

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Augustine's
Centre ID:	OSV-0001465
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Pauline Bergin
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 October 2016 09:30 To: 18 October 2016 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards and following a notification of a change of the person in charge. The previous 18 outcome inspection was undertaken on 8 and 9 of September 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two of the three young people living in the centre. Both of the young people told the inspector, how they enjoyed living in the centre, spending time with the staff and of the various activities that they were engaged in. The inspector observed warm interactions between the young people and staff caring for them. The young people were observed to be in good spirits and openly sought advice from staff members on life matters such as friendships and money management.

The inspector interviewed the service programme manager, the person in charge and two social care staff. The inspector reviewed care practices and documentation such as personal plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers statement of purpose, dated August 2016. The centre provided residential services for three young people, aged between 16 and 17 years, with a diagnosis of a mild intellectual disability. The centre was located on the edge of a special school campus. A place in the residential centre was dependent upon the young person being enrolled in the special school. The stated aim of the centre was to provide inputs and supports to students attending the school, in order that they would develop the skills and interests for personal wellness and community participation. The residential service was provided during the school term between Monday and Friday with the young people returning home to their families at weekends and school breaks.

The vocational training department in the special school was established and funded by the provider. Each of the young people residing in the centre attended the school. There was evidence that the provider had written to the parents of the young people residing in the centre in May 2016 to advise of plans for the centre to cease operation as a residential service from June 2017 and to relocate vocational staff from the school to other departments within the wider service. However, subsequently the provider advised parents that an independent review of services and supports provided by the centre would commence in November/ December 2016. It was proposed that this review would inform any subsequently proposed changes to the service.

The centre comprised of a two storey, four bedroom house in a town in county Dublin. The provider had a number of neighbouring houses which provided extended day care services and there was a large shared back garden used by all of the houses.

Overall judgement of our findings:

Overall, the inspectors found that young people were well cared for and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. A new person in charge had been appointed in July 2016. She demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that the person in charge was a fit person to participate in the management of the centre. Of the eight outcomes inspected on this inspection, minor non compliances were identified in four outcomes as outlined below.

Good practice was identified in areas such as:

- The health and safety of children, visitors and staff were promoted and protected. (Outcome 7)
- Young people were supported to achieve and enjoy the best possible health. (Outcome 11)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to young people's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- Progress in achieving goals, including actions taken, was not always adequately recorded. (Outcome 5)
- The provider did not have an appropriate local policy regarding child protection and welfare in place to guide staff. (Outcome 8)
- There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and the safe delivery of services. However, not all of the information as required by schedule 2 of the regulations was available on staff files. (Outcome 17)

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 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):

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

Findings:

Each young person's well being, social care and welfare was assessed before admission. The arrangements to meet each young person's assessed needs are set out in a personal plan that reflects his or her needs, interests and capacities. However, the inspector identified some areas for improvement in terms of recording progress made against goals.

Each young person's health, personal and social care needs were fully assessed. There was documentary evidence to show that young person's parents were involved in assessments to identify their children's individual needs and choices. In addition there was a multidisciplinary input into assessments.

Each young person had a personal plan in place which detailed their assessed needs and choices. A new document template 'My life my plan' had recently been introduced. The template was user friendly and in an accessible format for the young people. At the time of the last inspection, personal plans for each of the young people had not been finalised. On this inspection, up to date personal plans were in place for each of the young people. There was evidence that specific and measurable goals were identified for young people. These goals related to the young people's assessed needs and preferences as outlined in their personal plans. However, progress in achieving goals, including actions taken, was not always adequately recorded.

There were processes in place to formally review young people's personal support plans on a yearly basis. There was documentary evidence to show that the young person's family representative and multidisciplinary team were involved in the revision of

personal plans as per the requirements of the regulations.

