

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003790
Centre county:	Kerry
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Patricia Sheehan
Support inspector(s):	Tom Flanagan
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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:
12 March 2015 09:30	12 March 2015 18:00
13 March 2015 09:00	13 March 2015 16:30

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

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

Summary of findings from this inspection

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

The centre was located in a detached five-bed single-storey house in a quiet housing estate in the countryside approximately six kilometres from a large town. The service provided a fulltime residential service for two children and overnight respite services were provided to one or two children at any one time. The respite service had been suspended in 2014 and resumed in January 2015. According to the statement of purpose, the service was provided to children with moderate to profound intellectual disability and nursing care was provided to children with low to medium dependency

needs. There was capacity for four children to stay overnight. There were two fulltime residents and one child was availing of overnight residential respite at the time of inspection.

As part of this inspection the inspectors met with children, parents/guardians, staff members, the clinical nurse manager (CNM) 2 who was the person in charge, the acting chief executive officer (CEO) who was the provider nominee and the general manager. Inspectors observed practices and reviewed documentation such as children's personal plans, medical records, incident logs, policies and procedures and staff records. A number of parents completed questionnaires which were reviewed by inspectors.

Inspectors found that the provider had made a number of improvements in response to the findings of the previous inspection. These included the installation of a fire alarm and improvements in fire precautions, audits of the medication management system, staff training and the introduction of staff supervision.

Inspectors found that effective management structures were in place, the premises was generally fit for purpose and good care was provided by an experienced and well trained staff group. Improvements were required in the following areas: the statement of purpose; oversight of quality and safety; the frequency of staff supervision; privacy and dignity; communication; contracts for the provision of services; notifications; staffing levels; policies and procedures; and record keeping. These and other areas for improvement are detailed in the body of the report and included in the Action Plan at the end of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The rights of children were protected and their dignity was promoted. They were provided with choices in relation to their food and activities but there was little evidence that they were consulted in relation to the operation of the service.

The rights of children were set out in a Resident's Guide booklet which was sent to the children's parents. Parents who spoke to inspectors and completed questionnaires said that they had received information about the service and were aware of their children's rights.

The service promoted the use of independent advocates and the name, photograph and contact details of an independent advocate was clearly displayed in the entrance hallway.

The preferences and choices of children regarding the food they wanted to eat and the activities they wanted to participate in were set out in their personal plans. Inspectors observed that children were offered choices in relation to food and activities and this was confirmed by parents.

Parents of fulltime residents told inspectors that they were involved in decisions about the decoration and furnishing of their children's rooms and inspectors observed that the children's rooms were beautifully decorated and that the children's personal effects, posters and photographs were displayed. However, inspectors found that there was little evidence that children were consulted about the operation of the service and the Resident's Guide contained some contradictory information in relation to this. It said that there were monthly meetings to consult with residents and, later on, it said that there

were no formal meetings. The mix of fulltime residents and children on short respite breaks also made formal consultation with the residents difficult as the beginning of a respite break for one child was a normal day for other children, whose home the centre was.

There was a policy and procedures for the management of complaints and information on how to make a complaint and to whom it should be made was clearly displayed. There was a named complaints officer and an independent appeals process in the event of a complainant not being satisfied with the outcome. Parents told inspectors that they knew how to make a complaint and one parent who had made a complaint and also expressed a concern told inspectors that these issues were responded to quickly and resolved. Inspectors viewed the complaints log and found that, while the details of the complainants and the nature of their complaints had been recorded, there were no overall records of when the complaints were closed and whether the complainants were satisfied with the outcomes.

Parents told inspectors that their children were treated with dignity and respect and other parents who completed questionnaires confirmed this. Each child was afforded the privacy of a single room. The premises was also large enough to facilitate children to have their own private space if they required this. Staff told inspectors that they were conscious of preserving the children's privacy and dignity while providing personal care in line with the centre's policy on intimate care. However, inspectors found that one child was wearing a bib which was designed for children of a much younger age. Alternatives which may serve to safeguard the child's dignity had not been explored.

Systems were in place to ensure that children's personal possessions were protected but inventories of possessions were only maintained for children who availed of the respite service. There was adequate storage in their rooms for the personal possessions of each of the children. Inventories of their possessions were recorded for every child using the respite service. However, staff told inspectors that no inventories were maintained of the possessions of those children who resided fulltime in the centre. This meant that if any of their possessions went missing over time, there was no record of its existence. There was a good system in place for safeguarding children's money. Pocket money was provided by the children's parents. Receipt of this money and all subsequent transactions were recorded in a duplicate book and signed by two staff members. Receipts were retained and the receipts, a copy of the transactions and, in the case of children on respite, any money left over were returned to parents of children on respite.

Staff respected the children's right to exercise choice regarding their activities and routines and attempted to facilitate these choices. Prior to admission children, or their parents on their behalf, were asked to state their likes/dislikes and describe their normal routines and these were recorded in their files. They were also asked to indicate what level of independence the child exercised and what help and support they needed from staff in daily activities such as personal care, communication, and eating and drinking. The need for children to have consistency in their lives was reflected in the allocation of the same room to children on each respite break.

Children were facilitated to participate in activities that they enjoyed. Inspectors observed the children at play in the centre and records showed that children took part in

a range of leisure activities in the community such as trips to the beach, a pet farm or the cinema. One of the children was going swimming with their keyworker during the inspection. Dvds and a range of toys and games were also available in the centre.

