needs which was necessary to adequately inform the care planning process.

Children had healthcare, speech and language, occupational therapy and psychological assessments on file but they did not always inform individual support plans in relation to communication, mobility, diet, food and nutrition and behaviour. Children's files also contained risk assessments, the findings of which, were not reflected in personal plans. The centre's statement of purpose stated that care plans were to be reviewed no less than every six months. Plans had not been in place that long so inspectors could not review whether this was reflected in practice.

The activities that children liked to participate in were included in their personal plans. Strengths and goals however, were not considered, giving children little to work towards. From discussions at staff meetings it appeared that efforts were being made to include goals in children's personal plans. It was agreed that goals would be monitored using a tracking sheet however, the system had yet to be put in place.

While transition plans were in place they were not child centred. Children were not consulted about their transition plans and they did not adequately prepare children for transition in a planned and phased way. There was no plan in place to assess the level of life-skills that older children had or to develop these. Although staff did tell inspectors that older children helped with things like setting and clearing the kitchen table there was no comprehensive assessment of their needs in order to prepare them for adulthood.

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):

No actions were required from the previous inspection.

Findings:

The centre was clean, well-maintained and decorated in a child-friendly way. While the centre design and layout was in line with the statement of purpose, communal space was limited, and due to the size of the centre accessibility to all areas became difficult when all the children and the staff required to care for them were in the centre at the same time.

The centre was clean and relatively well maintained. There was a cleaning schedule in place, and the centre had dedicated household staff which assisted in maintaining a clean and hygienic environment. Inspectors observed household staff cleaning children's bedrooms following the discharge of a child, and prior to the admission of the next child.

While the centre was accessible, given the design and layout of the building, when there was more than one wheelchair user accommodated in the centre, it was difficult to accommodate them freely, due to the narrow corridors only one person at a time could pass through. In addition the kitchen area was small which meant that space was very tight when several children, including those in wheelchairs, and staff were in there.

During the inspection inspectors observed that it was often difficult for staff to negotiate around the centre, and one staff member was observed taking a detour around the back of the building to re-enter through the back door, in order to get to the part of the centre she wished to go.

Staff informed inspectors that the centre was not big enough to accommodate the numbers and needs of the children at times, and staff indicated that they used the garden when they could, and one staff member told inspectors that the garden was like a third room. Inspectors observed staff and children using the back garden when the weather was fine, as there was plenty space for both children and staff however, this would not be acceptable when the weather was poor.

The kitchen/dining area was divided by a counter top, which limited free access for all children to the kitchen area. In addition because of the very small space by the cooking area, it was difficult for children to assist in the safe preparation of food, although staff told inspectors that they would bring the ingredients out to the dining area if the children wanted to bake. The overall layout of the kitchen however, was not conducive to facilitate older children who were preparing for adulthood, to learn key life skills, like preparing a simple meal.

Children's bedrooms were adequate in size and some of them had their own en-suite toilet and shower. There was a well equipped accessible bathroom to meet the needs of those children that required assistive equipment. There was a separate toilet for use by staff. There was assistive equipment in children's bedrooms where required, such as profile beds and hoists, and these were maintained and had recently been serviced.

There was one sitting room, which also contained a small play area. However, apart from the kitchen, the sitting room was the only communal room available to children, excluding the external garden area which could only be used when the weather permitted. Staff reported that ideally the centre would benefit from another sitting room/communal room to facilitate the children to engage in sensory activities and structured play.

The premises was free from hazards, except for the temperature of the water which was hot to touch. This was resolved prior to the end of the inspection. There were sufficient fixtures and fittings however, there was a lack of storage space, both for general items and personal items, for example, a child's cot was stored in one bedroom and the wardrobe in another bedroom was locked as it was used to store bedding for the entire household. Staff reported that space was limited in the centre for the storage of items.

General and clinical waste was safely stored and inspectors observed the appropriate segregation of waste as required.

There was a large safe play area to the rear of the centre, which was fully enclosed and private. It had recently been decorated through a fundraising campaign and it was child friendly, bright and safe. Inspectors observed children in the garden on several occasions during the inspection, and it was clear that they liked spending time there.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The systems in place to promote the health and safety of children, visitors and staff were not robust. While improvements had been made in relation to fire safety since the previous inspection, given the inadequacy of the premises and the high needs of some children, the centre required further risk management measures to ensure the safety of children in the event of a fire. There were adequate systems in place to identify and record adverse events however the measures and actions in place to control risks were not always sufficient. The risk management policy was deemed to be sufficient and there were adequate systems in place to prevent and control infection.

While further precautions were put in place on foot of the previous inspection issues remained in relation to fire safety. Inspectors had concerns about the safety mechanisms in place to ensure the safe evacuation of children, particularly at night time, given the ratio of, at times, highly dependent, non-ambulant service users to staff on duty. Each child had an individual fire risk assessment which outlined the level of assistance required by each child in the event of a fire. These assessments did not appear to have been taken into account however when a respite place was allocated.

Information on each child resident in the centre was compiled and available for fire service personnel in the event of a fire. This information was kept in a book at the front door and outlined the whereabouts of each child, a photograph and their mobility needs.

