

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Leaby Lodge
Centre ID:	OSV-0005541
Centre county:	Louth
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brena Dempsey
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	2

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 September 2016 09:30	05 September 2016 17:00
04 October 2016 09:30	04 October 2016 17:00

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

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

Summary of findings from this inspection

Background to the inspection:

This was the first inspection of the centre by HIQA as it was a new application to register a designated centre for children with a disability. It was an 18 outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision. The inspection was undertaken on two different dates. Martin McCauley Children's Services (MMC) had applied to be the registered provider for the centre. However, subsequent to the first day of inspection, HIQA was notified of MMC's decision to withdraw its application to be the provider for the centre and notified that the Health Service Executive (HSE) would act as the provider

for the centre. The HSE informed HIQA that MMC would continue to participate in the management of the centre and would operate the service on behalf of the HSE in accordance with an agreement set out between both parties.

MMC Organisation is a limited private company who had secured a lease for the property. They had considerable experience in providing residential services for children in statutory care in a number of locations across the country. The HSE outlined plans to commission, control and manage the centre.

How we gathered our evidence:

As part of the inspection, the inspector met with the HSE provider nominee, the person in charge, MMC services manager and a staff nurse. There were no children living in the centre at the time of inspection. The inspector reviewed the premises, policies and procedures, staff files and a number of templates which had been presented for use in the centre.

Description of the service:

According to the providers statement of purpose, dated September 2016, the centre would be providing care for two children under the age of 18 years with complex disability and medical needs. The centre was being set up to care for the specific health and social care needs of the two proposed residents. The centre was located in a rural setting but within a short driving distance of a small town. It comprised of a dormer style bungalow which was set on its own grounds with a secure garden.

Overall judgment of our findings:

Overall, the inspector found that the management team had completed significant work on templates and systems to ensure that the majority of regulations would be met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she was a fit person to participate in the management of the centre. It was proposed that the arrangement between the HSE and MMC would be governed by a jointly signed memorandum of understanding and a formal service level agreement. However, it was not demonstrated that effective oversight arrangements were in place as this agreement was not available at the time of inspection.

Good practice was identified in areas such as:

- There were arrangements in place to support children to maintain positive relationships with families and friends and to develop some links with the community (Outcome 3)
- There were some systems in place to assess children's individual needs and choices. (Outcome 5)
- There were measures in place to safeguard the children identified to live in the centre and to protect them from the risk of abuse. (Outcome 8)
- There were proposed arrangements in place to meet children's healthcare needs. (Outcome 11)

Areas of non-compliance with the regulations and national standards were identified in areas such as:

- The service had systems and processes in place to support and assist children to communicate effectively but some improvements were required. (Outcome 2)
- The arrangements for health and safety and risk management in the centre required improvement in some areas. (Outcome 7)
- It was not demonstrated that the required agreements were in place to provide for clear governance and adequate oversight of the service by the provider. (Outcome 14)
- Documentary evidence of appropriate systems to ensure that a sufficiently competent and skilled workforce would be available to meet the needs of the children on a day to day basis were not available on the day of inspection. (Outcome 17)
- A Residents' Guide as required under schedule 4 of the regulations had not yet been developed and some templates in relation to healthcare needs were not in place. (Outcome 18)

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were systems in place to support children's rights.

The inspector found that the admission process was focused on children's rights and needs. The statement of purpose contained some information on children's rights and needs. The person in charge demonstrated a satisfactory knowledge of children's rights and her responsibility to uphold them. It was proposed that a Residents' Guide would be developed and contain information on children's rights.

The two children identified to transition to the centre and their family representatives had been consulted with about how the centre was being planned. There was evidence that the family of the children had visited the centre on one occasion. The inspector observed picture exchange communication system and choice board in place which it was proposed would be used to assist the children to choose activities options. It was reported that an independent advocate for the children had been arranged by their family. Other independent advocacy service had been identified by the person in charge.

There were appropriate procedures in place for the management of complaints. There was a compliant policy in place, dated September 2016, which included details of the appeal process. There was a child friendly version of the complaint procedure on display in the centre. There was a named complaint officer and deputy officer for the centre. The inspector reviewed the complaint log template which was in line with the centres policy and provided a space to detail the outcome of a complaint. The person in charge proposed that the children and parents of all admissions to the centre would be advised of the complaint process during the admission process and at regular intervals

thereafter.