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:

The communication needs of children were assessed and assistance was provided to children to communicate effectively. However, staff had not been trained in the use of a picture exchange and there was no wireless internet available in the centre.

There was a comprehensive policy on communication. This promoted a total communication approach in which signs, symbols, photographs, gestures, body language, objects of reference and electronic aids were used to support effective communication with the children. The policy also set out the need for staff to be trained in the various methods of communication.

Staff demonstrated their awareness of the communication needs of each child. Inspectors observed the interaction of staff and the children and saw that different communications methods were used according to the child's needs. Each child had a personal plan that set out their particular communication needs and abilities. There was evidence that signs, symbols and pictures were used to communicate with children. For example, the photographs and names of staff and the dates and times they were working that day were displayed in the dining room. Visual schedules were also displayed for some of the children. However, staff told inspectors that, while one child used a picture exchange system in school, staff were not trained in this mode of communication and could not fully address the child's needs in this regard. The person in charge told inspectors that training on the picture exchange system would be provided for staff in the near future.

Each child had access to television and radio. Staff told inspectors that some of the children used assistive technology for communications purposes. However, there was no wireless internet available in the centre which meant that the communication needs of some children were not met in full.

Judgment:

Non Compliant - Major

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:

The relationships between children and their families were supported. Families were encouraged to be involved in the lives of their children and children were assisted to develop stronger links with the community.

The admissions policy stated that children should be given the opportunity to visit the centre and view its facilities prior to their admission and several parents who spoke with inspectors and those who completed questionnaires said that they were. This gave children and their parents the chance to familiarise themselves with staff and facilities. Some parents told inspectors that they felt free to visit at any time and were always made feel welcome. Staff communicated with parents of children availing of respite breaks to ask about any new information that staff needed to be aware of and parents of children who lived in the centre were kept informed of any changes or developments in relation to their children. One parent told inspectors that a staff member accompanied them and their child on a recent visit to a medical consultant.

Parents were free to call in person to the centre or contact their children by phone if they wished. There was evidence of frequent contact between staff and parents by phone and daily contact at times between staff and the parents of children who lived in the centre. The service had recently organised a coffee morning for parents to provide information and answer any questions parents may have.

Parents were aware of their children's care plans and were fully involved in giving and receiving information in relation to their children. They were involved in the initial assessments of their children's needs and the parents of children who lived in the centre were also involved in reviewing the personal plans. Children who lived in the centre were facilitated to visit their family home each weekend and to stay longer at holiday times if possible.

Children were encouraged to use community facilities. While the centre was located in the countryside, transport was provided by the centre for the children's journeys to school and for social outings. Children participated in shopping trips and also used community facilities in a nearby large town and throughout the county.

<p>Judgment: Compliant</p>

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:
 The criteria for admission were set out in the statement of purpose and were clear and transparent and admissions to the centre were in line with these criteria. There were contracts in place for fulltime residents but there were no contracts for children who availed of the respite service.

There was a national policy on the admission, discharge and transfer of children and there were local procedures governing the operation of the centre. Children eligible for admission were aged between six and eighteen years old, attended a particular special school in the area and had a diagnosis of moderate, severe or profound intellectual disability. Inspectors found that children using the service met these criteria. Referrals to the service were usually made by parents/guardians or members of the multidisciplinary team. An admissions, discharges and transfers committee (ADT) received the referral and, following receipt of information about the child's needs, made the final decision on whether a placement would be offered.

Written contracts had recently been developed for the two children who resided fulltime in the centre. These were signed by the child's parents/guardians and a representative of the service. However, no contracts were in place for children using the respite service.

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:

The wellbeing of children was supported by good quality support by caring staff and opportunities to take part in activities that were meaningful to them. Children had personal plans which set out their individual needs and choices, goals, and the supports they required. Children were also supported in their journey into adulthood and their transition to adult services. Parents and the children who lived in the centre, according to their abilities, were involved in the care planning process. However, the personal plans were not based on comprehensive assessments of need carried out by a healthcare professional and assessments of educational need were not in place. Professionals from the multidisciplinary team did not have a role in reviewing the plans.

The person in charge told inspectors that he did not carry out a formal assessment of need as indicated in the policy on admissions, discharge and transfers but, instead, received detailed information from the child's parents and collated all assessments carried out by specialists or members of the local multidisciplinary team. This meant that there was no up-to-date comprehensive assessment of the child's need prior to admission. For example, there was little information about the child's educational needs as these had not been assessed prior to admission.

The support plan for each child was detailed and reflected their likes, dislikes, preferences and choices. The supports required for the child's activities were clearly set out. A new system of goal setting had recently been introduced. This began with social goals which were specific and detailed and there was evidence that these were reviewed. The person in charge told inspectors that there were plans to increase the range of goals for each child. Each child's file contained a copy of "my support plan" which was written in the first person on behalf of the child and served as their version of the personal plan.

Each child's file also contained a section called "a meaningful day" which focussed on the child's normal routines and what he/she liked to do at different times of the day. They also contained health assessments, current health action plans and evidence of multidisciplinary input, such as reviews by a speech and language therapist and an occupational therapist into different aspects of the children's care. The files contained risk assessments, consent forms, personal emergency evacuation plans and health-related records. Daily notes written by staff documented the staff's interaction with children and their monitoring of the children's health, general wellbeing and their day-to-day activities.

