

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002357
<b>Centre county:</b>	Dublin 5
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Michael's House
<b>Provider Nominee:</b>	John Birthistle
<b>Lead inspector:</b>	Bronagh Gibson
<b>Support inspector(s):</b>	Sharron Austin
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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: 18 May 2015 09:00 To: 19 May 2015 14:30

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 a seven bedroom detached bungalow in a north Dublin suburb. The statement of purpose and function stated that the centre provided residential care for a maximum of six children up to the age of 18 years with an intellectual disability. There were five residents in the centre at the time of the inspection, one of whom was almost 19 years of age, and another who was approaching their 18th birthday.

As part of the inspection, inspectors met with the children in the centre, the service manager, the clinical nurse manager two (CNM2) who was the acting person in

charge, a social care worker who was the deputy manager, a care staff member, members of two children's families, one child's guardian ad litem and another child's independent advocate. Inspectors walked around and observed the premises and reviewed children's care files, staff files and centre policies and procedures.

Inspectors found that children were well cared for by a motivated staff team, and that the acting person in charge was suitably qualified and experienced to manage the centre. A permanent person in charge was in the process of being recruited by the organisation. The statement of purpose and function required amendment as it did not state clearly the circumstances when a child over 18 years of age could remain living in the centre. Although transition plans were in place for the young people who were over or almost 18 years of age, an onward placement was not clearly identified in their personal plans and communicated to their families. The centre did not demonstrate sufficient consideration of the use of restrictive practices, and the number of staff required to provide the service required review.

Policies and procedures were mostly generic and applicable to all services provided by St. Michael's House. They were supplemented by local procedures to implement them in a centre specific way. Managers and staff were aware of centre policies and procedures, including those in place to safeguard children.

**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 and dignity of children were promoted through systems, procedures and guidelines for practice that acknowledged their diverse needs and their right to be consulted and participate in decisions about their care. Children had access to independent advocates but young people over 18 years of age living in the centre had not been introduced to advocacy services that would promote their interests as adults. There was an effective complaints process in place that was accessible to children and their families.

The CNM2 described an admission process to the centre that was focussed on individual needs and rights, and practice was supplemented by a comprehensive assessment process. Staff told inspectors that the transition period into the centre provided an opportunity for staff to inform children and their families about their rights whilst accessing the service. This was confirmed by family members who met with inspectors. Inspectors were provided with a copy of an information leaflet for children and found that it was child-friendly and contained all of the relevant information. Some of the children had independent advocates. Inspectors met with these advocates who said that children's rights were promoted by the centre and that they were always welcomed into the centre and had opportunities to see the children alone. Staff interviewed demonstrated a satisfactory knowledge of children's rights and their responsibility to uphold them. However, one of the young people in the centre was almost 19 years of age and although their family advocated strongly on their behalf, they had not been introduced to independent adult advocacy services.

There was a process in place to develop individual care plans and wellbeing plans for each child. Inspectors reviewed plans for each child and found that they promoted

children's rights through consultation during their development, particularly on their needs, preferences and choices. There was also a process in place to identify changing needs and wishes of children. Family members who met with inspectors said that they were included in this process. However, they also said that they did not always feel consulted about plans for their children once they had turned or were about to turn 18 years of age. They told inspectors that this had led to confusion about what the future held for their children and anxiety that their wishes as family members and advocates may not be upheld.

The centre promoted children's right to participate in their community and there was a culture within the staff team that valued community participation. The centre was well established in the local community setting and staff said that the local community was welcoming of the children. There was a comprehensive folder of community based activities developed by the centre staff. Care staff told inspectors that there were activities in place such as clubs, social outings and outdoor activities for the children, based on their different levels of capacity. One child attended a football club in the local area.

Centre policies, procedures and practices promoted children's right to dignity and privacy. On a walk around the centre, inspectors found that each child was allocated their own bedroom that provided them with space to relax in private and store their belongings safely. Staff interviewed said that children and young people had private time in their rooms as they wished. The statement of purpose and function stated that all children were to be treated with dignity and respect and when children were in their bedroom, staff or other children should knock before entering. Key workers provided opportunities for children to communicate in private about any issues they wished to discuss.

The centre had a policy on the provision of intimate care and inspectors found that this promoted practices that ensured children's needs were met in a dignified and private way. There were shared bathrooms that could be accessed by children alone if they did not require assistance from staff but in the event that they did require support, this would be provided in line with their support plan and on a consent basis, where appropriate.