Floor and evacuation plans were displayed throughout the centre however a designated assembly point was not identified outside the building. Suitable fire fighting equipment was available such as fire blankets and extinguishers and all were last serviced in April 2015. Fire alarm checks were carried out weekly and fire exits were kept clear.

Weekly health and safety walk through's were carried out to check for example appliances, wires and electrical goods, cleaning products and flooring. An audit had been carried out by the health and safety officer in July 2015.

Regular fire drills were carried out and while some children had yet to participate in a fire drill all children were spoken to about fire safety on admission and in children's meetings. The time taken to evacuate the building during each fire drill was recorded. The time at which the fire drill was carried out however, was not.

Inspectors could not establish whether a fire drill had been carried out during night shift hours and there was no evidence to suggest that specialist equipment was available to evacuate less mobile children. It was noted during previous fire drills that when more than one wheelchair user were in the dining area, the ability to open the kitchen door was compromised.

Given the limitations of the service and the needs of the children inspectors were not satisfied that adequate measures had been put in place to keep children safe from a fire safety perspective, and requested an immediate review of admissions and staffing under outcome 17.

The centre did not have a certificate of compliance with fire regulations from a suitably qualified person, and provided inspectors with a letter indicating that as the centre was a dwelling that they did not require this certificate.

The risk management systems in place were not effective and did not lead to all risks being identified, reduced or eliminated. Inspectors found that in some instances risks had not been identified as such and assessments had therefore not been carried out.

In other instances risks were identified and assessed however, actions to mitigate the risks identified were not taken in a timely manner. Inspectors found that hot water had been identified as a risk for example but measures had not been taken to address this. Inspectors recorded the hot water in the centre at 53°C which posed a risk to children's

safety. This issue was brought to the attention of the person in charge and was rectified before the inspection concluded.

Inspectors also found that in some instances risk assessments appeared to be generic. Inspectors looked at two separate incidents of challenging behaviour exhibited by two different children. Both incidents had been risk assessed but the measures and actions put in place to control the risks were not specific to the behaviour and were therefore insufficient. Neither incident resulted in a behaviour support plan being put in place even though both incidents related to self-injurious behaviours of a repetitive nature.

The vehicle used by the centre was serviced at regular intervals. Insurance, tax and safety checks were up to date and it was equipped with relevant safety material such as a hi-visibility vest and triangle, a first aid kit and a torch.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

A protection and welfare policy and procedures for children and young people was in place and training was provided in relation to Children First (2011): National Guidance for the Protection and Welfare of Children. While good efforts were made from a policy and staff training perspective the safeguarding mechanisms in place were not sufficiently robust to ensure that children were protected from all forms of abuse.

Staff were appropriately vetted and they had received Children First (2011) training. Staff were knowledgeable about child abuse and alert to potential indicators of abuse but the systems in place to record and track staff's observations were in need of review.

It was evident from children's files that staff communicated directly with social workers when urgent welfare concerns arose. It was also clear that concerns were reported appropriately to the designated liaison officer in line with policy. Inspectors could not

find on file however, a mechanism for welfare concerns to be recorded and monitored over time.

The designated liaison person (Clinical Nurse Manager 3) was not based in the centre and all child protection concerns were reported to and dealt with by her directly. The designated liaison person was knowledgeable in their role but they had not received any specific training. Plans were however in place to address this need. The designated liaison person had received two formal reports in 2015 both of which were appropriately dealt with.

While the decisions of the designated liaison person and any subsequent investigation were provided in writing to the person in charge inspectors could not find details of the original concerns in the centre. Staff reading a child's file therefore would have no way of knowing, if appropriate, if there were any ongoing child protection or welfare concerns. This could result in patterns of abuse or neglect going unrecognised. While the practice of not keeping such records on file was in keeping with the organisation's policy the practice may not always be in children's best interests.

The organisation's child protection and welfare policy and procedures were clear and comprehensive. The policy was informative and the different forms of abuse were well defined. The policy clearly identified the designated liaison person who had responsibility for managing records on a 'need to know basis'. From a safeguarding point of view however, any history or concerns of abuse should be made known to staff working directly with children, when appropriate, to alert them to possible indicators or recurrences.

The organisation's safeguarding policy referred to a balance needing to be struck between the need to protect children and the rights of individuals. The policy also stated however, that where there was conflict the child's welfare must always come first.

Not all staff had received specific safeguarding training but some safeguarding measures were in place, for example, two staff members travelling in the car with a child, Garda vetting and volunteers carrying out work when children were not resident in the centre.

Inspectors found that not all children attending the centre had intimate care plans. The intimate care plans that were on file lacked detail and provided staff with little guidance in relation to what level of assistance was required. In some cases for example, 'full assistance', was indicated but there were no further details or instructions. Intimate care plans were therefore not personalised leaving both children and staff at risk.

There was a policy in place for the provision of behavioural support, but it was not centre specific and it was not fully adhered to by staff. Children did not have behaviour support plans and there was no indication that efforts were made to identify and alleviate the causes of behaviours that challenge.

All identified restrictive practices in use in the centre were approved and reviewed by a multi-disciplinary team. Inspectors noted that a restrictive practice was in use in the centre for one particular child however that had not been identified as such. The centre had sought for the matter to be reviewed by an occupational therapist but the principles

of best practice as set out in the regulations were not being applied in the interim.