Parents told inspectors that they were involved in the care planning for their children and that they provided much of the pre-admission information on their children's needs. They completed health assessment documents on their children and were also facilitated to complete a support plan document. It was based on these documents and on assessment reports from other professionals that the children's support plans were based. There was evidence that the parents of the children who lived in the centre were involved in reviews of the personal plans but, as the respite service had only been introduced in January 2015, the personal plans of children using the respite service had not yet been formally reviewed. Some parents commented that improvements were evident in the children's wellbeing as a result of the work carried out in the centre. However, not all personal plans seen by inspectors contained evidence of the involvement of children or their parents and professionals from the multidisciplinary team were not involved in reviewing the plans.

There was evidence that children were supported in their transition to other services and that the transitional period was well managed. The file of a child who had recently moved to a new service contained a transition plan and minutes of meetings with the various stakeholders involved. There were photographs of the new residence and notes written by staff on visits there by the child, which reflected the child's gradual acceptance of the move. A party was held to say goodbye and to celebrate the child's time in the centre. In the case of a child who had reached the age of 16 years, there was a letter from the person in charge to a HSE manager requesting a multidisciplinary meeting to arrange the child's transition to adult services.

For children using the respite service, their time in the centre was of very short duration and staff were not involved in in-depth preparation of the children for independent living. These children were encouraged to be involved in shopping and general household tasks according to their abilities. Children decided what activities they would like to undertake and what food they would like to eat. In the case of a child who was a fulltime resident the annual review of the child's care, which was attended by the child's parents, focussed on the teaching of skills for the child's future.

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 design and layout of the centre were generally suitable for its purpose. It was clean and comfortable and the premises and equipment were well maintained. However, the shower for one resident was not easily accessible.

The centre was located in a detached five-bed single-storey house in a quiet housing estate in the countryside approximately six kilometres from a large town. The layout of the centre was in line with the statement of purpose. There was adequate private and communal accommodation for children. There were five bedrooms, one of which was used for staff to sleep over. The bedrooms for the two children who lived in the centre fulltime were spacious and beautifully decorated. Each had adequate storage for personal possessions and were decorated in a child-friendly fashion. Each had a spacious en-suite toilet, shower and wash-hand basin. However, the shower for one young person was not easily accessible for this child.

The remaining two bedrooms for children were of adequate size and each was located close to a bathroom, which contained a bath with a shower attachment, an assisted toilet, a wash-hand basin and a shower trolley. There was a locked cupboard in the bathroom in which the children's toiletries were kept in separate baskets. There was a visual schedule to provide guidance for children in relation to washing, toileting and brushing teeth. There was a separate toilet available close to the kitchen, dining room and sitting room. There was a cloak room off the entrance hallway which provided adequate storage.

Staff facilities comprised a staff room and a staff sleepover room which had en-suite shower and wash-hand basin facilities. There was a well-equipped kitchen, a large dining area with table and chairs and a sitting area at the end. There was also a spacious sitting room. There was a utility room, which contained electrical appliances and a locked cupboard for chemicals. There were various storage cupboards throughout the premises.

At the rear there was a secure play area with rubber matting underfoot and which contained a swing and a seating area. There was also a large garden area which was grassed over. To the front of the premises there were car parking facilities and a front wall and gate. However, there was no boundary wall or secure fence between the premises and surrounding premises. This issue will be referred to under Outcome 7.

The premises was clean and suitably decorated and furnished. It had good lighting and ventilation. It was free of any significant hazards that could cause injury to a child. Suitable arrangements were in place for the disposal of waste.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

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

Findings:

There were systems in place to promote the health and safety of children, visitors and staff and to manage risk. However, the names of staff and children who took part in fire drills were not recorded and not all hazards had been identified.

There was a centre-specific health and safety statement, dated November 2014. This set out the procedures to be followed and the responsibilities of all staff. There was an accompanying list of identified hazards and risk assessments which was drawn up by the person in charge in January 2015. However, not all hazards had been identified. There was no boundary wall or fence separating the premises from neighbouring properties. This potential hazard and any risks that may have been associated with it were not addressed. A number of the windows had no restrictors and posed a risk to children's safety. The provider arranged for window restrictors to be put in place during the inspection.

Suitable procedures were in place for the prevention and control of infection. There were sufficient facilities and materials available for hand washing. There were hand hygiene procedures and hand gel dispensers were located around the premises. Colour-coded cleaning materials were used. Protective gloves, masks, aprons and wipes were available for staff.

The risk management policy was reviewed and updated since the previous inspection and was approved in January 2015. It met the requirements of the regulations. Inspectors found that the risk management policy was implemented in the centre. There was a local risk register which contained a range of centre-specific risk assessments and a corporate risk register was also maintained. The assessments were wide-ranging and identified specific risks and the measures in place to control them. The risk management policy set out clear criteria for the escalation of risks to senior management. Risk assessments that were carried out on each of the children and the measures put in place to control any risks identified were specific to each child and were set out in their personal plans.

