

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Sunbeam House Respite Service
Centre ID:	OSV-0001933
Centre county:	Leitrim
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	North West Parents and Friends Association for Persons with Intellectual Disability
Provider Nominee:	Evelyn Carroll
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 June 2017 10:30 To: 20 June 2017 18:30

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 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 a seven outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on the 24 and 25 of November 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection. The centre was registered in March 2016.

How we gathered our evidence:

The inspector interviewed the person in charge, a parent of one of the children who availed of the respite service and two care workers. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

This was an unannounced inspection and unfortunately there were no children availing of respite on the day of inspection. Consequently the inspector did not have an opportunity to meet with or speak to any of the children availing of respite in the centre.

Description of the service:

The service provided was described in the providers' statement of purpose. The centre provided respite care for children, with moderate to profound intellectual disability, autism and physical and sensory disabilities within the Sligo, Leitrim West, Cavan catchment area. The centre provided respite care for up to three children at any one time, and there were five children availing of the service at the time of inspection.

The centre was located on the outskirts of a large town on a small campus style setting which belonged to the provider. The centre comprised of a detached four bedroomed bungalow which was in close proximity to an adult residential designated centre and a day service. It had a small back yard and front garden. There was a sensory garden near by, within the campus and a local community playground which children accessing respite could avail of. There was a staff nurse on duty at all times on the main campus who could be accessed by staff in the centre.

Overall Judgment of our findings:

Overall, the inspector found that arrangements were in place for children to be well cared for while availing of respite in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had adequate systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. Of the seven outcomes inspected on this inspection, two outcomes were compliant, four outcomes were in substantial compliance and one outcome had moderate non compliances as outlined below..

Good practice was identified in areas such as:

- There were systems in place to ensure the safe management and administration of medications. (Outcome 12)
- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. (Outcome 14)

Areas for improvement were identified in areas such as:

- A number of personal plans were overdue for review. (Outcome 5)
- Some improvements were required in relation to fire safety and risk management arrangements. (Outcome 7)
- There were some improvements required in relations to behaviour support arrangements for one child who availed of respite. (Outcome 8)
- The identified staff nurse allocation for the centre was not in place at the time of inspection. (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 child's well-being and welfare was maintained by a good standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities. However, a number of personal plans were overdue for review.

Each child's health, personal and social care needs were assessed. There was documentary evidence to show that children's parents were involved in assessments to identify their child's individual needs and choices. Each child had a personal plan in place which detailed their assessed needs and choices. There was a person centre planning policy, dated February 2016. At the time of the last inspection, inspectors identified that personal goals needed to be established for service users. On this inspection, the inspector found that short medium and long-term goals had been established for service users. There was a user friendly 'all about me' booklet in place. There was a traffic light system for identifying priorities for children.

There were processes in place to formally review children's personal support plans. There was documentary evidence to show that children's family representative were involved in the revision of personal plans as per the requirements of the regulations. The inspector reviewed a sample of plans and found that they had been implemented to meet the support needs of the children availing of respite in the centre. However, the inspector identified that personal plans were overdue for review.

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. However, some improvements were required in relation to fire safety and risk management arrangements.

There were policies and procedures in place for risk management, dated March 2015 which met regulatory requirements. There was a formal risk escalation pathway in place. The centre had an up to date risk register in place. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. However, there were a small number of risk assessments which had not been appropriately revised for an extended period.

There was a safety statement dated April 2017, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the provider's maintenance department and records showed that requests were attended to promptly. There was a named safety officer in the centre. Health and safety audits were undertaken on a monthly basis with appropriate actions taken to address any issues identified.

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. The inspector reviewed a sample of all incidents and accidents reported which also recorded actions taken. All incidents were risk reviewed and signed off by the person in charge and also reviewed by the service manager. There was a quality, safety and risk management group in place who reviewed trends of incidents and identified shared learning across the service. Overall, there were a low number of incidents reported.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy, dated November 2016. The inspector observed that all areas were clean and in a reasonable 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. The inspector observed that there were sufficient facilities for hand hygiene available with paper hand towels in use and hand

hygiene posters on display. There were adequate arrangements in place for the disposal of waste.

Precautions were in place against the risk of fire but improvements were required. There was a fire safety policy in place, dated July 2016. 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. There were adequate means of escape and a fire assembly point was identified. A procedure for the safe evacuation of children in the event of fire was prominently displayed.

Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. All staff had received appropriate training. Fire drills involving children had been undertaken. However, the inspector found that two children who had started availing of respite in the centre in the preceding six month period had not been involved in a fire drill. Monthly audits of fire safety arrangements were undertaken. However, these were not fully effective as the deficit in relation to the fire drills had not been identified.