There were arrangements in place to promote children being treated with dignity and respect. There was an induction template and checklist in place for new staff which included providing them with an outline of what was expected of them in terms of treating the children with dignity and respect. There was an intimate care policy in place. There was ample space in the centre for the children to have private contact with family and significant others as required. There was a separate sun room and living room. However, given the significant healthcare requirements of the children, it was expected the nursing staff provision on a 24 hour basis would supervise the children at all times.

There were appropriate arrangements in place to keep children's personal belongings, including monies, safe. The centre had a policy on personal property, finances and possessions, dated September 2016 The inspector found that proposed practices were in line with the centres policy. There was a secure press in the staff office which the person in charge reported would be used to store children's pocket money within individual envelopes. The inspector reviewed template tracker sheets proposed to be used to account for children's money.

Opportunities for the children to participate in activities that were meaningful to them and which suited their needs, interest and capacities both inside and outside of the house had been considered. The inspector reviewed template records to record activities that would be undertaken. There was a good supply of arts and craft material, books and other toys which had been purchased specifically to match what was known of the children's interest. An area of the driveway of the house had been renovated with a more suitable covering to facilitate safe outdoor play for the children. The centre hosted a good size garden for the children to play in. A trampoline had been purchased for the children to play on in the garden.

Other activities suitable for the children had been identified within the local community. For example, a forest park and duck feeding area, an animal sanctuary, an open farm, a bowling and soft play area. A church had been identified that was reported was of the same religious affiliation as the two children identified to avail of respite in the centre. There was evidence that the centre when opened would have its own vehicle for the transportation of children to school and other social activities.

Judgment:
Compliant

Outcome 02: Communication

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

Theme:
Individualised Supports and Care

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

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

Findings:

The service had systems and processes in place to support and assist children to communicate effectively but some improvements were required.

The centre had a communication policy in place, dated September 2016. The two children identified to avail of respite in the centre had identified communication needs and it was identified that they were using a recognised sign language. Training for staff in this approach had been identified but training dates not yet secured. There were no templates in place to assess children's communication needs and support requirements or template plans to guide staff regarding how best to communicate with the children. It was reported that the two children identified to avail of respite in the centre had input from a speech and language therapist in a service the attended which would continue during episodes of respite. The inspector observed that the two children would have access to television and an internet package was being secured.

A number of communication aids were proposed for use to meet the diverse needs of the children. These included, sign language, objects of interests and picture reference cards for activities, daily routines and journey destinations. It was reported that the children used an assistive technological device for recreation and education but not for communication.

Judgment:

Substantially Compliant

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

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

There were arrangements in place to support children to maintain positive relationships with families and friends and to develop some links with the community. The inspector observed that there was sufficient space in the centre for the children to meet with their family in private. The centre had a visitor policy and guideline in place but it was not dated. There was a visitors book in place and a template family and friend contact log for staff to keep track of all visits. The person in charge outlined that the centre would aim to maintain regular contact and communication with families.

A number of local amenities had been identified in the centres. These included a local park, animal sanctuary, open farm, leisure centre and church.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:
Effective Services

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

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

Findings:

There were arrangements in place for the admission and discharge of children from the centre.

There was an admission policy in place, dated October 2016. There was also a temporary absence and discharge of residents policy in place dated September 2016. It was proposed that the admission of children would be determined on the basis of transparent criteria in accordance with the services statement of purpose and admission policy. There was evidence that some refurbishment works had been completed based on the identified needs of the two children identified to avail of respite in the centre. The parents of the children had visited the house on one occasion and been consulted with .

Contract templates were in place outlining the level of services to be provided. There were no fees or additional charges sought by the service.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

There were systems in place to assess children's individual needs and choices. However, a user friendly template for the personal plan was not in place.

There were templates in place for preadmission assessments of children's health, personal and social needs and for a computer based placement plan. It was proposed that the personal placement plan would be informed by assessments undertaken and that it would be reviewed on a three monthly basis with children's multidisciplinary teams and their families input. The template placement plan reviewed by the inspector, included sections on health, activities/ hobbies, family, education, living skills and social care. There were no templates in place for a user friendly personal placement plan. There were also templates for: individual work schedules; record of individual work undertaken; log of achievements. The person in charge reported that a template for a clinical care plan was being developed by the clinical nurse manager in the nursing agency commissioned by the providers.

It was proposed that once admitted each child's key worker would be responsible to put in place a written personal placement plan. This plan would detail individual needs and choices and be put in place within 28 days as per the requirement of the regulations. It was reported that the multidisciplinary team providing care to the two children identified whilst at home would continue to provide care to the children whilst availing of respite in the centre. It was planned that the children would be involved in the development of their personal placement plans with family representatives and staff in the centre.