There was a policy and procedures on incident/accident/near miss reporting and incident investigation, dated June 2013. All adverse events were recorded by staff, signed off by the person in charge and then were sent to the programme manager for review. Inspectors viewed the records of incidents and there was evidence that they were reviewed by managers and that learning and change in practice took place as a result. Records showed that analysis of accidents and incidents took place and the person in charge was provided with monthly figures and graphs that reflected any trends there may be. Learning from incidents was also discussed in staff team meetings and

implemented in the centre. For example, after one incident involving a child, an occupational therapist was engaged to undertake an environmental risk assessment. Following this there was discussion of recommendations at team meetings and extra safety measures were put in place by staff for that child.

Satisfactory precautions to guard against the risk of fire had been put in place since the previous inspection. A fire alarm had been installed and was serviced quarterly, the last service being in January 2015. There were specific guidelines on a fire alarm response strategy. Suitable fire equipment was available and this was serviced in December 2014. Emergency lighting was in place. Fire exits were unobstructed. A fire evacuation notice was displayed in a prominent place. Records of daily, weekly and monthly checks on the fire equipment, fire precautions and on the means of escape were undertaken by staff and a fire checklist formed part of the handover by staff. There was documentation to show that materials in sofas, curtains and bedding were fire retardant.

All staff had received training in fire safety in and staff interviewed were knowledgeable regarding the steps to be taken in the event of a fire. Planned fire drills were carried out every three months, two of these during the daytime and one at night. The number of staff and children who took part was recorded but their names were not. Personal emergency evacuation plans were in place for children and staff signed daily to say that they were familiar with these plans.

A system was in place for recording and responding to maintenance issues that needed to be addressed. Systems were also in place for responding to emergencies and there was a satisfactory emergency plan, dated November 2014, which set out the arrangements for responding to a range of possible emergencies. It contained contact numbers for emergency services and senior managers and it set out contingencies for alternative accommodation for children should this be required.

Inspectors viewed the two vehicles used for transporting children and found that they were taxed and insured. They were serviced regularly and contained all appropriate first aid and safety equipment.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were adequate measures in place to safeguard residents and protect them from abuse.

There was a policy and procedures on safeguarding vulnerable people, including children. It was comprehensive and generally satisfactory. It outlined different types of abuse and set out the procedures by which a staff member should report any concerns or suspicions to their supervisor or the designated liaison person (DLP). The policy also outlined the various safeguarding and child protection measures that the provider had put in place such as a recruitment policy, training, supervision and support for staff and a code of behaviour for staff. The policy was developed in 2013 and had not been updated to reflect the fact that the Health Service Executive no longer had statutory responsibility for child protection.

Inspectors met with the DLP. He was clear in his role and had the support of a local resource team to advise on follow up of any concerns or allegations. There had been four child protection concerns since the previous inspection and these were reported to the Child and Family Agency. The overall situation that gave rise to the concerns was addressed and resolved in a satisfactory manner.

There were various safeguards in place to protect children. All staff members who could do so had attended training in Children First: National guidance on the Protection and Welfare of Children (2011) since the previous inspection and training records confirmed this. One staff member who had been on leave had their training rescheduled. Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. An Garda Síochána vetting was in place for all staff. Risk assessments were carried out in relation to individual children. Inspectors observed that staff interacted with the children in a warm and respectful way. Parents/guardians who completed questionnaires said that their children felt safe in the centre. There was a policy and procedures on the provision of personal and intimate care and each child had an intimate care support plan. Children's monies were protected. A log was maintained of any money that was brought to the centre by children. Any money spent was signed for by two staff and parents told inspectors that they were given all the receipts for any money spent by their children. There was also a protected disclosure policy in the organisation in the event that staff needed to raise concerns about the quality and safety of care in the centre.

There was evidence that efforts were made to identify, understand and alleviate the underlying causes of behaviour that was challenging in relation to individual children. Training records showed that all staff had received training in multi-element behaviour support. Records showed that, where a child engaged in behaviour that was challenging, detailed records were maintained of the behaviour and the circumstances surrounding it and pro-active strategies were employed to ensure that incidences of behaviour that challenged were lessened. There was evidence that a psychologist was involved in reviewing behaviour support plans. A safeguarding committee in the local

service maintained oversight of all training, notifications and external supports for the service. No restrictive practices were evident in the centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

A record of all incidents occurring in the centre was maintained and inspectors viewed the incident log which was well maintained.

The person in charge was knowledgeable on how to report notifiable incidents/events to the Chief Inspector and all notifications reported were done so according to the time frames laid down. Information was available in the centre on how to notify incidents and the person who deputises for the person in charge was also familiar with the process. Notifications were submitted to the Authority on a quarterly basis and more frequently when necessary. However, staff made inspectors aware of an incident, following which a child required medical attention, which had not been notified to the Authority. Inspectors discussed this omission with the person in charge, who was not employed in the centre at the time of the incident.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported to participate in school and they were provided with opportunities to socialise with their peers. However, there was no policy on children's education and no assessment of their educational needs.

There was no policy on education or access to education although the statement of purpose identified a need for this to be put in place. All children using the service attended a special school in the local area. Transport was provided to take them to and from school and they were accompanied by members of staff. Children attended school at the time of inspection and there was evidence that children's time and routine in school was agreed between parents, centre staff and school staff in order to suit the needs of the children.

The children's files contained limited information on their participation in school but there were no assessments of their educational needs or specific educational support plans in place. Copies of their individual education plans were not on file although there was evidence that centre staff had requested these from the school. The file of one child contained a "pupil profile" but it was unclear who completed this as the document was not signed or dated.