There was a complaints policy and process in place and it was accessible to children and their families. The centre had a policy on complaints and a procedure through which they would be recorded, reported, investigated and appealed. The aim of the centre was to resolve complaints in a timely way. There was a system in place to monitor and review complaints on a regular basis for the purpose of service improvements. Complaints were reported by the organisation to the Health Service Executive on an annual basis for monitoring purposes. Records showed that there were three complaints recorded by the centre in the year prior to inspection. On review, inspectors found that two were closed and had been dealt with appropriately. One was ongoing and was being addressed by the service manager. An independent advocate for one child said that they were there to support the child if they wished to make a complaint.

**Judgment:**

Non Compliant - Minor

**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 centre had systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with the centre's communication policy. This was found to consider the age, ability and medical needs of children that may mean they require specific assistance and support to communicate at all times. A review of individual plans, information for children and a walk around the centre showed that pictures were put to good use to help children get and give information and communicate with staff. The staff told inspectors that supports such as signing, objects of reference and pictures of reference were in place. This was evident throughout the centre. Staff also facilitated communication through music and touch with the children. The needs assessment process and individual plans for children were found to be designed in a way that ensured staff identified and prepared for the communication requirements of individual children. Individual plans for children described how these needs were to be met.

Inspectors observed staff communicating with children and found that they were skilled in this regard. Children appeared attached to the staff members and were openly communicating through facial expressions, touch and sound.

**Judgment:**

Compliant

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The centre supported children to socialise, make friends and maintain personal relationships, and there was space to hold visits in private.

Inspectors found that the centre was designed in a way that promoted socialisation and provided plenty of opportunities for play. There were outdoor and indoor play areas that inspectors found were accessible to children. There was good natural light throughout the centre and spacious dining and lounge areas. Some of the children attended local clubs and staff said that this provided them with opportunities to meet and socialise with children in their local community.

Inspectors found that the centre maintained and facilitated family contact for the children placed there. Parents and family members who met inspectors said that they were welcome at any time, always had access to their children and could stay with them as long as they wished. One parent said that they were in the centre on almost a daily basis and felt an integral part of their child's day to day care. Inspectors observed children playing with and communicating with their family members during the inspection.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The criteria for admission to the centre were clear and there were contracts of care in place for each child. However, renewed standard contracts were provided to carers in relation to young people who had or were about to turn 18 years of age, and this was not in line with the centre's purpose and function.

Criteria for admission to the centre were outlined in the centre's statement of purpose and function. They were clear and stated that the child must be under 18 years of age and have a diagnosis of an intellectual disability. There was an admission process in place and records showed that children were admitted with completed and comprehensive needs assessments and behavioural support plans (where required). The CNM2 and service manager said that they were included in the referral and admission process and that they had a say in what children were admitted. This meant that the centre manager had input into the mix in the centre and the determination of the



suitability of a placement for a child.

Inspectors were provided with standard care agreements in use by the centre. These agreements were found to outline the provision of services that included the support, care and welfare of each resident. Records showed that there was a care agreement in place for each child. The CNM2 said that new but standard care agreements were sent out to parents of a young person who was almost 19 years of age. However, due consideration was not given to the fact that this centre could no longer provide a service to this young person based on previous care agreements.

**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):**

No actions were required from the previous inspection.

**Findings:**

Planning for children was based on assessments of need which had the capacity to support children to reach their potential and have new experiences that would enhance their lives. Children in the care of the state had up to date statutory care plans. However, planning was not adequate for young people who were over or approaching their 18th birthday, and options in terms of an onward placement were not clearly identified or articulated in their individual plans.

There was a suite of policies, procedures and processes in place to determine the wellbeing and welfare needs of the children. A process was in place to assess the children's individual needs on admission. Inspectors found that assessing need was a consultative process that considered specialist assessments and reports. Parents told inspectors that they were consulted as part of the planning process. Records showed that the centre staff made every effort to capture the views of children, particularly those who did not use language.

Individual care plans were in place for all children in the centre. Children in the care of the state had up to date statutory care plans. There was an in-built review process that

ensured on-going needs were assessed and met. Inspectors reviewed individual care plans and other planning documents for children that included intimate care plans, wellbeing plans, diet plans and educational plans. They were found to inform objectives of the placement and ensured individual children's wishes, choices and preferences were communicated to the staff team. These plans also took into account individual children's social, health, educational and communication needs. Personal plans were available in a child friendly format.