There were moving and handling plans of care in place for service users who required same. One of the children availing of respite in the centre was a wheel chair user. A manual handling risk assessment had been undertaken for this child and used to inform an individual handling care plan.

There was a policy on emergency planning, dated April 2014, which was over due for review. There was also a critical incident plan which included an algorithm outlining plan to guide staff in the event of such emergencies as power outages or flooding.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, there were some improvements required in relation to behaviour support arrangements for a small number of children who availed of respite.

The centre had a child protection and welfare policy, dated March 2015. The picture and contact details for the designated liaison person for the centre, as per Children First, National guidance for the protection and welfare of children, 2011 (Children First, 2011) were observed on display and was listed in the child protection policy. 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. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. All staff had attended appropriate safeguarding training. There was user friendly 'keeping safe' information available on children's files

The age range of children availing of the service ranged from five to 17 years. As the service only opened at weekends and one afternoon in the week, the availability of placements in the centre was limited. One of the children availing of the respite service was considerably younger than the other four children, who were of a similar age. The inspector spoke with the parent of this child who advised that despite the age gap, she felt that her child enjoyed spending time with the other service users living in the centre. Compatibility assessments had been completed and no safeguarding issues were identified.

There was an intimate care policy in place, dated October 2015. There was also a bathing and showering policy, dated November 2016 and a accessing service user's bedroom policy, dated November 2016. The inspector reviewed individual intimate care plans on children's files which contained a good level of detail to guide staff in meeting the intimate care needs of children. Staff interviewed were familiar with the policy and intimate care plans for children.

Children were provided with emotional and behavioural support. There was a policy and procedure for implementation of positive behaviour support and the use of restrictive practices dated March 2015. Some training had been provided for staff by an external company regarding the use of a functional assessment tool for behaviours that challenge. Records showed that staff had attended training on positive behaviour management support. A small number of children availing of respite in the centre was identified to present with some behaviours that challenge. A behaviour support plan had been put in place for a child identified to require such support. However, the plan in place was dated October 2015 and it had not been reviewed despite an escalation in the child's behaviour in the preceding three month period. Input from a behavioural expert had not been attained regarding strategies to be used to support the child. There was limited evidence that information was shared between professionals involved in the care of the child. This meant that a consistent and responsive approach to the management of the child's challenging behaviour was not being promoted.

There were a small number of environmental restraints being used in the centre. All usage was monitored and recorded. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in

place.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Overall, children's healthcare needs were met in line with their personal plans and assessments. However, some improvements were required.

Each of the children had their own general practitioner (GP) and an out of hours GP service was also available. Children also accessed a number of allied health professionals, including physiotherapists, occupational therapy, and dieticians. A staff nurse was available to the centre who provided cover to another residential adult service and a day service located on the campus. This ensured that children, who had medical conditions that required monitoring, had access to nursing care. Training records showed that staff had received training in first aid and epilepsy management.

The inspector reviewed a sample of children's file and found that the health needs for the sample of children were appropriately assessed and were, overall being met by the care provided in the centre. However, the inspector found that multidisciplinary reports were not available on a small number of files for children identified to require same. Also an epilepsy care plan for one child had not been reviewed for an extended period.

The centre had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. The service had a meals and mealtimes policy dated March 2015 and a nutrition and hydration policy, dated July 2016. In addition, there was a food hygiene policy, dated September 2013, which was overdue for review.

Records were maintained of daily recordings of menu plans which showed that a range of nutritious, appetising and varied foods were provided for children when the centre was open. A nutrition and hydration plan of care was on file for those service users who required same. These were found to contain a good level of detail to guide staff in meeting service users needs and included recommendations from dieticians as required.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure the safe management and administration of medications.

The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. The inspector reviewed a sample of prescription and administration sheets and found that they had been appropriately completed. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a staff nurse on the main campus who was available to the centre at all times whilst opened and who held responsibility for the administration of all medications.

Staff had assessed the ability of individual children to self manage medication and found it was not appropriate for any of the children availing of respite to be responsible for their own medications. There were no chemical restraints used in the centre.

There were systems in place to review and monitor safe medication management practices. Three monthly medication management audits were undertaken and where issues were identified appropriate actions had been taken. The respite service was nurse-led with a qualified nurse on duty for every shift,

Judgment:

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 children's needs.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. 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 children availing of respite in the centre.

The person in charge was in a full time post and held responsibility for an adult residential service and a separate day service located on the same campus. She worked core working hours Monday to Friday but was also on call outside of these hours. She was generally not in the centre whilst children were availing of respite as children availing of respite only attended at the weekend. However, an assigned member of staff took on the responsibility of being the lead person when the person in charge was not there. On-call arrangements were in place and staff were aware of these and the contact details. There was evidence that the person regularly attended unannounced when the children were availing of respite.