Parents told inspectors that there was good communications between the school, the centre and home and that all relevant information was shared. The two children who lived in the centre had communications books in which both centre staff and school staff could record and pass on relevant information in relation to how the children were and identify any issues that needed to be addressed.

Parents told inspectors that the provision of activities for children had improved in recent months. Records showed that children participated in activities both inside and outside the centre. Inspectors observed that children engaged in play in the centre and the records showed that children took part in a range of activities in the community such as visits to a pet farm, trips to the cinema, eating out and going for walks. They also visited places of interest in the surrounding countryside and attended parades or special events in the community. The children who lived in the centre visited their family homes regularly and were able to participate in family events.

Judgment:

Non Compliant - Moderate

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 were provided with good healthcare while living in the centre or availing of respite breaks. Their healthcare needs were set out in the personal plans and they had timely access to healthcare services.

The service was a nurse-led service as the person in charge was a qualified nurse. There were a number of nurses on the staff team and this ensured that children who had medical conditions that required monitoring received nursing care. Each child had their own general practitioner (GP). An out of hours GP service was also available if required.

The children's files contained comprehensive assessments of the children's healthcare and there were current health action plans on file which detailed what actions were to be carried out, the dates of these and the person responsible for ensuring their completion. There were records of general practitioner (GP) appointments, specialist appointments, reviews by members of the multidisciplinary team and referrals to various professionals.

Training records showed that staff received training in first aid and epilepsy management. Children also had access to a school nurse, a speech and language therapist and a psychologist. Children's diets were closely monitored and they were encouraged to take part in physical exercise such as outdoor games and walks.

The service had a policy on food and nutrition, dated July 2014, and this was implemented in the centre. The nutritional needs of children were assessed and support plans were in place in relation to their nutrition, eating and drinking. Staff used story and pictures sequences to assist children at mealtimes in making choices about the food they would like. Mealtime management plans were in place for the two children who lived in the centre and these set out specific instructions for staff regarding the type of assistance they were to provide. Inspectors observed mealtimes and found that staff adhered to the instructions. Daily food and fluid charts were maintained and the food and drink consumed by the children at all mealtimes was recorded in detail.

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):

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

Findings:

A system of medication management was in place to protect residents and improvements had been made following the previous inspection.

The policy and procedures in place to guide the practice of staff were satisfactory.

Medication was stored in a locked cupboard and the key was retained by a staff member. An individual shelf was allocated for the medication of each child. A dedicated fridge for medication had been installed in the staff office and the temperature was recorded. Medications viewed by inspectors were all in date.

There was a medication folder which contained the prescription and administration sheets for each child, a staff signature sheet, a list of GPs and pharmacists and the medication management policy and procedures.

Inspectors viewed a number of completed prescription and administration sheets. Prescription sheets had been updated to include the general practitioners' names and addresses. The maximum dose of as required (PRN) medications was recorded and times of administration of medication matched those on the prescription sheets.

None of the children were able to self-administer medication.

Processes were in place to review the children's medication and to monitor medication practices. Each prescription sheet contained a section for medication review with clear instructions regarding a three monthly review and the re-writing of prescription sheets at least annually. When children were due to be admitted on respite staff checked in advance with parents to ensure that the prescription sheets for their children were up to date. A stock control sheet was in place for each child's medication and this was completed by staff when medication was received into the centre and also signed on a child's discharge. The effectiveness of PRN medication was monitored and the findings were recorded periodically up to six hours after administration. An audit of medication practices had been undertaken following the previous inspection and an action plan was put in place and implemented. The current person in charge had also undertaken a recent audit.

Medication was administered by nursing staff and also by care staff who had undertaken a course in the safe administration of medication and had their competency assessed.

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:

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

The statement of purpose was approved in October 2014.

While the statement contained most of the information required by the regulations, there were a number of omissions. These included:

- the arrangements for consultation with children about the operation of the centre
- the arrangements for contact between any child in care and their Child and Family Agency social worker
- the gender of children to whom a service will be provided
- the emergency procedures associated with fire precautions
- the arrangements for children to attend religious services of their choice.

The management structure was set out but not the organisational structure, including nursing and care staff. The statement did not contain the arrangements in place for matching children on respite with children who were fulltime residents. The age range of children was stated to be six to 18 years in one section and eight to 18 years in another section.

While the statement stated that nursing care was provided to children with low to medium nursing needs, it did not make clear that the centre was not equipped to provide a service to children who required the assistance of a hoist or other such assistive equipment. The statement did not adequately describe the respite service being offered and the admission criteria did not differentiate between those for fulltime placements and those for respite. Neither did it indicate how the fulltime and respite services were integrated.

Staff were familiar with the statement of purpose and it was available to children and their families.

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 effective management systems in place to support the delivery of care. However, there was no annual review of the quality and safety of care provided and the monitoring of the quality of care provided to children was limited.

The Clinical Nurse Manager (CNM)2 explained the management structure which identified the lines of authority and accountability in the centre. Nurse and care staff reported to the CNM2, who reported to a CNM3, who, in turn, reported to the general manager. The general manager reported to the regional manager, who reported to the Chief Executive Officer (CEO). The CEO reported to the Board of Directors. At the time of inspection the post of CNM3 was vacant but had been advertised. In the interim, the CNM2 reported directly to the general manager.