The provider nominee reported that transition plans for the two children identified to avail of respite in the centre had not yet been put in place. There was documentary evidence to show that the children's family had visited the centre on one occasion.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

Overall, the location, design and layout of the centre was suitable for its stated purpose.

The centre consisted of a two storey dormer style house located in a rural setting but within a relatively short driving distance of a small town. The upper floor of the house consisted of three bedrooms, one of which was en suite. As a result of a recent assessment by a HSE occupational therapist, it was identified that a down stairs room (previously a sitting room) would best meet the needs of the two children identified to move to the centre as their shared bedroom. A separate downstairs toilet area had been identified for use by the two children in addition to a bathroom on the first floor.

There was adequate communal accommodation in place, with a separate sitting room, dining area and sunroom. It was noted that there was suitable lighting and ventilation. The centre was observed to be suitably decorated with adequate furnishings, fixtures and fittings. Door frames on the ground floor of the centre had been widened and accessibility ramps had been installed at the front and rear entrance. Age appropriate pictures and other soft furnishing had been put in place to provide a homely atmosphere. Window restrictors for safety on windows had been installed. The kitchen was found to be spacious and have sufficient cooking facilities. An area of the drive way had been renovated with a suitable ground covering to promote its safe use. The garden was suitable for children to play in. The person in charge reported that further work to secure the outer fencing of the garden was due to be completed the following week.

Some specialist equipment to meet the children's healthcare needs had been identified and put in place. There was a proposed process in place for ensuring that all equipment was properly installed, used, maintained, tested, serviced and replaced.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The arrangements for health and safety and risk management in the centre required improvement in some areas.

There was a risk management policy, dated September 2016 in place but it did not meet all of the requirements of the regulation 26. It did not include: the measures and actions in place to control the risks identified; the measures and actions in place to control a number of specified risks, i.e. the unexpected absence of a resident, accidental injury to residents, visitors or staff, aggression and violence and self harm; arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents and arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the residents quality of life have been considered. There was a template for a risk register in place. The person in charge proposed that the risk register once populated would be maintained as a 'living document' and reviewed at regular intervals.

There was a safety statement, dated September 2016. However, site specific risk assessment had not been undertaken. There were no templates in place for risk assessments. There was a template in place for a health and safety audit. It was proposed that the house would have a health and safety representative who would be responsible to ensure that a health and safety audit was completed on a monthly basis.

There were some arrangements in place for investigating and learning from serious incidents and adverse events involving children. There was a policy in place but it was not dated and did not include the requirements to notify HIQA. There was a template register in place for significant events. There was a template forms in place to report significant events with a separate form for accidents. There was also a template for a significant event review form which it was proposed would be completed within 24 hours of the event and subsequently be discussed at team meetings so as to share learning. The provider had a significant review group across the wider service which met on a two monthly basis which was chaired by the service manager. It was proposed that this group would analyse trends and share learning across the service.

There were some arrangements in place for the prevention and control of infection. There was an infection control policy in place but it was not dated or signed. The inspector observed that there were facilities for hand hygiene available in the centre which included hand sanitizers, paper hand towels and hand hygiene posters. There was colour coded equipment for all cleaning in place. It was proposed that staff would receive training in hand hygiene. Suitable arrangements were in place for the disposal of clinical and domestic waste

Overall, there were adequate precautions against the risk of fire. However, a template for personal emergency evacuation plans which considered the proposed mobility status and cognitive understanding of any children availing of the service were not available. There was a fire safety policy in place, dated September 2016. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. There was suitable fire equipment available. Documentary evidence to show that fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company with suitable expertise were available in the centre. There were templates for staff to record the required formal safety checks of fire equipment, fire exits and other safety precautions. A fire evacuation procedure for the

safe evacuation of children and staff in the event of fire was prominently displayed. The assembly point in the event of fire was appropriately identified with a sign. Templates for fire drills were in place. The person in charge reported that fire drills would be undertaken on a regular basis but especially with every new admission and the appointment of any new members of staff. It was proposed that fire safety training would be provided for all staff prior to starting work in the centre.

The person in charge reported that a suitable vehicle had been purchased to transport the children to school and other activities. There was a driver safety policy in place and there was evidence that the provider had installed a safety software device into cars across the service and in the car proposed to be used in the centre. There was a template for daily safety checks of the care by staff.