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:

The systems in place to record incidents occurring within the centre were generally good. One restrictive practice however, was not recognised as such and was not appropriately notified to the Authority. All adverse events that were recognised as notifiable incidents were done so in line with the regulations.

The person in charge and those participating in management were generally knowledgeable about the regulations in terms of what constituted a notifiable incident/event and all such events, when appropriately recorded, were notified to the Chief Inspector in accordance with the timeframes set out in the regulations.

A system was in place in the centre whereby staff would compile a list of restrictive practices as they occurred. The person in charge would then compile his notifications from this list and forward them as necessary.

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:

Responsibility for children's educational needs remained with their families, as this was a respite centre. However, the centre had been proactive in obtaining educational reports and individual educational plans from children's schools, to assist them in developing their personal plans. Children's personal plans took into account these assessments and reports when possible.

The person in charge said that they were still trying to source information from one school regarding some of the children, and that this work was ongoing.

Children were facilitated to attend school from the centre if required and staff communicated any issues with the relevant schools when necessary.

There was a policy dated July 2015 on access to education for children to guide practice in this area.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children's healthcare needs were met during their respite stay at the centre. The medical care provided to children was, in particular, of a notably high standard. Improvements were required to practices relating to food and nutrition.

Children's respite breaks were for short periods of time and their healthcare needs were generally met at home by their parents/carers in conjunction with their general practitioner (GP) and allied healthcare professionals. The respite service was nurse led so the staff team had the capacity to care for complex medical needs if necessary which benefited many of the children attending the service. An out of hours GP service was available if required and staff linked in with relevant healthcare professionals as necessary.

Inspectors found that children's health and wellbeing was however, not promoted through diet and nutrition. While children were encouraged to exercise choice in relation to their diet there was no evidence to suggest that children were being educated or

supported to make healthy choices and were therefore missing out on opportunities to learn about healthy eating.

The centre did not keep detailed records of each child's food intake during respite periods so it was difficult to establish whether children were provided with sufficient quantities of wholesome and nutritious food. Inspectors found from observation, available records and from speaking to children and staff that high calorie, convenience foods were consumed on a regular basis. Because food intake was not monitored children were at risk of developing poor eating habits particularly during extended periods of respite.

Inspectors noted that a prescribed low calorie diet was not being adhered to. There were no plans in place to review this and inspectors found no records to monitor the required diet.

Meal times in the centre were generally social and positive events however, inspectors noted that staff did not always eat with children. Evening meals were not always prepared in the centre because cold blast meals were provided by a central kitchen which also catered for additional services run by the organisation.

The centre had some capacity to cook meals according to resident's preferences and there was some evidence to suggest that children participated in food preparation however, the kitchen layout curtailed such opportunities.

Judgment:

Non Compliant - Moderate

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:

There were written operational policies in place relating to medication management, and the processes in place for the handling of medication were safe. Staff followed appropriate medication management practices.

During the previous inspection it was highlighted that there had been a number of medication errors, and it was unclear how learning from these were implemented in practice. Since then the centre had updated the medication management policy, which

included arrangements for six monthly unannounced audits to be completed in order to identify trends and to assist in improving medication safety. Inspectors found evidence of such an audit having been completed in the centre on the 30th of July 2015, and one recommendation was made following this audit. Minutes of management meetings showed that errors were discussed.

During the previous inspection staff training in medication management had not been completed by all staff and competency assessments had not been conducted. Inspectors found evidence that competency assessments had been completed for staff in July 2015. However, a review of the training log for the centre indicated that three staff still required updated training in medication management, and this action is included under outcome 17.

Inspectors observed practice in the centre regarding receiving, storage and administration of medication, and found that staff were competent in this area. The centre had introduced a lockable bag for parents to safely transport children's medication to the centre, and inspectors observed staff clearly documenting and checking all the medication received, including checking to ensure that the original labels from the pharmacy were on the medication.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a statement of purpose which was completed in July 2014 and last updated in July 2015. The statement of purpose did not contain all of the information required by the regulations, and did not accurately reflect how the collective needs of service users could be met given the broad admission criteria and the facilities and resources available.

The children's ages and levels of dependency were too varied and in the absence of structured protocols to guide the allocation of respite the service could not guarantee a good quality service. Inspectors noted from direct observation, interviews with staff and documentation that while the service appeared to have good intentions, it struggled to

meet the needs of all children.

The whole-time equivalents contained in the statement of purpose indicated that there was one full-time CNM2 in the centre however, the CNM2 reported that he was assigned half-time to the centre. The organisational structure included a seamstress and a hairdresser however, this was not the case.

During inspection, one of the children asked staff about his/her upcoming respite weekends in terms of the children that they would be attending respite with. In particular, they wanted to know if the other children were ambulant and verbal so that they could interact with them. Staff told the child that he/she would not always be able to verbally interact with the other children and that some of them used wheelchairs. The child respectfully voiced his/her disappointment and asked if they could still go on outings. Staff assured the child that they could and that they would help him/her to communicate with the other children if they could. Inspectors noted that some of the children listed by the staff member during this conversation had significant health issues.

Staff had previously told inspectors that when such children become unwell their interaction with more ambulant and well children becomes curtailed due to staffing levels. This meant that the social needs of some children could not always be guaranteed because the physical and medical needs of other children may have taken precedence.