There was one young person who was almost 19 and another who was approaching the 18th birthday living in the centre. There were good quality transition plans in place for these young people but no identified onward placement. Family members told inspectors that they wanted their children to remain in the centre despite their age. They were unsure of what other options were available for their children. Inspectors found that there was confusion and worry caused by a lack of planning and preparation by the centre with these family members and their children.

**Judgment:**

Non Compliant - Major

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre was suitably designed and located to meet the needs of the children placed there but it required redecoration and some maintenance.

The centre was a detached bungalow with a parking area to the front and a garden and enclosed play area to the rear. There were seven bedrooms in total in the centre, one of which was a staff sleepover room. Inspectors walked around the centre and observed that it was accessible and spacious. The design of the building made best use of natural light and there were good ventilation and heating systems in place. Modifications had been made to some areas such as the kitchen and the entrance hall, to meet the needs of specific children. Although the premises were sound, the centre required redecoration and there were some maintenance requirements.

The centre had indoor and outdoor play areas. There were dedicated communal areas for eating and socialising. There was a small private garden and an external soft surface

play area that was wheelchair accessible. The centre had a play room that was equipped to support children who required assistance. There was a utility room that was equipped to facilitate children to launder their own clothes if they wished. There was a kitchen that was of a good standard. Children had access to the kitchen with staff support. Bedrooms were large enough to hold children's belongings and provide them with plenty of space to move around. There was a large bathroom and a shower room and inspectors found that these were well equipped to support children who required assistance with personal care.

On a walk around the premises, inspectors found that it required redecoration and some maintenance. The centre needed to be painted and there was a shower room that was not in operation as it needed to be fixed for several weeks.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The health and safety of children, visitors and staff was promoted but required improvement.

The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. This included a policy on risk management. Inspectors were provided with a copy of the risk management policy and found that it was an organisational policy that was supplemented by local protocols and procedures. It included the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors were provided with an up to date health and safety statement and found that it was site-specific. Staff were aware of the health and safety statement and their duty to report any health and safety risks in the centre. There was a named staff member who was responsible for following up on health and safety issues and records showed that a health and safety checklist was completed on a monthly basis.

There were procedures in place to assess, notify and analyse risk in the centre. The service manager and CNM2 told inspectors there was a health and safety manager and inspectors found that there was a process in place to carry out regular audits and report monthly to senior managers on identified risks. There was a process in place to review risks and centre processes on a quarterly basis. Centre records showed that there was

an adequate workplace risk assessment process in place. This included assessing risks related to fire, slips trips and falls, near misses, medication management, security, chemicals and absconding. Inspectors were provided with a health and safety checklist. Risk assessments reviewed by inspectors showed that risks were identified and adequately assessed. There were organisational, regional and local risk registers in place and sound reporting systems to ensure risks were placed appropriately on risk registers.

There were adequate precautions in place in relation to infection control. There was a suite of organisational policies on infection control that included precautions to be taken in relation to food safety, waste management, managing MRSA and responding to body spills. The service manager and CNM2 confirmed that there were pest control and clinical waste contracts in place. Records showed that environmental services had visited the centre for routine checks in January, February and April 2015. Inspectors found that the centre was clean and counter surfaces were of a good standard. There were an adequate number of bathrooms and washing facilities. There was no separate fridge for staff food, but the CNM2 said that there was no need for this as all food was prepared onsite.

The centre took precautions against fire but this required improvement. There was a system in place to assess fire safety risks in the centre on an annual basis. Inspectors found that the centre had fire fighting equipment and a check of this equipment showed that it was last serviced in September 2014. There was signage in relation to fire procedures throughout the centre. There were procedures in place in the event of an evacuation and there was an identified place of safety. Centre records showed that there was a system in place to carry out fire drills and evacuations. Records indicated that the last planned evacuation of the centre was in March 2015. However, the written reports did not record the names of the children and staff that took part in these evacuations. There was a personal evacuation plan in place for each child. This showed that one child required two staff to assist them in the event of an evacuation. Centre staff and managers told inspectors that their evacuation drills had identified how this would be managed safely. There was a system in place to carry out and record daily checks of fire equipment and emergency lighting. Inspectors requested fire retardant certificates for bed clothes and furnishings from the CNM2 but these were not maintained by the centre. On a walk around the centre, inspectors found that staff had access to keys to open all locked doors in the event of a fire.