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):

Findings:

There were measures in place to safeguard the children identified to avail of respite in the centre and to protect them from the risk of abuse. However, templates for intimate care plans as referred to in the intimate care policy had not yet been put in place.

The service had a protection and welfare policy and procedure, dated September 2016 which was in line with Children First: National Guidelines for the Protection and Welfare of Children, 2011 (Children First). The inspector noted that the designated liaison person for the centre was the person in charge. There was a template register in place for child protection notifications. The centre manager was knowledgeable about what constituted abuse and how she would respond to any suspicions of abuse. There was a protected disclosure policy in place, dated April 2016, to ensure that there were no barriers for staff or families disclosing abuse. It was proposed that all staff working in the centre would receive children first training and safeguarding training.

The centre had an intimate care policy in place, dated September 2016. This policy referred to personal intimate care plans for children. However, templates for these plans were not in place. There was a template for a body map in place which included a space for a narrative regarding the location and description of anybody markings identified. It was proposed that monitoring of safeguarding practices, to ensure safe and respectful care, would be undertaken as part of internal monitoring by the person in charge, MMC quality manager and the HSE case manager and provider nominee.

There were arrangements in place to provide children with emotional and behavioural support that would promote a positive approach to the management of behaviour that challenges. The centre had a policy on challenging behaviour. It was proposed that all staff would receive appropriate training. The person in charge was familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. It was proposed that any challenging behaviour plans and or any restrictive practice would be discussed and agreed as part of placement agreement meeting with children and their families. There was a template for recording physical interventions used. There was a restrictive practice policy in place.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

A system was in place to record incidents and accidents. The inspector reviewed the template for reporting incidents and a separate form for reporting significant events. There was also a log to record incidents.

The person in charge and provider nominee were knowledgeable about the requirements for notifications to HIQA as per the regulations.

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):

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

Findings:

The two children identified to avail of respite in the centre were attending a school some distance from the centre but close to their home. There was an education policy in place. However, it did not reference the relevant legislation in respect of the education needs of children with disabilities. A policy on access to education, training and development as required by the regulations was not available. The inspector reviewed the template for the personal placement plan assessment which included a section to complete regarding educational assessed need and actions to meet those needs. It was proposed that the centre would bring the children to and from school and record all relevant daily discussions with the school in a communication book.

A number of activities internal and external to the centre were proposed. These included art and craft activities, going to the cinema, local parks, horse riding centre, open farm, animal sanctuary, leisure centre and church which were all within a relatively short drive from the centre. A good supply of toys, books and craft materials were available in the centre. A trampoline had also been purchased for the garden.

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):

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

Findings:

There were proposed arrangements in place to meet children's healthcare needs. However, some improvements were required in relation to records.

There was an assessment placement template in place which required information regarding the healthcare needs of the children. The person in charge reported that children's health needs and support requirements would be assessed as part of the admission process in consultation with the children and their families. The personal placement plan template included space for information relating to the child's health needs and care requirements. The person in charge reported that the two children identified to move to the centre had considerable health care requirements and their own GP. It was proposed that some of the multidisciplinary team providing care to the children while at home would continue to provide care to the children whilst availing of respite in the centre. These included: paediatrician, speech and language therapy, dietician, occupational therapy, physiotherapy, social work, psychology and community nursing. The provider had access to some therapeutic supports in place which would be available to children in the centre as needed. It was proposed that nursing care would be provided on a 24 hour basis whilst the children were availing of respite.

The centre had a fully equipped kitchen and a dining area. There was a plan in place for the management of percutaneous endoscopic gastrostomy (PEG) feeding regime as overseen by their GP and dietician. It was proposed that the care and management of the PEG tube and feeding regime would be the responsibility of the nursing agency staff acquired by the provider. There was a policy on enteral feeding, dated September 2016. Training in relation to care and management of the PEG site and feeding regime had been identified for staff. There was also a monitoring and documentation of nutritional intake policy dated September 2016. However it was not appropriate for monitoring nutritional intake via PEG feeding. Templates for recording nutritional intake and body weights were not in place. (The records are discussed with actions under outcome 18).

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

There were systems in place to support staff in protecting children in relation to medication management. However arrangements in place for the storage of medicines required improvement and template records needed to be put in place.