The statement of purpose stated that children could avail of a therapeutic play area. This area was attached to the centre's only sitting room. It would therefore be difficult for a child to engage in 'therapeutic play' if other service users were watching television or playing games. Because the centre had only one other communal room (i.e. the kitchen/dining area) children in need of quiet time would have been restricted to their bedrooms depending on the mix of residents. The statement of purpose also indicated that a quiet area was available if required however, there was no designated quiet area.

According to the centre's statement of purpose an independent advocate was attached to the service on a referral basis. Inspectors were told during inspection however that this facility was not available.

The statement of purpose was on display in the entrance hall of the centre however, it was not easily accessible as it was stored inside a locked box out of children's reach.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place however, these required improvement.

The person in charge was a CNM2 and he reported to the provider nominee, and also to a CNM3 who provided on-call support when required. The person in charge was supported in his role by a CNM1. However, the person in charge was responsible for this centre, as well as another centre for adults in the locality. This meant that he split his time between the two centres, and therefore only spent half his time in this centre. In addition to this he was on the roster as a core staff member, and because of the sometimes complex medical needs of the children this meant that he was required on the floor at all times during his shift.

While he informed inspectors that he had a total of 12 non-contact hours between the two centres in order to fulfil his managerial tasks, inspectors found that this was not sufficient. Staff had not received any formal supervision, and some records which required development had not been completed, for example there were no activity logs, intimate care plans had not been developed and transition plans required significant development. He indicated to inspectors that he sometimes delegated some of this work to the CNM1, as he was unable to complete all the tasks himself.

As he was part of the core staff team, he was rostered to work in the centre every second weekend, and while he indicated that he attended the centre regularly during the week, and this was confirmed by staff, it was unclear what exact hours he was assigned in order to effectively carry out the tasks required of him as person in charge of this centre.

The person in charge was a qualified nurse, with significant experience in working with people with disabilities. He had a good knowledge of the Standards and Regulations and was aware of his obligations in this regard. He provided good leadership, and staff, parents and children all indicated that they would speak with him if they had a concern.

The CNM1 had significant experience in working with children with disabilities and was very familiar with the children and their needs. The CNM1 was also the person assigned to step into the role of the person in charge for an absence of 28 days or more, and inspectors found that she was knowledgeable of the Regulations and Standards and aware of the notifications required under the Regulations.

An annual review of the quality and safety of care provided by the centre had been completed on the 27th April 2015, and inspectors reviewed a copy of this report. This report outlined the audits that had been undertaken in the centre, the actions required, the date to be completed and a section to outline the progress.

However, for some actions there was no individual named as responsible for completing the action. This could lead to diminished responsibility, since for example where it indicated the Finance department in one section, it was unclear who in the finance department was taking responsibility for the action. In other sections it stated 'keyworker' however, since some children had several keyworkers, it was unclear who held the responsibility for completing the action.

The report stated that residents were consulted as part of the review and contributed through family and service user satisfaction surveys. However there was no evidence presented within the report of this, as the views, feedback or comments from children and families were not referenced in the report.

The provider nominee advised that as well as the six monthly unannounced visits to the centre that were required under the Regulations, she also visited the centre at least every six weeks. Inspectors found that staff and children were familiar with the provider nominee and she was knowledgeable of the needs of the children. She had the authority to sanction extra staff if and when required, and was held to account by providing written reports to the Board on a quarterly basis.

She demonstrated commitment to improving the service and was proactive in ensuring that actions were followed through on. The provider nominee had taken up the role in February 2015, and while significant progress had been made in ensuring all the requirements of the Regulation's were in place,

improvements were required in relation to staff supervision, ensuring the person in charge had sufficient time to provide oversight of this centre, and ensuring the statement of purpose of the centre was suitable given the design and layout of the centre.

Judgment:
Non Compliant - Major

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The arrangements in place for the management of the centre in the absence of the person in charge were adequate.

The most senior member of staff on duty was in charge in the absence of the person in charge. During planned absences for periods longer than 28 days the clinical nurse manager 1 who participated in the management of the centre on an ongoing basis deputised as the person in charge.

In the absence of the person in charge and the CNM1 the acting service manager/provider nominee oversaw the management of the centre. Inspectors interviewed the CNM1 and the provider nominee and found that they were both suitably qualified and sufficiently experienced to take on the role should the need arise. Both demonstrated good knowledge of the Regulations and Standards and familiarity with the children and all aspects of the service.

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 not sufficiently resourced and resources were not effectively deployed to ensure that consistent care and support was delivered to children in line with the statement of purpose.

Inspectors found that the facilities available in the centre were not sufficient to meet the needs of all residents. There was insufficient funding to source a vehicle suitable to the needs of all residents and there was insufficient funding and space to improve facilities inside and outside the centre. The centre had an assigned minibus that was recently declared unsafe for wheelchair users. Almost half the children who attended the service were wheelchair users. The centre had access to a larger bus but staff considered this to be unsafe given the size of the bus, the busy road on which the centre was situated and the parking facilities available.

Many of the children who attended the centre would benefit from therapeutic, sensory materials and toys and a quiet relaxation area. The centre did not have sufficient space to have a dedicated therapeutic play/relaxation area. The statement of purpose stated that children could access a therapeutic play area. This area was situated in the sitting room and was found to be inadequate.