The young people were supported to prepare for adulthood. They accessed a vocational service within the school from the age of sixteen. The aim of this programme was to support the young people to develop life skills. Individual work was also undertaken with the young people in the centre in relation to matters such as keeping safe, self care, cooking, laundry, relationships and money management. A number of the children had goals in relation to cooking and had prepared meals for family and friends.

Each of the three young people living in the centre were over 16 years. Appropriate transition plans were in progress for each of the young people. There was evidence that the young people and their family had been consulted with. Four young people had been discharged since the last inspection. These discharges had taken place in a safe and planned manner.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The health and safety of children, visitors and staff were promoted and protected.

At the time of the last inspection, the risk management policy did not meet all of the requirements of the regulations. Since that inspection the risk management policy had been revised and was found to be compliant with regulatory requirements. The inspectors reviewed a sample of individual risk assessments for young people which contained a good level of detail, were specific to the young person and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. On the last inspection, inspectors found that the risk register was not a live document to manage high rated risks. On this inspection, there was evidence that the risk register was being maintained as a living document. The person in charge had attended risk management training. There was a safety statement in place dated August 2015, with written risk assessments pertaining to the environment and work practices. This document was in the process of being reviewed at the time of inspection with a revised draft in place. Hazards and repairs were reported to the providers maintenance department via the computer system and records showed that requests were attended to promptly.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. There was a safety incident management policy in place dated May 2014 and a guideline for system analysis investigation of incidents and complaints, dated November 2012, which was in need of review. An incident management system was used to report all incidents which also recorded actions taken. Overall, there were a low number of incidents reported. The inspectors reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place, dated May 2016. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. There were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of domestic waste.

Suitable precautions were in place against the risk of fire. There was adequate means of escape and all fire exits were unobstructed. A procedure for the safe evacuation of young people in the event of fire was prominently displayed. Each young person had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Fire drills involved young people and were undertaken on a regular basis. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. At the time of the last inspection, one fire extinguisher did not have a label to evidence that it had been appropriately serviced. This had since been rectified.

There was a manual handling policy in place, which was in need of review. There was minimal need for manual handling in the centre. Records showed that staff had attended manual handling training.

There was a site specific emergency plan in place, dated September 2016 to guide staff in the event of such emergencies as power outages or flooding.

Judgment:
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):

No actions were required from the previous inspection.

Findings:

There were appropriate measures in place to keep young people safe and to protect them from abuse. However, the provider did not have an appropriate local policy regarding child protection and welfare to guide staff.

The centre was using the HSE child protection and welfare policy 2016, which referenced Children First, National guidance for the protection and welfare of children, 2011 (children first). However, the provider did not have a local policy and procedure in place to guide staff. The picture and contact details for the designated person for the centre, (as per children first) were observed on display. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and children first, 2011. There had been three allegations or suspicions of abuse in the previous 12 month period. These had all been appropriately dealt with and reported to HIQA. There was a policy and guideline in place on service user finances.

Each of the young people had an intimate care plan in place which had recently been reviewed. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of children. There was an intimate care policy in place, dated February 2016. Significant individual work had been undertaken with the young people to support them to develop the knowledge, awareness and skills for self care and protection.

Children were provided with emotional and behavioural support. There was a behaviour support policy in place, dated June 2015. There was a detailed behaviour support plans in place as required. A monitoring presentation log document was maintained. All staff had attended training on positive behaviour management support.

There were a small number of environmental restraints being used in the centre which had been appropriately assessed. All usage was monitored and recorded.

Judgment:
Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

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

Findings:

A record of all incidents occurring in the centre was maintained and, where required notified to the chief inspector.

The inspectors noted that the provider had submitted all required notifications to HIQA as required by the regulations. At the time of the previous inspection, inspectors found that a number of allegations of abuse that were not reported to HIQA.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

Young people were supported to achieve and enjoy the best possible health.