The service had a medication management policy, in place dated September 2016. There was also a separate policy for the handling and disposal of unused drugs, dated

September 2016. The person in charge reported two registered staff nurses would be rostered on duty at all times and would be responsible for the administration of all medications. The inspector observed that there was a secure medication press in both the staff office and the children's bedroom for the safe storage of medications. However a medication fridge had not yet been purchased. Also templates for medication prescription and administration records were not in place.

There were proposed arrangements to review and monitor safe medication management practices. The person on charge reported that the agency staff nurses acquired by the provider to work in the centre would be responsible to undertake regular audits and to report the findings of same to her. It was proposed that the person in charge would oversee these audits and follow up on any identified actions. It was proposed that the clinical nurse manager from the agency would also provide clinical supervision to the staff nurses and monitor medication practices. Templates for undertaking medication audits were not in place. It was proposed that all audit results would be monitored by the provider nominee.

There were proposed procedures in place for the handling and disposal of unused and out of date drugs. The person in charge reported that all unused and out of date drugs would be returned to the pharmacy for disposal and that a record would be maintained of same

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

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

Findings:

There was a statement of purpose in place, dated September 2016 which overall met the requirements under schedule 1 of the regulations. However, the age range of children proposed to avail of respite in the centre was not stated.

It set out the aims, objectives and ethos of the centre. It also stated the facilities and services which were to be provided for children living in the centre. The person in charge reported that the statement of purpose would be reviewed at regular intervals of not less than one year. It was proposed that the statement of purpose would be made available in a format that is accessible to residents and their representatives.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were arrangements in place to monitor the quality and safety of care and support once the centre opened. The provider and management team had sufficient experience or understanding of their legal responsibilities under the Health Act 2007, regulations and standards. However, it was not demonstrated that the required agreements were in place to provide for clear governance and adequate oversight of the service by the provider.

There was a clearly defined management structure proposed that identified lines of authority and accountability for the service. Initially MMC had applied to be the registered provider for the centre. However, subsequent to the first day of inspection, MMC withdrew its application and HIQA was notified that the HSE would commission, control and manage the centre. It was proposed that MMC would operate the service on behalf of the HSE. It was proposed that the arrangement between the HSE and MMC would be governed by a jointly signed memorandum of understanding and a formal service level agreement. Subsequent to the inspection the provider submitted to HIQA a copy of a memorandum of understanding between the HSE and MMC and the staffing agency. This document did not comprehensively detail governance arrangements and stated that a standard service arrangement between all parties would be put in place as soon as possible. There were no service or operational plans in place and therefore it was not demonstrated that adequate oversight arrangements were in place.

MMC had a quality and risk officer whom it was proposed would undertake regular audits of the centre to monitor the quality and safety of care and support against the requirements of the standards and regulations. It was proposed that the provider nominee would undertake the six monthly unannounced inspections in the centre and the annual quality and safety review as per the regulatory requirements.

The centre had a suitably skilled person in charge whom had been employed by MMC. She had considerable experience of working with children but limited experience of working with children with a disability. The provider nominee proposed that a mentoring programme would be put in place for her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards and had a clear knowledge about the support needs and plans for the two children identified to avail of respite in the centre. It was proposed that the person in charge would be engaged in the governance, operational management and administration of the centre on a full time basis. She was not responsible for any other designated centre. The person in charge reported to the provider nominee. There was documentary evidence to show that the person in charge had completed a supervision training programme with an external company. The person in charge reported that the centre would have a defined budget which she would be responsible for.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge. The service manager from MMC was the identified person to deputise for the person in charge during times of absence. It was reported that on the days that the person in charge was off duty that a staff member would be assigned to the role of deputy and that this would be identified on the duty roster. The inspector found that the provider nominee was knowledgeable about requirements to notify the Authority of any absence of the person in charge in accordance with regulatory requirements.

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):

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

Findings:

The facilities and services in the centre reflected those stated in the statement of purpose.

There was documentary evidence to show that there was sufficient financial resources in place to support children to achieve their individual plans and to meet their needs. The inspector noted that there was a good range of games, arts and crafts materials and books in the centre for children to play with. A trampoline had also been purchased for the garden. There was evidence that the centre would have its own budget allocation which would be controlled by the person in charge.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Documentary evidence of appropriate systems to ensure that a sufficiently competent and skilled workforce would be available to meet the needs of the children on a day to day basis were not available on the day of inspection. Some of the staff proposed to work in the centre had limited experience of working with disabled children and a number of the documents required by the regulations for a number of the agency staff were not in place.

There was a recruitment and selection policy in place. The full staffing levels required for the centre had been secured..