Some staff members had concerns about staffing levels which is discussed in more detail under Outcome17: Workforce.

Judgment:

Non Compliant - Moderate

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:

Children received continuity of care from a skilled and experienced core staff team. Given the complex needs of some of the children, and the design and layout of the building, inspectors requested an immediate review of the staffing arrangements, to include a review of the mix of children admitted to the centre at the same time, and issued an immediate action plan in relation to this issue. A satisfactory response was subsequently received.

Inspectors observed staff treating children with warmth and respect, and staff were very caring and attentive to the needs of the children at all times.

There was a planned and actual rota in place, which was completed one month in advance. Inspectors were informed that this took into account the needs of the particular children being admitted however, inspectors reviewed the rota and found that the staffing ratio at night remained the same irrespective of the needs of the children admitted. A review of the rota, coupled with inspectors observations, staff interviews, and the schedule of children's admissions, led inspectors to have concerns about the number and mix of children admitted to the centre at the same time, given the complex needs of some of the children, and the design and layout of the building.

Some of the children in the centre had complex medical needs, and inspectors found that at times, this impacted on the level of care and support that could be provided to other children. Staff informed inspectors that while they could generally cater for children's needs, if an emergency arose, or if a child required extra attention due to illness, then they were concerned that the staffing compliment would not be sufficient. For example, on the night of the first day of the inspection, inspectors observed that the waking night staff had to call on the sleeping staff for assistance.

Given the mix of children that were admitted during the days of the inspection, inspectors were concerned that the individual needs of all children could not be catered for. For example, there were two 17 year olds admitted to the centre on the first day of the inspection, with two younger children, that had complex medical needs, which meant that opportunities to engage in activities suitable for the two older children were curtailed as a result of the mix of children admitted at the same time.

While inspectors were informed that the rota took this into account, and that they tried to ensure that sufficient staff were available for all the children, inspectors also found that when cancellations occurred, a place was offered to another child, but there was no clear guidance regarding how the suitability of admitting this child was considered.

Inspectors found that the staff team went to great efforts to accommodate children and ensure families received the break they needed however, in an effort to provide children with this respite break, the impact on other children and the overall safety and ability of the staff team to safely meet all children's needs could be compromised.

Training was provided to staff and inspectors reviewed the training records of staff. This showed that the majority of staff had received mandatory training such as manual handling, Children First, and medication management. However, it was unclear how the needs of the children influenced the training programme for the staff and there was no formal written training needs analysis completed for each staff member.

Inspectors did however see evidence that in practice children's needs did influence the training provided, for example when a child was admitted requiring specialist feeding or other medical intervention, this training was provided. Inspectors were not provided however with a formal training plan, based on children's needs, for the coming year. Staff informed inspectors that they did receive details regarding any training that was coming up, and if they wished to attend they could put their own names forward. However, there was no clear plan as regards what the training needs for each staff member were, and how this was going to be achieved. Inspectors noted that three staff required updated training in medication management.

At the last inspection it was highlighted that staff were not receiving any formal supervision, and the person in charge confirmed that this had not yet started, but that it was due to commence.

A selection of staff files were reviewed by inspectors and found that they contained all the requirements of the Regulations.

There were no volunteers working at the centre, and inspectors were informed that when volunteers attended previously to work on the garden, this was done at a time when there were no children in the centre.

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):

No actions were required from the previous inspection.

Findings:

The policies and procedures required by the regulations were in place and they generally reflected practices in the centre. While the majority of records maintained in the centre were accurate and up to date there was some room for improvement. Not all records retained by the centre were stored securely.

Inspectors found that policies reflected care practices and that staff understood the policies and procedures and implemented them. The majority of records reviewed by inspectors were up-to-date and of a good quality. Some handwritten records were illegible however and records were not always easily retrieved. There were some policies under schedule 5 and records under schedule 4 which were not fully completed. For example, the nutritional intake for all children was not recorded, one restrictive practice was not recorded as such in line with policy guidelines, and records relating to intimate care and behaviour support plans were not adequate. While the centre did keep records of food provided in the centre the records were not child specific.

The centre had a 'resident's guide' in line with the Regulations but it was in need of review and was not child friendly. The guide outlined the services and facilities provided by the centre, the terms and conditions relating to residency, how to access an inspection report, the complaints procedure and arrangements for visits. The guide did not refer to arrangements for children's involvement in the running of the centre.

There was inadequate space in the centre for the retention of records awaiting archiving. Inspectors found that records, some with resident's personal information, were not in a filing cabinet and were being stored in an outbuilding alongside laundry facilities. These files were moved to a more secure location before the inspection concluded.

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:

Susan Geary
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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0004692
Date of Inspection:	05 August 2015
Date of response:	16 September 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children's privacy was not always respected in relation to their living space.

Intimate care plans were not sufficiently detailed to ensure children's dignity was maintained at all times.

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

There was no policy in place for the use of a monitor.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

A house meeting occurred on the 18/09/2015 chaired by the Person in Charge (PIC), at which the agenda included children's privacy and intimate care guidelines and required documentation.

The intimate care plans for each child were updated and audited by the PIC by the 13/10/2015.