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 manager. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

An unannounced visit by the provider to review the safety and quality of care had been undertaken by the provider in June and December 2016 as per the regulatory requirements. An improvement action plan to address issues identified had been put in place, with an appropriate assignment of responsibility and timelines. An annual review of the quality and safety of care and support for 2016 had been undertaken and made available to families. This report included feedback from families regarding the quality of care and support in the centre.

There was an audit plan in place which was overseen by the person in charge. This included daily, weekly, monthly, bi-monthly and three monthly audits and yearly audits. Matters audited included, service users finances, health and safety, personal files, medication management and house keeping. Other checks included water temperature, fire safety, fridge temperatures and roll calls. There was a quality safety and risk management group in place who reviewed trends of incidents and identified shared

learning across the service.

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 was a consistent team of staff working with service users who had received up-to-date mandatory training and were supervised on an appropriate basis. However, the identified staff nurse allocation for the centre was not in place at the time of inspection.

Overall, the staffing levels and experience were sufficient to meet the needs of the children availing of respite in the centre. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers. There were emergency on call arrangements on display in the centre. A staff nurse working on the wider campus was available to the centre when opened and attended the centre to administer prescribed medications. However, the identified 1.5 whole time equivalent staff nurse requirement for the centre (as stated in the statement of purpose) was not in place at the time of inspection.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. 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 effective recruitment procedures in place that included checking and recording all required information. There was a recruitment policy, dated November 2015. There was also a suite of other human resources policies in place. At the time of the last inspection, inspectors found that records contained the information outlined as required in schedule 2 of the regulations. No new staff had been recruited to work in the centre since the last inspection. Hence staff files were not reviewed on this inspection.

There were staff supervision arrangements in place. At the time of the last inspection,

formal supervision arrangements were not in place. On this inspection, the inspector found that a supervision programme had been put in place. Supervision records reviewed showed that supervision was of a good quality and undertaken at regular intervals.

There were no volunteers working in the centre at the time of inspection.

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:	A designated centre for people with disabilities operated by North West Parents and Friends Association for Persons with Intellectual Disability
Centre ID:	OSV-0001933
Date of Inspection:	20 June 2017
Date of response:	12 July 2017

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

A number of personal plans were overdue for review.

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

reviewed annually or more frequently if there is a change in needs or circumstances.

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

Multi Disciplinary Reviews were held as planned on the 23rd June 2017 and all personal plans are currently being updated following these reviews.

Proposed Timescale: 21/07/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

There were a small number of risk assessments for individual children which had not been appropriately revised for an extended period.

2. Action Required:

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

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

All risk Assessments have been reviewed and updated

Proposed Timescale: 12/07/2017

Theme: Effective Services

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

The inspector found that two children who had started availing of respite in the centre in the preceding six month period had not been involved in a fire drill.

Monthly audits of fire safety arrangements were undertaken. However, these were not fully effective as the deficit in relation to the fire drills had not been identified.

3. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The two children identified on the day of inspection were both involved in a fire drill on Friday 30th June 2017.

The Monthly Fire Audit has been amended to ensure that it is identified that all new

admissions to the service are involved in a fire drill and also to identify that all service users have been involved in a fire drill in the previous six months.

Proposed Timescale: 12/07/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The behaviour support plan put in place for a child was dated October 2015 and had not been reviewed despite an escalation in the child's behaviour in the preceding three month period.

Input from a behavioural expert had not been attained regarding strategies to be used to support the child.

There was limited evidence that information was shared between professionals involved in the care of the child. This meant that a consistent and responsive approach to the management of the child's challenging behaviour was not being promoted.

4. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Behavioural Support Plan currently been reviewed

Referral sent to the HSE for the input of a behavioural therapist

Requests for minutes of meetings involving MDT made to relevant therapists at reviews held on 23/06/17.

Letters will also be sent to MDT to request these reports again.

Proposed Timescale: 31/08/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Multidisciplinary reports were not available on a small number of files for children identified to require same.

An epilepsy care plan for one child had not been reviewed for an extended period.

5. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Requests for minutes meetings involving MDT made to relevant therapists at reviews held on 23/06/17.

Requests for Multi Disciplinary Reports were made to parents and again to MDT members at Annual Review Meetings held on 23/06/17

Epilepsy Care plan has been reviewed and updated.

Proposed Timescale: 31/07/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The identified 1.5 whole time equivalent staff nurse requirement for the centre was not in place at the time of inspection.

6. 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:

The statement of purpose will be amended to reflect the current staffing arrangements within the Service, ensuring that appropriately qualified staff are available for the assessed needs of the Service Users attending the Service.

Proposed Timescale: 31/07/2017