There were effective recruitment procedures in place for social care staff employed by MMC. As per the staffing complement requirements outlined in the statement of purpose, six whole time equivalent social care workers had been recruited by MMC. It was identified that the social care staff recruited had limited experience in working with children with disabilities. The inspector reviewed a sample of four social care staff files who had been recruited by MMC and found that they contained the documents required in Schedule 2 of the regulations.

The provider had recruited nursing and healthcare assistants through a reputable staffing agency. As per the staffing complement requirements outlined in the statement of purpose, six whole time equivalent staff nurses and six health care assistants had been recruited by the provider through an external staffing agency. It was reported that a number of these staff were currently or had previously, provided care for the two children identified to avail of respite in the centre. This meant that the children would have some continuity in their care givers. A sample of files were reviewed for agency staff nurses and healthcare assistants proposed to work in the centre. However, not all of the documents required by the regulations were present in these files.

There was a proposed staff roster in place which showed that there would be a staff nurse on duty 24/7. In addition, there would be two social care workers and two healthcare assistants but with the two social care workers sleeping at night unless needed. The provider had appointed a case manager to the centre.

Some training for staff proposing to work in the centre had been arranged. This included disability awareness training and mandatory training for social care staff. Staff nurses and healthcare assistants acquired by the provider through the agency were to have their training arranged jointly through the HSE and their agency. However a formal agreement regarding the provision of this training was not in place. this matter is addressed under outcome 14.

A training needs analysis for staff had not been completed to identify training that they might require in order to meet the complex needs of children living in the centre. The inspector noted that copies of the standards and regulations were available in the centre on the day of inspection.

Some formal supervision arrangements were in place for staff. This meant that staff performance would be formally monitored in order to address any deficits that might exist and to improve practice and accountability. There was a supervision policy in place which outlined the proposed frequency for supervision as once every four weeks. There was a template for supervision in place. The person in charge had completed training in undertaking supervision. There was an induction policy and template induction checklists in place which detailed matters that new staff were to be inducted on. It was proposed that the person in charge would supervise the entire staff team, but that a clinical nurse manager acquired by the provider through the nursing agency would provide clinical supervision for the staff nurses and would liaise with the person in charge with regard to same.

It was proposed that a formal service level agreement would be put in place between the provider and the agency and between the provider and MMC. However, this had not been finalised at the time of inspection. Subsequent to the inspection the provider submitted to HIQA a copy of a memorandum of understanding between the HSE and MMC and the staffing agency. This document stated that a standard service arrangement between all parties would be put in place as soon as possible. However, the inspector was not assured of oversight arrangements by the provider for staffing recruitment, training and supervision arrangements by the agreements in place at the time of writing.

The person in charge told the inspector that there would be no volunteers working in the centre when opened.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Overall, there were arrangements in place to ensure that records as required by the regulations were in place. However a Residents' Guide as required under schedule 4 of the regulations had not yet been developed and some templates in relation to healthcare needs were not in place.

The provider had a record retention and destruction of records policy in place, dated September 2016. The inspector found that records were kept secure but easily retrievable. There were a suite of templates and documents in place which would facilitate records to be maintained in respect of each resident as required by schedule 3 and 4 of the regulations. A copy of the statement of purpose was available in the centre.

Policies and procedures as required by Schedule 5 of the regulations had recently been put in place. The person in charge had a good knowledge of the policies in place and how they were applied in practice. The inspector noted a template to maintain a signature bank for staff to sign once policies were reviewed was in place. There was a monitoring and documentation of nutritional intake policy dated September 2016 in place. However it was not appropriate for monitoring nutritional intake via PEG feeding.

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:

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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:	Leaby Lodge
Centre ID:	OSV-0005541
Date of Inspection:	05 September 2016
Date of response:	28 October 2016

Requirements

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

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

Outcome 02: Communication

Theme: Individualised Supports and Care

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

There were no templates in place to assess children's communication needs and support requirements or template plans to guide staff regarding how best to communicate with the children.

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

1. Action Required:

Under Regulation 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:

- a) Communication passports for the children have been developed based on current available information and are in place since October 25th 2016.
- b) Communication passports will continue to be developed in conjunction with the family and CRC Speech & Language Therapist.
- c) Formal Lamh training has been booked for staff on site for November 26th 2016.
- d) Basic sign language as utilised by children will form part of induction training for staff.
- e) Continuous on-going training will be provided to staff as required.