Management systems to review the safety and quality of care and support to residents had been further developed since the previous inspection. Accidents and incidents were reported to senior managers for analysis and inspectors viewed reports of this analysis which were available to the CNM2. A risk register was maintained in the centre and there were clear criteria for the escalation of risks to senior managers and their inclusion on a residual risk register. The health and safety officer told inspectors that he carried out periodic checks of health and safety in the centre although records of these checks were not available in the centre. A number of audits had been carried out on medication management and the CNM2 put in place an arrangement whereby the shift leader checked the accuracy of administration of medication on a daily basis. However, while the CNM2 told inspectors that he had plans to carry out audits of the quality of the personal plans for the children, this was not yet in place.

There was a strategy document in place for the organisation's services in the area and the long-term purpose and function of the centre was under review. The general manager met with the CNM2 weekly to review goals for the centre. Every fortnight the general manager met the CNM2 and other persons in charge across the local area to discuss a set agenda which included data analysis, finance, operational plan, staffing issues, the risk register and new developments. The general manager sent a monthly report on the centre to the regional manager and this was sent to the CEO and the board of directors.

Unannounced visits to the centre had been undertaken on behalf of the provider on two occasions in 2014. However, although the general manager told inspectors that the

service was planning to undertake an annual review of the quality and safety of care in the centre in 2015, an annual review have not been carried out thus far and there had been no formal consultation with parents in relation to their experience of the service and in order to identify any improvements that would benefit the service.

The provider had responded positively to the action plan contained in the report of the previous inspection. For example, a fire alarm was installed and new fire precautions were put in place. A system of individual supervision of staff was introduced.

The CNM2 was a qualified and registered nurse who had experience of working in services for adults and children with intellectual disabilities. He had been managing the centre for a number of months and was currently the manager of another designated centre, while the manager there was on leave. His post was fulltime and he worked Monday to Friday. He demonstrated that he managed all aspects of the centre. He demonstrated that he knew the children well and was aware of their needs. He also knew the standards and regulations.

Staff told inspectors that they were well supported by the person in charge and inspectors found that he had put a schedule in place for staff supervision and that he facilitated regular team meetings. An on-call arrangement was in place so that staff could contact a manager for advice or support at any time of the day. Annual appraisals had been carried out for all staff in 2014 and the process had begun for 2015.

Inspectors interviewed the acting CEO, who was new in post and was the provider nominee. While the service level agreement was not available to be viewed by inspectors in the centre, the acting CEO explained that all service level agreements the organisation had with the Health Service Executive were maintained at a national level and the acting CEO maintained oversight of these and ensured that key performance indicators were submitted to the HSE on a regular basis. Though it was her first time in the centre, she told inspectors that she planned to visit the region and the centre once a month.

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:

In the event that the person in charge was absent from the centre for over 28 days, a manager from another service within the organisation would deputise as the person in charge.

Inspectors interviewed this manager and found that she was suitably qualified and sufficiently experienced to take on the role. She had previously worked in the centre and knew the children and the staff. She demonstrated good knowledge of the regulations and standards and was very familiar with 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 adequately resourced to ensure that care and support was delivered to children in line with the statement of purpose.

The facilities available in the centre were of a good standard and children were afforded adequate space both inside and outside the centre. They also had access to a range of resources such as toys and games, garden furniture and equipment. The centre had access to suitable vehicles for collecting children from school and for outings.

Staffing resources were maximised by ensuring that staff shifts were organised to coincide with the times that children were in the centre. Both staff and parents told inspectors that staffing resources may not be sufficient at times to provide adequate supervision for all children. This is discussed further under Outcome 17.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the

needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

Children were provided with continuity of care by a consistent group of staff who were qualified, experienced and adequately trained. Safe recruitment practices were in place. However, not all staff had supervision and there was insufficient evidence that staffing levels were adequate to meet the needs of children.

Apart from the person in charge, the staff team comprised four nurses and six social care workers. The person in charge worked from 9am to 5pm on Monday to Friday. The rota was arranged to ensure that the maximum number of staff were on duty when the children were in the centre.

The staff rota was planned in advance. A review of the staff rota in relation to the mix of children who lived in the centre and children who availed of respite did not provide evidence that the staffing levels took full account of the needs of the children. For example, the children who lived in the centre required one to one staffing most of the time but there were occasions when there were two staff on duty for three children, including the two fulltime residents. Staff told inspectors that staffing levels made it challenging at times to supervise all the children adequately and some parents commented that it would be helpful to have more staff. Inspectors observed that, when staff were engaged in providing support to the fulltime residents at mealtime, a child on respite, who had low needs, was left unsupervised for approximately 10 minutes in the adjoining room.

The person in charge told inspectors that there was no formal assessment tool in use to determine the dependency level of a child and that staffing levels were determined in relation to the children's personal plans. Moreover, since the respite service resumed in January 2015, the person in charge was not yet fully aware of the needs of all children availing of respite and this made it difficult to ensure that appropriate staffing levels were in place.

Training records showed that staff had received core training in Children First (2011), fire safety, manual handling, safeguarding, safe administration of medication, first aid and managing behaviour that challenges. A range of other training was also provided. Inspectors viewed a training plan which ran until April 2015 and this showed that training was planned for staff in the use of a picture exchange system and the completion of "A Meaningful Day" and "Critical Information" sections of the children's files.