The PIC will develop a guideline on the use of a monitor to support staff in monitoring individual health and safety requirements of a child, and will forward same to the restrictive practice committee for review by the 30/10/2015.

The service policy on the use of CCTV will be reviewed and amended accordingly to include monitors regarding health and safety needs of children by the 30/10/2015.

Proposed Timescale: 30/10/2015

Theme: Individualised Supports and Care

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

The centre did not provide children with information on how to access advocacy services.

2. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

The PIC has provided the names and numbers of appropriate Advocacy services for children to each family, and these details have been displayed on the wall in the dining room and office for all children to use and access since the 11/09/2015.

In order to ensure that information regarding Advocacy services is in accessible format, the PIC will consult with the relevant Speech and Language Therapy department.

The PIC will ensure the issue of Advocacy, to include definition and access, will be placed on the agenda of every routine meeting to include the next family forum, each individual child's PCP meeting, and monthly staff and residents meetings.

Proposed Timescale: 11/09/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Staff had not received training to support children to use assistive technology and aids and appliances.

3. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

The PIC will ensure staff will receive training to support children in using assistive technology and aids and appliances, which will be provided by an external agency.

The PIC will ensure all staff attend training by the Speech and Language Therapy department on individual children's technology aids.

Proposed Timescale: 15/12/2015

Theme: Individualised Supports and Care

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

The individual communication supports required by each child was not clearly outlined in their personal plan.

4. 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:

The PIC will ensure that all communication care plans will be updated to reflect and detail the individual communication requirements of each child.

The required documentation was discussed by the PIC at the house meeting of the 18/09/2015.

Proposed Timescale: 13/10/2015

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 admissions process did not adequately consider the capacity of the centre when considering applications.

5. Action Required:

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

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

The PIC will review, and amend, the admission process to the centre to ensure the capacity of the centre is considered, to incorporate of the needs of children, the use of mobility aids and the fire evacuation plan. This has been in place since 28/08/15.

This process / guideline will be incorporated into the ADT Service policy.

Proposed Timescale: 30/10/2015

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:

The personal plans did not sufficiently outline the supports required for each child.

6. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The documentation of each child's support requirements were discussed at the house meeting on the 18/09/2015.

The PIC will ensure all children's supports required will be identified and updated in each child's care plan.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Personal plans were not reviewed to reflect changes in circumstances and new developments.

7. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The personal plans for each child will be reviewed regularly by the named nurse, and changes to each child's circumstances, or new developments, will be documented into the individual's child's personal plan accordingly.

Each personal plan minimally 6 monthly, and all personal plans of each child will be reviewed by 30/10/2015.

Care plans, and goals setting, will be audited by the PIC. A tracking sheet to monitor goals will commence.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Assessments prior to children's admission were not comprehensive.

8. 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:

The assessment tool will be reviewed, and amended, by the PIC in partnership with all staff, MDT teams, to ensure that all assessments are comprehensive.

A corresponding plan of care will incorporate supports required for each child.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Personal plans did not contain all information in relation to children's needs.

9. Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The personal plans for each child will be reviewed regularly by each named nurse for each child and all information in relation to the individual child's needs will be updated and described in detail in each child's personal plan.

The personal plan will be reviewed by each child's named nurse at least 6 monthly so that all personal plans of each child who attends the centre will be reviewed by 30/10/2015.

The PIC will audit the care plans to assess each personal plan.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Personal plans had not been updated following changes in children's circumstances.

10. Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Any changes for individual children will be on the agenda of each house meeting, and the information in relation to the change of the child situations will be discussed and noted.

The PIC will develop a guideline, to be available by the 02/10/2015 for staff regarding the required process for updating and documenting each child's personal plan in a timely manner.

The personal plans for each child will be reviewed regularly by each named nurse for each child and all information in relation to the individual child's needs will be updated and described in detail in each child's personal plan.

The personal plan will be reviewed by each child's named nurse at least 6 monthly so that all personal plans of each child who attends the centre will be reviewed by 30/10/2015.

The PIC will audit the care plans to assess each personal plan.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Transitions for children did not include training in life-skills.

11. Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The PIC will develop a guidance document for all staff to implement the development of transition plans for young teenagers aged 16 + years, which will include the required life skills for each child.

Transition plans will be developed in consultation with children, their representatives, MDT and will incorporate life skills that they will transfer from childhood to adulthood.

Proposed Timescale: 25/09/2015

Theme: Effective Services

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

Transition plans were not developed in consultation with children and their representatives.

12. Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

The PIC will develop a guidance document for all staff to implement the development of transition plans for young teenagers aged 16 + years, which will include the require life skills for each child.

Transition plans will be developed in consultation with children and their representatives

Proposed Timescale: 25/09/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre did not always fully meet the individual and collective needs of the children, at times when the needs and numbers of children and the ratio of staff required to meet their needs was high.

13. 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 Service has submitted plans for a new children's respite facility, which requires sufficient capital funding. A decision is anticipated in November 2015.

The PIC will review, and amend, the admission process to the centre to ensure the capacity of the centre is considered, to incorporate of the needs of children, the use of mobility aids and the fire evacuation plan. This has been in plan since 28/08/15. This process / guideline will be incorporated into the ADT Service policy.