Proposed Timescale: 25/10/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A user friendly template for the personal plan was not in place.

2. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- a) Hard copy and electronic personal care plan template is available on site.
- b) The personal care plan will be personalised on admission and re-assessed throughout the 2nd episode of respite.

Proposed Timescale: 25/10/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline the measures and actions in place to control the risks identified.

3. Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The HSE Risk Management Policy (September 2016) has been updated (October 2016) to incorporate the specified risks for the Centre and the required measures and actions in place to control these risks. An audit tool is included with each policy.

- a) The unexpected absence of a resident
- b) Accidental injury to residents, visitors or staff
- c) Aggression and violence and self harm
- d) Arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents, and arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the residents quality of life have been considered.
- e) The Infection Control Policy has been dated and signed on September 29th 2016.
- f) Hand Hygiene Training took place on October 10th 2016 and is ongoing.
- g) Risk Register is completed.

The HSE Risk Management Matrix Tool was implemented on October 18th 2016.

Proposed Timescale: 18/10/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline the measures and actions in place to control a number of specified risks, i.e. the unexpected absence of a resident.

4. Action Required:

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

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

The HSE Risk Management Policy (September 2016) has now been updated,(October 2016) and clearly outlines the measures and actions in place to control the unexplained absence of a resident. This policy will be audited before January 31st 2017 and six monthly thereafter.

Proposed Timescale: 25/10/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline the measures and actions in place to control a number of specified risks, i.e. accidental injury to residents, visitors or staff.

5. Action Required:

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

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

The HSE Risk Management Policy(September 2016) has now been updated (October 2016) and clearly outlines the measures and actions in place to control accidental injury to residents, visitors or staff. This policy will be audited before January 31st 2017 and six monthly thereafter.

Proposed Timescale: 25/10/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline the measures and actions in place to control a number of specified risks, i.e. aggression and violence.

6. Action Required:

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

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

a) A policy is now in place for dealing with responsive behaviours for residents.
b) A policy is being developed for dealing with violence or aggression from members of the public.

c) This policy will be audited before January 31st 2017 and six monthly thereafter.

Proposed Timescale: (a) October 25th 2016 (b) November 9th 2016

Proposed Timescale: 09/11/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not

adequately outline the measures and actions in place to control a number of specified risks, i.e. self harm.

7. Action Required:

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

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

The HSE Risk Management Policy (September 2016) has now been updated (October 2016) and includes the measures and actions in place to control self-harm. This policy will be audited before 31st January 2017 and six monthly thereafter.

Proposed Timescale: 25/10/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents.

8. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- a) The HSE Risk Management Policy (September 2016) has been updated (October 2016) and clearly outlines the measures and actions in place to control serious incidents or adverse events involving residents.
- b) An Incident Management Policy is now in place and linked to the Risk Management Policy and HIQA reporting. It clearly outlines arrangements for the identification, recording and investigation and learning from serious incidents or adverse events involving residents and outlines events which require reporting to HIQA.
- c) An audit on this policy will be carried out before January 31st 2017 and 6 monthly thereafter.

Proposed Timescale: 25/10/2016

Theme: Effective Services

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

There was a risk management policy, dated September 2016 in place but it did not adequately outline the arrangements to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might

have on the residents quality of life have been considered.

9. Action Required:

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

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

- a) The HSE Risk Management Policy (September 2016) has been updated (October 2016) and contains the risk management process to ensure that risk control measures are proportional to the risk identified and any adverse impact that such measures might have on the resident's quality of life.
- b) The HSE Risk Assessment Matrix was implemented on October 18th 2016 which measures risks, likely consequences and actions to be taken which includes Service User experience.
- c) Training was carried out with Management Team on October 18th 2016.
- d) Site specific Risk Assessment was carried out on October 18th 2016.
- e) An audit will be carried out before January 31st 2017 and 6 monthly thereafter.

Proposed Timescale: 18/10/2016

Theme: Effective Services

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

Site specific risk assessment had not been undertaken.

There were no templates in place for risk assessments.

10. 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) Training was carried out with the Management Team on October 18th 2016 on the HSE Risk Assessment Matrix
- b) The Policy Procedure and Guidelines (PPG's) pertaining to responding to emergencies have been completed and are now on site.
- c) Site specific Risk assessments have been completed.
- d) Risk assessment templates are now available on site.
- e) An audit will be carried out before January 31st 2017 and 6 monthly thereafter.