Overall the health care and medical needs of the young people was minimal. Each of the young people's needs were met in line with their personal plans and assessments. Young people had access to allied health care services where required. There was evidence that the young people were encouraged and enabled to make healthy living choices. Information on healthy eating was available in a user friendly format in the centre. A number of the young people had goals set in relation to preparation of a healthy meal using food safety precautions. Each of the young people had their own GP

whom they attended as required. The inspector reviewed records of weight monitoring on a regular basis.

There was a policy on nutrition in place, dated July 2014. The inspector observed that there was a nutritious, appetizing and varied menu available for the young people. A range of healthy snacks were available. Records showed that young people with some assistance from staff purchased and prepared some of their own meals and also on occasions prepared meals for friends and family. The centre had a good sized kitchen come dining area which promoted meal times to be a positive and social event.

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:

There were systems in place to ensure the safe management and administration of medications. However, a medication recording error was identified on the day of inspection.

There was a policy on person centred medication management, dated October 2013, which dealt with the ordering, prescribing, storing and administration of medicines to the young people. The processes in place for the handling of medicines, were safe and in accordance with current guidelines and legislation. Staff interviewed had a good knowledge of appropriate medication management practices and overall medications were administered as prescribed. There was a secure press and medication fridge for the storage of medicines in the staff office. All medications were observed to be appropriately labelled. A new blister pack system from one young persons pharmacy had been introduced in the previous week for the administration of medications.

At the time of the last inspection, inspectors identified a number of recording errors on prescription sheets and that the administration sheet did not contain a space to record if a child refused a medication. Since the last inspection the medication administration and recording sheets had been revised to include a coding system to record when a child refuses a medication. On this inspection, the inspector noted that overall prescription and drug administration records had been appropriately completed. However, the administration records for the morning medications of one young person had not been appropriately completed on the morning of the inspection.

There had been a number of medication errors in the preceding six month period. In the week preceding the inspection, a safe administration competency assessment had been completed for all staff. It was proposed that this and the introduction of a blister pack system for the administration of medicines would ensure safe medication management practices and reduce the number of medication errors.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the young people's parents when each of the young people returned home at weekends and or school breaks. Records showed that parents signed off receipt of same. At the time of inspection, the appropriateness of one of the young people to be responsible for their own medications was being considered. Formal assessments were reported as planned but had not yet been commenced. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. A clinical nurse manager from a different centre undertook a medication audit in the centre on a quarterly basis. In addition, medication audits were undertaken by staff in the centre on a regular basis. A stock control record was maintained on a weekly basis. A record of all medication transferred to and from the centre via the young people's parents was recorded on a medication transfer sheet. Medication audits undertaken showed a good level of compliance and where issues were identified appropriate actions had been taken.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the young people's needs.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the service programme manager who in turn reported to the director of service.

Residential services in the centre were provided during the school term from Monday to Friday. The provider had a close association with a school in close proximity to the centre. The vocational training department in the school was established and funded by the provider. Each of the young people residing in the centre attended the school. There was evidence that the provider had written to the parents of the young people residing in the centre in May 2016 to advise of plans for the centre to cease operation as a residential service from June 2017 and to relocate vocational staff from the school to other departments within the wider service. However, subsequently the provider advised parents that an independent review of services and supports provided by the centre would commence in November 2016. It was proposed that this review would inform any subsequently proposed changes to the service.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had only taken up her position in June 2016. She had held the position of the acting deputy person in charge for 18 months prior to this appointment. Overall, she had been working within the wider service for more than 10 years. Staff interviewed reported that the person in charge was a good leader, approachable and supported them in their role. Young people were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for the young people living in the centre. The person in charge was in a full time post. She also had responsibility for a clubs programme for young people in outreach services. Although her office was not based in the centre, there was evidence that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. On call arrangements were in place and staff were aware of these and the contact details. At the time of the last inspection, inspectors found that the management of the performance of the person in charge was not documented. Since the person in charge had taken up the post, a schedule for regular supervision between the programme manager and person in charge had been established. The inspector reviewed records of quality supervision undertaken which adequately monitored the performance of the person in charge.