On admission, staff will take into account the number of staff and children in the centre at any one time, to ensure sufficient communal space is provided for children.

Proposed Timescale: 28/08/2015

Theme: Effective Services

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

There was insufficient communal space to comfortably accommodate all children and staff when the numbers of children and staff in the centre was at its highest.

There was insufficient storage space.

14. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Service has submitted plans for a new children respite facility, which requires sufficient capital funding. A decision is anticipated in November 2015.

On admission, staff will take into account the number of staff and children in the centre at any one time, to ensure sufficient communal space is provided for children.

On planning admissions, children will be matched and assessed, in terms of their capacity in terms of individual ages, needs, levels of ability, and occupancy will be reduced to ensure additional communal space.

The PIC has removed all unused items from the centre, to create more space for the residents.

Proposed Timescale: 28/08/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Systems in place for the assessment, management and ongoing review of risk were ineffective.

15. Action Required:

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

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

A comprehensive assessment has been completed, and the management of risks have been documented in the centre. Risk assessments have been completed for all identified risks, and controls are in place to manage those risks.

The PIC will audit the risks regularly, and provide updates on the management of those risks at the service health and safety meetings. The PIC will assess and review the risks with management and staff at the monthly meetings within the centre.

Proposed Timescale: 28/08/2015

Theme: Effective Services

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

The centre had not been certified as compliant with fire regulations by a suitably qualified fire officer.

16. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The centre had a full assessment in relation to fire compliance by external Fire Consultants, and works were completed for all high risks in the centre by 28/08/15. Works are ongoing to ensure full compliance.

Proposed Timescale: 12/02/2016

Theme: Effective Services

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

It was unclear if fire drills had been undertaken at night time.

There was no signage to indicate to staff and children the location of the assembly point.

17. 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:

A night time drill had taken place in the centre in July 2015, and is now documented in the fire register. A further night time drill is scheduled to occur by 30/11/2015.

Signage indicating the location of the assembly point is in place since 08/10/15.

Proposed Timescale: 08/10/2015

Theme: Effective Services

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

Given the high needs of service users and the limitations of the building adequate precautions had not been put in place to ensure the safe evacuation of children in the event of a fire.

18. 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:

The planned dates of respite provided to children and families has been revised, to ensure the mix of children is appropriate and that no more than two children who use wheelchairs are admitted to the house at any given time.

The evacuation plan has been revised and updated.

The centre had a full assessment in relation to fire compliance by external Fire Consultants, and works were completed for all high risks in the centre by 28/08/15. Works are ongoing to ensure full compliance.

Individualised fire evacuation aids have been in place since 30/09/2015.

Proposed Timescale: 28/08/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Efforts were not made to identify and alleviate the causes of behaviours that challenge. Records did not demonstrate that alternative measures were always considered first, and the procedures used were always the least restrictive for the shortest duration necessary.

19. Action Required:

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

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

The PIC will ensure a multi disciplinary review for all children who present with behaviour that challenges. The PIC will review all restrictive practices with the multi disciplinary team.

Where restrictive practices are required, this will be reviewed by the service restrictive practice committee.

Proposed Timescale: 27/11/2015

Theme: Safe Services

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

Information sharing and monitoring systems were not in place to protect residents from all forms of abuse.

20. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The PIC will introduce a log system for staff to capture any trends of potential abuse indicators as a measure to share information between staff to protect children. This information is documented by staff in the each child's care plan.

The implementation of this log book is as follows:

- Any potential trend of concern to any aspect of a child's wellbeing noticed by staff is reported to the child's named nurse or the PIC.
- The named nurse will call a meeting with all staff in the centre and outline the potential trend of concern that needs to be tracked and documented in the log by all staff whilst the child is in the centre.
- Where a trend is noticed, the named nurse will complete the service policy on Protection and Welfare Procedures for children and young people (DOCS 062).
- All staff complete a formal communication handover of both written and verbal reports at the start and end of a working shift and throughout the day.

Proposed Timescale: 18/09/2015

Theme: Safe Services

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

Intimate care plans were not personalised and were insufficiently detailed to support staff and safeguard children.

21. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All Children's intimate care plans have been updated by their named nurse to personalise and detail the individual care requirements of each child, so that each child's privacy and dignity is maintained during these processes.

Proposed Timescale: 16/10/2015

Theme: Safe Services

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

Staff were not sufficiently trained in appropriate safeguarding measures.

22. Action Required:

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

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

The Provider Nominee, and the PIC, will reinforce the requirements that all staff attend the mandatory training in relation to safeguarding, detection and abuse, and dates are planned for staff due for updates in training requirements.

Safeguarding principles, and safe care practices, have been discussed with staff in the centre at their house meeting on 18/09/2015.

A guideline will be developed by the PIC and the Provider Nominee which will give guidance to support staff care practices in all aspects of care delivery will set out clear professional boundaries for staff in their interactions with children.

Proposed Timescale: 25/11/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some children's individual healthcare needs in relation to food and nutrition were not being met.

23. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

A log book is now in place in the centre for each child, whereby each child's nutritional and fluid intake is documented by staff, and each log will be reviewed daily by the named nurse.

Individual resident's dietary needs, and requirements, will be documented in each child's care plan.

The PIC will audit the nutritional food and fluid logs monthly, to ensure that all children receive the required nutritional and fluid intake which is in accordance with each child's dietary plan.