Proposed Timescale: 18/10/2016

Theme: Effective Services

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

A template for personal emergency evacuation plans which considered the proposed mobility status and cognitive understanding of any children availing of the service were not available.

11. Action Required:

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

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

The Personal Emergency Evacuation Plan (PEEP) for each child is now in place. This will be audited before January 31st 2017 and 6 monthly thereafter.

Proposed Timescale: 18/10/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Templates for intimate care plans as referred to in the intimate care policy had not yet been put in place.

12. 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:

- a) The Intimate Care Plan Template is now on site.
- b) The Intimate Care Plan is now completed based on current knowledge of residents.
- c) Further Intimate Care Plan information will be completed on admission of the residents to the Unit.

Proposed Timescale: 25/10/2016

Outcome 12. Medication Management

Theme: Health and Development

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

A medication fridge had not yet been purchased.

Templates for medication prescription and administration records were not in place.

Templates for undertaking medication audits were not in place.

13. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

- a) A locked medication fridge is now on site since 3rd November 2016.
- b) Process is in place for GP Medication Prescriptions to be available on site.
- c) Medication records are now in place on site
- d) Templates for undertaking Medication Audits are now in place on site.
- e) Medication audit will be undertaken before January 31st 2017 and 3 monthly thereafter.

Proposed Timescale: (a) Fridge delivered on site on November 3rd 2016

b) c) & d); October 25th 2016.

Proposed Timescale: 03/11/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The age range of children proposed to avail of respite in the centre was not stated.

14. 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 Current statement of purpose has been updated to contain the information set out in Schedule 1 of the Health Act 2007.

Proposed Timescale: 25/10/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Documented agreements had not been put in place to comprehensively set out the governance arrangements between the HSE and MMC. As a result adequate provision for over sight of the service was not evident.

15. Action Required:

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

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

- a) A Service Level Agreement has been signed between MMC Children's Services and the Health Service Executive to ensure clear governance and accountability.
- b) An Organisational Chart outlining clear Governance arrangements including roles/responsibilities on a daily basis is available within the house for all staff on site.
- c) All staff will be given a copy of the organisational chart outlining governance arrangements including roles/responsibilities and reporting relationships on Induction.

Proposed Timescale: 27/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

A sample of files were reviewed for agency staff nurses and healthcare assistants proposed to work in the centre. However, not all of the documents required by the regulations were present in these files.

16. Action Required:

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

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

- a) All staff which includes Nursing staff, Healthcare Assistants and social care staff are employed by MMC Children's Services. This has been reflected in the SLA between MMC Children's Services and HSE dated October 27th 2016 under Schedule 6.
- b) Staff documentation as specified in Schedule 2 is available on site for all staff working on site.
- c) Documentation of any new staff will be obtained prior to commencing working on site.

Proposed Timescale: 09/11/2016

Theme: Responsive Workforce

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

The inspector was not assured of oversight arrangements by the provider for staffing training arrangements by the agreements in place at the time of writing.

17. 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:

- a) All staff have mandatory training.
- b) Specific training has been completed.
- c) A Training needs analysis will be carried out as part of induction for all staff
- d) All staff will be required to attend training deemed necessary by management.
- e) Ongoing training will be provided on site where appropriate.
- f) Training register is available on site

Proposed Timescale: 25/10/2016

Theme: Responsive Workforce

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

The inspector was not assured of oversight arrangements by the provider for staffing supervision arrangements by the agreements in place at the time of writing.

18. 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:

- a) Governance structures within the house outlines process to ensure staff are appropriately supervised.
- b) Supervision Contracts will be given to all staff at Induction.
- c) The person in charge is responsible for staff appraisal and induction. The clinical Nurse Manager is responsible for clinical supervision of nursing personnel and healthcare assistants.
- d) Organisational chart is available on site for all staff which clearly outlines roles and responsibilities and reporting relationships.

Proposed Timescale: 25/11/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There was a monitoring and documentation of nutritional intake policy dated September 2016 in place. However it was not appropriate for monitoring nutritional intake via PEG feeding.

19. Action Required:

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

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

- a) Contact has been made with the Paediatric Dietician who monitors the residents nutritional requirements.
- b) The PEG feeding policy has been reviewed and updated to monitor nutritional intake via PEG Feeding.

Proposed Timescale: 25/11/2016

Theme: Use of Information

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

A residents guide as required under schedule 4 of the regulations had not yet been developed.

20. Action Required:

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

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

A Centre specific guide has been developed and is now available on site.

Proposed Timescale: 27/10/2016