The centre had a minibus for transporting residents. Inspectors observed that the minibus had all the required checks and documentation, and was equipped with a first aid kit and a fire extinguisher.

**Judgment:**

Non Compliant - Minor

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness,*

*understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were measures in place to protect children from abuse, but there was a need to ensure potential safeguarding issues were identified and managed. Restrictive practices in the centre required review and change.

There was an organisational policy and procedure related to protecting children and vulnerable adults from abuse but it required updating. Inspectors reviewed the child protection policy and procedures and found that it was not updated to reflect Children First (2011). It referred to statutory duties of the Health Service Executive in relation to managing child protection and welfare concerns that are currently under the remit of the Child and Family Agency. Records showed that all staff were trained in safeguarding and child protection. Through interview, inspectors were satisfied that managers and staff were knowledgeable about managing child protection concerns and what constituted abuse. They were aware of the role of the designated liaison person under Children First (2011) and who this person(s) was within their organisation. They demonstrated an adequate knowledge of the organisational policy on protected disclosure (whistle-blowing).

There was one child protection notification in the year prior to inspection, and inspectors found that this was dealt with appropriately. There were adults and children living in the centre until appropriate onward placements were found for the young adults. This was raised as a concern by a guardian ad litem for one child. Staff interviewed said that the mix of adults and children had not informed changes to practice in relation to safeguarding. The centre did not demonstrate sufficiently how potential safeguarding issues related to this living arrangement were identified and managed.

There was a procedure in place to hold children's money safely during their stay. There was an organisational policy related to holding children's monies. The CNM2 described the process for managing children's pocket money and payments they received if they were over 16 years of age. This was found to be a safe process that ensured children in receipt of a disability allowance had their own private bank account. There was a system in place to ensure there was accountability for any spending of children's monies when they did not have the capacity to access their account privately.

The centre had a policy on positive behaviour support that guided practice in relation to managing behaviour that challenged. This was found to be adequate. Records showed that staff were trained in a model of behaviour management. Managers and staff interviewed said they were confident in the use of this model and they told inspectors

that a support system was in place for children and staff from a behaviour support therapist and a multi-disciplinary team. Records showed that there was an individual behaviour support plan developed for each child who required one. The admissions policy for the centre said that each child would be assessed prior to admission to determine their levels of behaviour and inspectors found that there was an assessment process for this. However, staff were not trained to safely hold children. Although inspectors found that there was no need to safely hold any children in the year prior to inspection, this did not mean that the need would not arise in the future.

Restrictive practice in the centre required review. Inspectors found that there were numerous restrictive measures in place in the centre. At a centre level these included locking of all external doors so children could not leave the centre unsupervised. There were restrictions to certain parts of the centre such as the kitchen and utility room, unless children were accompanied by a member of staff. Records showed that there were restrictive measures in place for individual children that included the use of straps to hold children in a wheelchair, harnesses to hold children in centre transport, protective mitts for children with self-injurious behaviour and the use of restrictive clothing, amongst others. All children in the centre who did not usually require a wheelchair were placed in one when they left the centre for an outing. Records showed that although the use of these restrictive measures were assessed and were reviewed at staff meetings and by a restrictive approaches monitoring group, they required further review to ensure their necessity on the basis of imminent risk, that they were in place for the shortest time possible and were robustly reviewed. Inspectors found that the use of wheelchairs for children leaving the centre for an activity was not identified as a restrictive measure, even though these children did not require one for mobility reasons.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. The centre had adequate policies and procedures in place for recording and reporting incidents that may occur in the centre. Inspectors reviewed recording and notification systems in place. They were found to include notification to the Chief Inspector under the regulations. Managers interviewed demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents.

However, records showed that there was under-reporting to the Authority on the use of wheelchairs as a restrictive measure.

**Judgment:**

Non Compliant - Minor

**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:**

The centre promoted the rights of children to be supported to receive an adequate education and/or training and experience everyday life in a manner similar to their peers.

Inspectors found that centre policies and practices promoted the general welfare of the children and young people living there. Inspectors were provided with a policy on supporting children to achieve educational goals. Each of the children living in the centre attended school and future training opportunities were being explored for the young people who had turned 18 years of age.