Inspectors observed the interaction between staff and children and found that staff treated the children with warmth and respect and knew the children well. They made efforts to ensure that the children were given opportunities to express themselves and exercise choices. Staff who were interviewed were knowledgeable and competent and knew the policies and procedures, the legislation and standards.

Inspectors viewed the staff files of four staff members. The files were well-maintained and the documents required by Schedule 2 were easily accessible. All four files contained all the information and documents specified in the regulations. Current registration pin numbers were also available for nursing staff.

Some improvements in supervision had been made since the previous inspection. The person in charge had put in place a schedule for supervision of staff and, while records showed that good quality supervision was provided, only three members of staff had been supervised to date. Furthermore, the supervision procedure stated that supervision should be provided monthly whereas the supervision contracts agreed that staff would receive supervision every two to three months.

There were no volunteers working in the centre.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The majority of policies and procedures required by the regulations were in place and they reflected the practices in the centre. Records were stored securely. Records maintained in the centre were accurate and up to date but were not always complete.

Records viewed by inspectors were generally complete, up to date and well maintained. However, there were some gaps in record keeping. For example, some of the records in

children's files were not signed and dated and maintenance records were not complete. The names of those who participated in fire drills were not recorded. There were no inventories of possessions for children who lived fulltime in the centre.

A directory of children was maintained but this did not contain all the information specified in Schedule 3. Omissions included the date of admission and the name and address of any authority, organisation or other body, which arranged the child's admission to the centre. The person in charge was aware of the requirement to retain records in accordance with the regulations and there was adequate storage space in the centre for archived files.

The majority of policies and procedures required by the regulations were in place and inspectors found that they reflected care practices in the centre. Staff understood the policies and implemented them. However, there was no policy on education and the policy on child protection did not include all required information.

There was a Residents' Guide but the information contained therein was not completely accurate and some information seemed more appropriate for adults. For example, one section referred to monthly house meetings while another stated that there were no house meetings. There were a number of references to residents' right to have a key of the house and this did not seem appropriate for younger children.

Inspectors viewed a statement from the current insurers which outlined the insurance cover put in place by the provider. Adequate insurance was in place against injury to children.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003790
Date of Inspection:	12 March 2015
Date of response:	21 May 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:

There was little evidence that children were consulted in relation to the operation of the service.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

1. The PIC will ensure that monthly Residents Meetings will take place in the centre.
2. The PIC will request that a parent/advocate will attend meetings to advocate for children utilising the service.
3. The PIC will develop a standard agenda for discussion at the residents meetings.

Proposed Timescale: 01/06/2015

Theme: Individualised Supports and Care

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

One child was wearing a bib which was designed for children of a much younger age. Alternatives which may serve to safeguard the child's dignity had not been explored.

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:

1. The PIC will ensure that new age appropriate apron will be sourced and all non-age appropriate wear will not be used again. (Completed on 1st May 2015)

Proposed Timescale: 01/05/2015

Theme: Individualised Supports and Care

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

There were no overall records of when the complaints were closed and whether the complainants were satisfied with the outcomes.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

1. The PIC will make the following addition to the services Complaints Log
 - Date complaint was closed
 - Outcomes section with addition of Satisfied/Unsatisfied

Proposed Timescale: 05/05/2015

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 in the use of a picture exchange system.

Action Required:

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

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

1. The PIC will ensure that all staff receive Picture Exchange Communication Training from appropriate professional (Training booked with Snr Speech and Language Therapist for 30th June 2015)

Proposed Timescale: 01/07/2015

Theme: Individualised Supports and Care

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

There was no wireless internet available in the centre.

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 ICT Dept. are currently considering a strategic solution to rolling out WiFi for service users in residential locations
- The solution will form part of the Services Network Tender
- Current Network Tender expires at end of July this year
- During the Summer new contract being drafted to incorporate service users having access to WiFi in conjunction with the Services Network Contract
- The PIC will look at alternative options in the interim such as wifi dongle for centres

Proposed Timescale: 01/09/2015

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:

Children using the respite service did not have contracts for the provision of services.

Action Required:

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

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

1. The PIC will ensure that all Children utilising the service will have contracts of care outlining the provision of services.
2. The PIC will send out Contracts by 1st June 2015 and request that all parents return by 1st July 2015

Proposed Timescale: 14/07/2015

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:

There was no up-to-date comprehensive assessment of the child's need prior to admission.

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:

1. The PIC currently is involved in the development of a Children's Residential/Respite Forum. This forum consists of service providers, Health Service Executive and multidisciplinary teams.
2. The forum has developed an assessment of need for children prior to admission to services. This assessment tool will be active from July 2015.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

The children's educational needs were not reflected adequately in their personal plans.

Not all personal plans contained evidence of the involvement of children or their parents.

Action Required:

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

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

1. The PIC will ensure that all personal plans have been reviewed with children and their parents. This process will begin immediately with Keyworkers arranging meeting with parents to review personal plans
2. The PIC will ensure that evidence of the children's educational needs will be evident from the beginning of the next school year.

Proposed Timescale:

1. 31st July 2015
2. 1st October 2015

Proposed Timescale: 01/10/2015

Theme: Effective Services

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

Professionals from the multidisciplinary team were not involved in reviewing the personal plans.