Proposed Timescale: 11/09/2015

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 requirements under Schedule 1 and did not clearly outline how it intended to meet the broad needs of the children outlined in its criteria for admission.

There were some errors on the statement of purpose.

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:

The statement of purpose will be amended to include all the requirements under schedule 1, and will detail how the centre will meet the needs of children outlined in the centre's admission criteria.

The amendment to the Statement of Purpose will be completed by the PIC, in conjunction with the Provider Nominee and in consultation with the Service management.

Proposed Timescale: 25/09/2015

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 person in charge was appointed as person in charge for more than one designated centre, however, as he was on the staff rota for both centres, he was unable to provide sufficient oversight of this centre, as regards operational management and had limited non-contact hours in order to fully ensure the effective governance of the centre.

25. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Service will ensure the PIC has 12 hours supernumerary time per week.

The PIC working rota will be changed by 29/10/2015 to ensure onsite management in the centre every other day.

The ACEO of the Service will submit a business case to the HSE for an additional and designated PIC for the centre by 06/11/2015. This development is contingent on additional revenue funding identified.

Proposed Timescale: 13/11/2015

Theme: Leadership, Governance and Management

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

While the annual review stated that children and families could contribute to the report, there was no evidence in the report to indicate that this had occurred.

26. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The Provider Nominee will document the evidence of consultation and contribution of the children and families in the annual review report.

Proposed Timescale: 23/10/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre was not sufficiently resourced to meet the needs of children in accordance with the statement of purpose.

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:

A review of the centre resources will be completed by the PIC and the Provider Nominee, to identify shortfalls of staff, and to ensure that staff are allocated effectively in accordance with the centre statement of purpose.

Application has been made through the Service Provider to purchase a new vehicle for the centre by the Provider Nominee and will accommodate wheelchair users. The Service Provider is meeting with the HSE for the provision of funds to purchase the vehicle on 16/11/2015 and will await a decision on allocation of funds to purchase a more accessible bus. In the interim, the PIC will swap existing bus with the main centre for a more wheelchair accessible bus to provide transport for the children in respite.

A review of the present roster will be carried out by the PIC and Provider Nominee to ensure resources to the house are maximised.

Proposed Timescale: 02/10/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staffing requirements and the number and mix of children admitted together required immediate review to ensure their needs were fully and safely met at all times both during the day and at night time, given the complex needs of the children, the high number of wheelchair users admitted at the same time, and the design and layout of the building.

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:

A review of the of the centre resources will be completed by the PIC and the Provider Nominee, to identify shortfalls of staff, and to ensure that staff are allocated effectively in accordance with the centre statement of purpose.

The PIC will ensure resources allocated to the centre will meet the needs of children, and will plan the roster accordingly.

The plan dates of respite provided to children and families has been reviewed, to ensure that the mix of children is appropriate, and that no more than two children who use wheelchairs are admitted to the centre at any given time.

The present evacuation plan has been revised.

A risk assessment has been completed, identifying risks in the house at times of reduced staffing levels and controls to reduce those risks are in place.

Proposed Timescale: 24/09/2015

Theme: Responsive Workforce

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

There was no continuous professional development programme in place for staff, and no formal training needs analysis to determine the training needs of staff including access to any refresher training required.

Three staff members required updated medication management training.

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:

The provider nominee will reissue the training perspective to the PIC of the centre, who will organise training for staff on areas of needs identified.

The PIC has arranged for the three staff members to attend medication management training.

The PIC will ensure that the training requirements / attendance of the individual staff will be discussed at each supervision meeting.

Proposed Timescale: 23/10/2015

Theme: Responsive Workforce

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

There was no formal supervision in place for staff.

30. Action Required:

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

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

The PIC has commenced formal supervision for all staff.

Formal supervision will occur every 8-10 weeks or more frequently as dictated by individual staff requirements.

Proposed Timescale: 10/09/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Staff and management need to be more familiar with and fully implement the policies required under schedule 5, including policies on restrictive practice, intimate care provision and monitoring of nutritional intake.

31. Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

All policies in relation to schedule 5 including restrictive practices, intimate care and monitoring nutritional intake will be discussed at the next house meeting with staff by the PIC which is scheduled to take place on 18/09/2015.

All staff will be afforded time to review each policy and sign off when they have reviewed the policies. The sign off sheet will be returned to the Provider Nominee to ensure all relevant policies have been read by staff in the centre.

Ongoing review of all such policies will be discussed at the centre's monthly house meetings by the PIC.

Proposed Timescale: 29/10/2015

Theme: Use of Information

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

A record was not maintained of the food provided to each child, as required under schedule 4.

32. Action Required:

Under Regulation 21 (4) you are required to: Retain records set out in paragraphs (6), (11), (12), (13), and (14) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 4 years from the date of their making.

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

A log book is now in place in the centre for each child, whereby each child's nutritional and fluid intake is documented by staff and each log would be reviewed daily by the named nurse.

Individual resident's dietary needs, and requirements, will be documented in each child's care plan.

The PIC will audit the nutritional food and fluid logs monthly, to ensure that all children receive the required nutritional and fluid intake which is in accordance with each child's dietary plan.

Proposed Timescale: 11/09/2015