The centre's statement of purpose and function clearly stated that one objective of the service was to provide opportunities for children to try new things and to promote socialisation and utilise community settings for this purpose. Records showed that children were encouraged to take part in community based activities and programmes in keeping with their capabilities. Staff said that taking children out of the centre and identifying opportunities and meaningful activities was part of the daily routine. This supported children to continue gaining new experiences in their everyday lives and to expand their integration into the local community.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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



<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The centre had systems in place to identify and plan for children’s healthcare needs.</p> <p>There were processes in place to identify and address the health care needs of children at the time of their admission and on an on-going basis. Records showed that children's healthcare needs were assessed prior to admission. The centre had a process in place to assess and record the on-going healthcare needs of children including any medical conditions that required medical treatment. Health care needs informed individual plans for children and the delivery of their medical care. The centre had trained nurses on each shift to provide medical care as appropriate, and there was a local G.P. service in place. Children could also attend their own G.P. in the community if they preferred. Family members who met with inspectors said that they were happy with the level of health care their children received.</p> <p>The nutritional needs of children were considered in their well being plan and any assistance they required to eat meals was planned for. The centre had a policy on assistive feeding. Inspectors found that children were consulted about their preferred foods when menu plans were being developed. The menu planner for the centre was in picture form to assist children in this regard, and it showed that there was a variety of nutritious food available to them. Each child had a day where their favourite food was cooked and this was displayed on a picture board. Children could access the kitchen with staff supervision and cook if they wished. Parents told inspectors that they were satisfied their children were well catered for in terms of menu choice and nutritional balance.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b></p>



There were safe systems and processes in place to manage medication but there was a need to ensure recording mechanisms provided systems of accountability.

There was a suite of comprehensive policies and procedures on medication management and centre-specific procedures for their implementation. Inspectors reviewed the organisational policy and centre-specific procedures for prescribing, administering, recording and safe storage of medication. These were found to meet the regulations. All medication was administered by a nurse and the rota showed that there was always a nurse on shift to fulfil this duty. Inspectors walked around the centre and found that medication was safely stored and accounted for. This included controlled drugs. There was a suite of recording sheets for staff on administering medication. They were found to be completed and up-to-date. However, recording mechanisms did not require any external person who took medication out of the centre to sign for it. This meant for example, that when medication was sent with children to school, the person in receipt of it was not held accountable for it.

**Judgment:**

Non Compliant - Minor

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The centre had a written statement of purpose and function that required amendment. The centre was operating outside of its statement of purpose and function.

The statement of purpose and function clearly outlined the ethos of the centre and the care and facilities it provided. It stated that the centre provided community based residential care for boys and girls with a diagnosed intellectual disability who were admitted prior to their 18th birthday. The centre had the capacity to provide care to young people over 18 who remained in formal education. This was the case for one young person, but they were weeks away from their 19th birthday at the time of the inspection, with no onward placement. Centre managers acknowledged that the centre would be operating outside of its statement of purpose within a few weeks of the inspection and there was no plan in place to rectify this in the meantime.

The statement of purpose and function did not accurately reflect the management of the centre. It stated that the CNM2 was supported by a CNM1. However, inspectors found

that the CNM2 was supported by a social care worker.

**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):**

No actions were required from the previous inspection.

**Findings:**

There were systems in place to manage the centre that included quality assurance of practice and monitoring of the effectiveness of the delivery of care. However, there was a need to provide stronger leadership in relation to planning the service to ensure it consistently operated within its statement of purpose and function. There was a need to clarify the arrangements in place for control of the budget for the centre and to provide a timely annual report on the safety and quality of care.

The centre was well managed on a day to day basis by a CNM2 who was the acting person in charge since March 2014. The organisation had recruited a permanent person in charge who was due to take up the position shortly after the inspection. The acting person in charge was found to be qualified and experienced to carry out their role. They demonstrated a good knowledge of the standards and regulations and were well informed about each of the children living in the centre and the level of care they required. The acting person in charge was supported by a qualified social care worker. Inspectors found that this provided balance in the delivery of a model care that catered for the social and medical needs of the children.

The acting person in charge reported to the service manager who reported in turn to the regional manager. There were adequate systems in place to manage the centre and lines of accountability and authority were clear. There were regular staff meetings that the CNM2 attended. Minutes of these meetings showed that children, practice issues, policy, health and safety and adverse events were discussed at these meetings. Records showed that the CNM2 met with the service manager every six to eight weeks to discuss budgets, practice, centre performance, children and any risks in the service.