As per regulatory requirements, an annual review of the quality and safety of care and support in the centre had been undertaken. In addition, unannounced inspections of the safety and quality of care in the centre had been undertaken by the provider in November 2015 and May 2016. There was an action plan in place to address issues identified in these audits. The person in charge had put in place a schedule for a range of internal audits in the centre. Examples included medication, service user satisfaction, personal files, fire safety, policies folder, environment and policies folder. There was evidence that a monthly audit was undertaken by the person in charge regarding the general performance of the house and covered matters such as hygiene, fire safety precautions and policy implementation. Progress was being made in monitoring and addressing issues identified.

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):

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and the safe delivery of services. However, not all of the information as required by schedule 2 of the regulations was available on staff files.

The numbers, skill mix and experience of staff were sufficient to meet the needs of the young people living in the centre. There was an actual and planned staff rota in place. The staffing complement requirements for the centre outlined in the statement of purpose were four whole time equivalents. At the time of inspection there were only one and half whole time equivalent staff on a permanent contract. The remaining two and a half, whole time equivalent staff had been recruited by the provider through an agency. This arrangement meant that children had some continuity in their care givers.

There was a recruitment policy in place, dated November 2015. The inspector reviewed a sample of staff files (permanent staff and staff recruited through an agency). Garda Síochána vetting was available on each of the files reviewed. However, some of the information as required by schedule 2 of the regulations were not found in a number of the staff files reviewed. For example, date commenced employment, documentary evidence of relevant qualifications, full employment history, position person held in the centre or hours worked.

There was an employee training and development procedure in place, dated November 2015. A training programme was in place for staff which was coordinated by the providers training department. At the time of the last inspection, there were gaps in the training requirements for some staff. On this inspection, training records showed that all staff were up to date with mandatory training requirements. A training needs analysis had been undertaken. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were staff supervision arrangements in place which included an annual appraisal. Staff were supervised at regular intervals. At the time of the last inspection, supervision of the staff team was not adequate. Since that inspection, a supervision schedule had been put in place and there was evidence that supervision was being undertaken as per the schedule. The inspector reviewed supervision records for four members of staff and found that they were of a good quality and undertaken within the timelines proposed in the centres policy.

There were no volunteers working in the centre at the time of inspection. There was a policy on volunteers, dated June 2013.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Augustine's
Centre ID:	OSV-0001465
Date of Inspection:	18 October 2016
Date of response:	17 November 2016

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Progress in achieving goals, including actions taken, was not always adequately recorded.

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

1. Action Required:

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

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

Goal review meetings take place each term. Between review meetings, progress on goals will be recorded on a monthly basis during key working sessions.

Proposed Timescale: 30/11/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The centre was using the HSE child protection and welfare policy 2016, which referenced Children First, National guidance for the protection and welfare of children, 2011 (children first). However, the provider did not have a local policy and procedure in place to guide staff.

2. 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:

A local Child Protection Policy shall be developed.

Proposed Timescale: 23/12/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Morning medications for one of the young people was not recorded as administered on the day of inspection.

3. 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:

Control measures have been put in place to reduce medication recording errors. These measures are:

- Medication is blister packed
- Staff have complete their SAMS clinical appraisals

- Medication administration will be protected time. This means that only the staff member administering the medication and the young person should be in the Den at the time of administration. Medication administration should not be rushed. Phone calls should not be taken and conversations with other staff/ young people should only continue after the medication is administered/ recorded and returned to storage.

Proposed Timescale: 23/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some of the information as required by schedule 2 of the regulations were not found in a number of the staff files reviewed. For example, date commenced employment, documentary evidence of relevant qualifications, full employment history, position person held in the centre or hours worked.

4. Action Required:

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

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

The PIC shall liaise with HR Department and identify gaps in information in files and update files to include all required information.

Proposed Timescale: 30/11/2016