Action Required:

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

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

1. The PIC will request that a member of the Intervention Disability Service (MDT) and Children's School or any other relevant professional be present for the annual review of personal plans. The PIC will request input from the MDT to contribute by writing or by been present at annual reviews.

Proposed Timescale: 01/01/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The en-suite shower was not easily accessible for one child.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

1. The PIC has requested that the Maintenance Team arrange for this shower to be replaced and turn the bathroom into a wet room which will be more accessible for the child.

Proposed Timescale: 01/07/2015

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:

The lack of a boundary wall or fence separating the premises from neighbouring properties had not been identified as a potential risk and had not been risk assessed.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

1. The PIC will ensure that the risk of the boundary wall will be added to the Site Specific Safety Statement and the Risk Management Policy.
2. The PIC has completed Risk assessments for the boundary wall on 29/04/2015
3. The PIC has requested that Maintenance Team review options to reduce this risk involved with the boundary fence

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

The number of staff and children who took part in fire drills was recorded but their names were not.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape

routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

1. The PIC will link with the Health and Safety Coordinator to revise the Fire Drill form to include Children's names on the list of people evacuated.

Proposed Timescale: 01/06/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

An incident, following which a child required medical attention, had not been notified to the Authority.

Action Required:

Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

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

1. The PIC will ensure that all incidents are notified to HIQA within the timeframe allocated. (Completed)

Proposed Timescale: 01/05/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The educational needs of children were not assessed.

Action Required:

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

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

1. The PIC will develop a Template for review of education needs/strategies in conjunction with Children's School.
2. The PIC will arrange for education review meetings with Children's school twice yearly for each residential and respite child.

Proposed Timescale: 01/10/2015

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 include all the information set out in Schedule 1.

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 PIC will ensure that the following is added to the Statement of Purpose and Function:

- The arrangements for consultation with children about the operation of the centre
- The arrangements for contact between any child in care and their Child and Family Agency social worker
- The gender of children to whom a service will be provided
- The emergency procedures associated with fire precautions
- The arrangements for children to attend religious services of their choice.
- The process of matching children up with the residential children in the service
- The age range of children who can attend will be reviewed and amended.
- An updated and more detailed version of the respite services is to be added to the Statement of Purpose and function.
- The admission criteria did not differentiate the criteria between Residential and Respite.
- An explanation on how the integration of residential and respite happened.

Proposed Timescale: 01/06/2015

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:

There was no annual review of the quality and safety of care and support.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

1. The PIC with the Snr Management Team will complete a annual review of Quality and Safety from Jan 2014 to Dec 2014
2. The PIC will develop a Template for Annual Reviews (Completed 12th May 2015)
3. The Senior Management Team in conjunction with the PIC will ensure that an Annual Report (Jan-Dec) will be completed annually and will include formal consultation with parents and children regarding their experience of the service.

Proposed Timescale:

1. 1st July 2015
2. 12th May 2015
3. 1st January 2016

Proposed Timescale: 01/01/2016

Theme: Leadership, Governance and Management

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

Children and their representatives were not consulted in relation to an annual review of the quality and safety of care and support in the centre.

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:

1. The Senior Management Team in conjunction with the PIC will ensure that an Annual Report (Jan-Dec) will be completed annually and will include formal consultation with parents and children regarding their experience of the service.
2. The PIC will develop a Parents Forum to assess families' experience of the children's service.

Proposed Timescale: 01/01/2016

Theme: Leadership, Governance and Management

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

There were no audits of the children's personal plans.

Action Required:

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

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

1. The PIC will immediately start to ensure that the all personal plans are audited utilising the Audit Tool provided by Services Quality Team.

Proposed Timescale: 01/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no formal assessment tool used to determine the dependency levels of children and the particular needs of each child for care and supervision were not fully taken into account when determining staffing levels.

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:

1. The PIC will in conjunction with the Services Quality Team will develop an assessment tool that will support the service determine dependency levels.
2. The Pic will implement this assessment on all children attending the service and ensure that staffing levels will reflect this assessment.

Proposed Timescale: 01/10/2015

Theme: Responsive Workforce

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

Not all staff had received individual supervision.

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:

1. The PIC will ensure that all staff receives Formal Supervision as per local procedure.

Proposed Timescale: 01/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy on education and the policy on child protection did not include all the required information.

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:

1. A Education Policy is currently under development by the service and will be furnished when complete
2. The Safeguarding Policy will reflect changes required.

Proposed Timescale:

1. 1st October 2015
2. 31st June 2015

Proposed Timescale: 01/10/2015

Theme: Use of Information

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

The directory of residents did not include all the required information.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. The PIC will ensure that the Directory of Residents includes the date of admission and the name and address of any authority, organisation or other body, which arranged the child's admission to the centre.

Proposed Timescale: 01/06/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The Resident's Guide contained a number of inaccuracies.

Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

1. The PIC will ensure that the Residents Guide will be reviewed and revised to correct any inaccuracies.

Proposed Timescale: 30/06/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all the records required under Schedule 4 were in place or complete.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

1. The PIC will ensure that all relevant documentation under Schedule 4 is completed and signed and dated.
2. The PIC will ensure that Residents have an inventory of possessions completed

Proposed Timescale: 01/07/2015