The service manager visited the centre on a weekly basis and their visits were reflected

in the centres visitors book. Records showed that the service manager reported in writing on their findings of these visits. The service manager said that they were in the process of writing the annual report on the quality and safety of care and support in the centre, but this was not complete at the time of the inspection.

Inspectors found that there were systems in place to monitor the performance of the centre as a whole. Records showed that there were reporting systems in place to external managers on performance indicators that met the terms of the service level agreement with the HSE. Audits were carried out in the centre by centre managers that included audits related to health and safety, fire safety, medication, adverse incidents, quality care planning and centre records. The CNM2 told inspectors that their role was to ensure policy and procedures were fully implemented and that they were directly held to account by the systems in place. S/he said this would be achieved through staff supervision, implementation of the staff code of conduct, regular staff meetings and checks of daily reports written by staff. There was a monthly reporting system in place to monitor outcomes for children.

The centre was not able to meet its statement of purpose and function in the immediate future. Managers interviewed acknowledged that this was due to poor planning in relation to children who had or were about to turn 18 years of age. This had yet to be resolved. Over the course of the inspection, inspectors found that it became increasingly unclear as to whether the centre would remain a centre for children, or become a service for the young adults who had recently aged out of children's services. This required senior managerial decision making and leadership.

Inspectors were provided with different accounts of the arrangements in place for the centre's budget. The CNM2 told inspectors that they received a monthly budget that covered mainly household needs such as food and activities. They said that they were not involved in budgets related for example, to staffing of the centre. The CNM2 said that there were weekly and monthly discussions related to managing the budget, but that they were unaware of the cost for example, of staffing the centre. The service manager described an electronic system in place that provided information on the pay and non-pay costs for the centre. They said that this information was accessible to the CNM2. The service manager said that the CNM2 was aware of and had control over appropriate elements of the budget.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There were arrangements in place to cover for the manager in times of proposed absence from the designated centre. Centre managers told inspectors that the social care worker provided short-term cover for the centre manager. Covering long-term absence was the responsibility of the service manager.

**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:**

This inspection found that the centre made best use of available resources to meet the needs of the children living there.

Inspectors found that there were resources in place within the organisation to support the care the children received. There was a multi-disciplinary team that provided clinical support to the children and advice to the staff team. There was access to occupational therapy, physiotherapy, speech and language therapy and play therapy and a paediatrician, provided by the organisation. On a walk around the centre, inspectors observed various types of equipment for the children, and the staff and parents who met with inspectors said that the children had all the equipment they required. Managers and staff interviewed described a team that was flexible in meeting children's evolving needs. For example, if more staff were required to provide care to individual children the staff were flexible in their approach to the roster. The CNM2 told inspectors that more staff were provided to the centre on occasion, when this was required.

The service manager said that financial resources for the centre were adequate. The CNM2 said that although there was a need to work within a budget, the children had all they required within the current budget.

**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):**

No actions were required from the previous inspection.

#### **Findings:**

The centre was staffed by a team with mixed levels of experience, training and qualifications, and this created an environment where the medical and social needs of children were met. However, the number of staff in the centre was not always sufficient and this resulted in a dependency on agency staff. There was a local policy and system in place to provide formal supervision to the staff team. However, there was no final organisational policy on supervision and formal supervision was not provided to the person in charge. The organisation had not trained the managers in the provision of formal supervision.

The statement of purpose and function stated that the centre was staffed by a team comprising one CNM2 post, five staff nurse posts, three social care worker posts, five care staff post and a housekeeper. The staff roster showed that there were six staff nurses, one of whom was part time, three social care workers, six care staff and a housekeeper currently working in the centre. There was a vacant half-time CNM1 post at the time of the inspection. The roster also showed that between the 3 May 2015 and 30 May 2015, 29 shifts were covered by agency staff. The CNM2 and the deputy manager told inspectors that this was an on-going issue, and was due to increased staff to child ratios for some children and no replacement of the staff member who had moved into the acting CNM2 position since March 2014. Managers said that considering the needs of the children in the centre, the current allocation of posts was not sufficient and required review.

Inspectors found that the children in the centre benefited from the mixed experience and roles of staff within the centre and that this promoted a balanced approach to catering for children's medical and social care needs. Staff described the difference between the different titles of staff on the team and said that social care workers were qualified staff, nurses were qualified and responsible for medical care and care staff were not qualified, but provided day to day care and support to children. They said that all staff members worked as a team and contributed to the planning and delivery of care to the children.

There was a local policy on the provision of supervision to the staff team. Records

showed that supervision was provided to the staff team by the CNM2 and the deputy manager. The CNM2 and the service manager said that although there were supports in place for the CNM2, there was no formal supervision process in place for them.

Staff files showed that staff received core training including safeguarding and child protection, fire safety, manual handling and first aid. However, managers were not trained by the organisation in the provision of formal supervision and staff were not trained in agreed methods of holding children safely.

Inspectors found that there was a safe recruitment process in place. However, not all staff were suitably trained. There was an organisational policy in place for the recruitment of staff and staff files showed that staff in the centre were appropriately vetted. However, some care staff were trained to FETAC level five (social care) but others had received no formal training in care provision.

**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 centre had recording systems in place regarding children that were in accordance with Schedule 3 of the regulations. There was a need to ensure the organisational policy on the provision of supervision was available to the centre managers.

Inspectors found that the centre had a comprehensive suite of operational policies in place. The regional director said that there was a system in place to amend policies and recommendations could be made by centre managers to an executive committee for consideration. Inspectors found that policies had been amended, particularly following inspections of other centres provided by the organisation. The service manager said that although the majority of policies were generic, centre managers had the capacity to develop local procedures to implement them effectively and local procedures were

provided to inspectors during the inspection fieldwork. Although the centre had a local policy on the provision of formal supervision, the organisations policy was in draft and was not available to the staff team at the time of the inspection.

Inspectors found that the centre kept other records in accordance with Schedule 3 of the regulations. Each child had an individual file that held a copy of their plans and a photograph of them. Medical records for each child were in place and restrictive measures were documented. The centre maintained a record of all admissions and discharges and inspectors found that this was up to date.

There was a system in place to store records safely and securely. Records not in use were archived appropriately by the organisation.

There was a statement of purpose and function for the centre and this was available to staff and the children in an accessible format. There were systems of recording in place in relation to complaints and notifications of incidents and events.

Inspectors found that the centre was adequately insured against injury to residents and visitors.

**Judgment:**

Non Compliant - Minor

**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:***

Bronagh Gibson  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Michael's House
<b>Centre ID:</b>	OSV-0002357
<b>Date of Inspection:</b>	18 May 2015
<b>Date of response:</b>	

### 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:**

Young people over 18 years of age living in the centre had not been introduced to advocacy services that would promote their interests as adults.

**1. Action Required:**

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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



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

The Person in Charge (PIC) has discussed advocacy with families. Families have been given written information which was obtained from the Advocacy Agency.

**Proposed Timescale:** 03/09/2015

**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:**

New but standard care agreements were sent out to parents of a young person who was almost 19 years of age without due consideration to their age and the centre's statement of purpose and function.

**2. Action Required:**

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

Care agreements that have been provided to families reflect the residents' assessed needs and the statement of purpose.

**Proposed Timescale:** 03/09/2015

**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:**

Young people who were over or approaching their 18th birthday did not have an identified onward placement.

**3. Action Required:**

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre on the basis of transparent criteria in accordance with the statement of purpose.

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

Young people over the age of 18 years have an identified onward placement. Planning is currently in progress for the reconfiguration of the children's houses within the service. One house will be dedicated for the use of young adults.

**Proposed Timescale:** 31/12/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

The centre required redecoration and some maintenance.

**4. Action Required:**

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

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

A quote for work required is completed and available to view. Areas of work have been prioritised. These include areas most utilised by residents. Work on the shower room is the main priority – work to be completed by 31st October 2015. The insulation of the garden shed will be completed by the 31st December 2015. Painting of some areas of the house will be completed by the 1st October 2015 with all necessary painting completed by 31st October 2015.

**Proposed Timescale:** 31/12/2015

**Theme:** Effective Services

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

There was a shower room that was not in operation as it needed to be fixed for several weeks.

**5. Action Required:**

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

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

The maintenance department have been informed of the work required in the shower room. Quote for this work is available.

**Proposed Timescale:** 31/10/2015

**Theme:** Effective Services

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

The centre needed to be painted.

**6. Action Required:**

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

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

Painting of some areas of the house will be completed by the 1st October 2015, with all necessary painting completed by the 31st October 2015.

**Proposed Timescale:** 31/10/2015

**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:**

Reports on planned fire drills and evacuations did not record the names of the children and staff that took part.

**7. Action Required:**

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

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

Names of children and staff who take part in fire drills and evacuations are now recorded on report sheet.

**Proposed Timescale:** 02/09/2015

**Theme:** Effective Services

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

The centre did not maintain records to show bedding and furnishings were fire retardant.

**8. Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Records are maintained for fire retardant bedding since the 21st August 2015. Furnishings will be fire retardant by the 9th September 2015 – with documentation available.

**Proposed Timescale:** 09/09/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Restrictive practices required review to ensure their necessity on the basis of imminent risk, that they were in place for the shortest time possible and were robustly reviewed.

**9. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All restrictive practices have been reviewed by the PIC and will continue to be reviewed monthly to ensure restrictive practices are in place for the shortest time possible.

**Proposed Timescale:** 25/09/2015

**Theme:** Safe Services

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

The centre did not demonstrate sufficiently how potential safeguarding issues related to adults and children living together were considered, identified and managed.

**10. Action Required:**

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

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

Children and young adults living in the same house has been risk assessed. Temporary local guidelines have been implemented for safeguarding, which include:

- A high level of supervision for children and young adults
- Separate activities planned for different age groups
- Children and young adults supported by key-workers and clinical staff – with access to external advocates.
- Reporting systems in place for any concerns
- Future placement being planned

**Proposed Timescale:** 03/09/2015

**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:**

There was under-reporting to the Authority on the use of restrictive measures in the centre.

**11. Action Required:**

Under Regulation 31 (1) (a) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of the unexpected death of any resident, including the death of any resident following transfer to hospital from the designated centre.

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

All restrictive practices have been reviewed by the PIC as evidenced in Second Quarterly Reports. These practices will be reviewed regularly and reflected in Quarterly Reports due in October and thereafter.

**Proposed Timescale:** 31/10/2015

**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:**

There were inadequate recording systems in place regarding the transfer of medication out of the centre.

**12. Action Required:**

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

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

A new system is now in place.

**Proposed Timescale:** 30/09/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose and function did not accurately reflect the management

structure of the centre.

The centre could not meet the statement of purpose and function into the immediate future due to the age of some residents.

**13. 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:**

1. The CNM2 is currently supported by a CNM1 as indicated in the Statement of Purpose (since 29/06/2015).
2. With the reconfiguration of the children's service and the opening of a young adult house – centres will meet the statement of purpose and function.

**Proposed Timescale:** 31/12/2015

**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 a need to clarify the arrangements in place for control of the budget for the centre.

**14. 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:**

The budget is a set item on the agenda for management meetings between the PIC and Service Manager. Pay and non pay budgets are discussed and reviewed. The PIC has access to Crystal on line reports concerning their respective budget. The Service Manager in turn reports to the Administration Manager on a monthly basis in relation to pay and non pay budgets.

**Proposed Timescale:** 24/09/2015

**Theme:** Leadership, Governance and Management

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

**the following respect:**

There was a need for stronger leadership in relation to planning the service to ensure it consistently operated within its statement of purpose and function.

**15. 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:**

A plan has been developed by Management to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Proposed Timescale:** 07/09/2015

**Theme:** Leadership, Governance and Management

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

The annual review for the centre was not completed at the time of the inspection.

**16. 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:**

The Annual Review will be completed.

**Proposed Timescale:** 30/09/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The number of staff in the centre was not always sufficient and this created and dependency on agency staff.

Not all care staff had formal training in care provision.

**17. 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. An additional staff member has been allocated to the centre, which has reduced the number of agency staff required.
2. The PIC has arranged a training module in care support and provision, to be delivered to care staff by the Open Training College, St. Michael's House.

**Proposed Timescale:** 31/10/2015

**Theme:** Responsive Workforce

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

Formal supervision was not provided to the person in charge.

**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:**

Formal supervision is provided to the PIC by the Service Manager on a monthly basis.

**Proposed Timescale:** 28/09/2015

**Theme:** Responsive Workforce

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

Managers were not trained in the provision of formal supervision by the organisation.

Staff were not trained to safely hold children.

**19. 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:**

1. The Manager has achieved recognition in formal staff supervision training.
2. All staff members have been provided with relevant training to ensure children are held safely.

**Proposed Timescale:** 04/09/2015

**Outcome 18: Records and documentation**



**Theme:** Use of Information

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

The organisational policy on supervision was not yet available to staff or managers of the centre.

**20. Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

The Organisation will ratify the Policy on Supervision for staff working in Children's Residential Services.

**Proposed Timescale:** 18/09/2015