Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Woodside
Centre ID:	OSV-0004636
Centre county:	Clare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Eamon Loughrey
Lead inspector:	Catherine Glynn
Support inspector(s):	Nan Savage
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2017 09:30	19 July 2017 20:15

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 04: Admissions and Contract for the Provision of Services
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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection:
The purpose of this unannounced inspection was to monitor the centre's ongoing regulatory compliance with the Health Act 2007(Care and Support of Residents in Designated centres' for Persons (Children and Adults with Disabilities) Regulations 2013.

How we gathered our evidence:
Inspectors met with two residents, two family representatives, three staff members and the person in charge during the inspection process. Inspectors reviewed practices and documentation, including three residents' personal plans, four staff files, medication related documentation, policies and procedures, fire management records and risk assessments.

Description of the service:
The centre is managed by the Brothers of Charity services Ireland and is located in a

town in co. Clare. The centre offers a respite service to children with disabilities and who have been identified as requiring medium to high levels of support over a five day week service. The service can accommodate male and female residents, up to the age of eighteen years. The maximum number the centre can accommodate is three. There was one vacancy on the day of inspection.

The centre is a five bedroom two storey dwelling which provided residents with access to a kitchen and dining area, sitting room, bedrooms, utility room, activity room and offices. There were large garden spaces to the front and rear of the centre. Inspectors found that the centre was well maintained, suitably decorated and had a homely feel.

The person in charge was a shared role and they were supported in their role by the person participating in management, the regional manager and the provider. One of the person's in charge had an administrative role and worked directly in the centre. Inspectors found that the other person sharing the role did not have a presence in the centre.

Overall findings:
Overall, inspectors found this was a service that provided individualised care for the residents who attended the service. The provider had actions identified in the last inspection and inspectors found some of these actions had not been addressed in a satisfactory manner. Improvements were required in relation to social care needs, risk management, safeguarding, governance and management and workforce.

This inspection identified that of the 13 outcomes inspected, five were found to be compliant, one substantially compliant and six moderate non-compliances.

The findings of the inspection are detailed in the body of the report.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors did not look at all aspects of this outcome but focused on the actions identified from the previous inspection. This outcome had one action from the previous inspection, and inspectors found it was satisfactorily completed on this inspection.

Inspectors found that the complaints policy held in the centre was not up-to-date; however, the most recent policy was provided during the course of the inspection. Staff were familiar and aware of the additional information regarding the satisfaction of a complainant. This policy contained the information that was identified as required. In addition, the procedure was displayed at an appropriate level in the centre for all residents. The complaints log was reviewed and inspectors found that there were active open complaints being managed in the centre.

Inspectors found that a sensory room was available for the use of all children. However, further improvement was required as inspectors found that while there was a large garden space, there were no activities available based on the assessed needs of children attending the centre.

Judgment:
Substantially Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions

are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Inspectors did not look at all aspects of this outcome but focused on the actions identified from the previous inspection. This outcome had one action from the previous inspection, and inspectors found it was satisfactorily completed on this inspection.

Inspectors found that in the sample of files reviewed, communication assessments were in place. Assessments had been reviewed on a six monthly basis and coordinated by the person participating in management (PPIM) and the person in charge in the centre. There was also evidence of engagement with the school age disability team, which was ongoing with a schedule in place for further reviews.

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

Findings:
Inspectors did not look at all aspects of this outcome but focused on the actions identified from the previous inspection.

This outcome had one action from the previous inspection, and inspectors found it was satisfactorily completed on this inspection. Inspectors found that the admissions policy had been reviewed and specified the age range of children who could be admitted to the service.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
Overall, inspectors found each residents wellbeing and welfare was maintained, with each resident having opportunities to participate in activities that were of interest to them, however, some improvement was required regarding the provision of recreational activities in the centre. There were two actions identified from the previous inspection in February 2016 and inspectors found that improvement was still required on this inspection.

Inspectors found a comprehensive assessment was not in place to reflect the care and support needs for all residents. Gaps were evident in the documentation held in the sample of files reviewed. For example, care plans were not signed by both staff and the residents' representative, as found on the day of inspection. This did not ensure that a clear and agreed pathway of care were in place for all residents. Reports were held on file from participating MDT, however, the inspectors found that the reports were not descriptive and were limited in the information contained. For example, the mobility assessment for one resident did not outline all aspects of their support needs; therefore staff were not clearly guided. In addition, there were gaps evident regarding appropriate positioning during activities of living, such as dietary and fluid intake.

Inspectors found that all personal plans were reviewed every six months. This was coordinated by the person participating in management with the person in charge. This was also linked in with the current individual plans in place which contained residents' goals. Goals were short, medium and long term in manner and reviewed on a six monthly basis.

A coordinated approach was used to ensure all residents had annual reviews or more frequent if required. The documentation also reflected participation of all involved MDT, for example, physiotherapy, school age disability services and family members.

Inspectors found that personal plans were provided in an accessible format for residents and were under regular review.

Inspectors found that residents did not have transition plans in place to support them moving to adult services. The person in charge and staff were knowledgeable about the support and care required to ensure residents were supported appropriately, however no clear plan was documented which involved all possible stakeholders for transition planning. While planning was evident from discussion with the person in charge, this was not clearly recorded in the personal plan for all residents actively moving to the adult services. Therefore, assurance was not evident about appropriate information being provided or shared, between services.

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

Findings:
Inspectors found that overall the risk management required improvement in the centre. For example, residents who required assistance to evacuate the centre had not been assessed for appropriate equipment.

There was an up-to-date health and safety statement in place in the centre and a risk management policy which included a risk register. The centre had a risk register was regularly reviewed. The register contained centre and child specific risks, however further improvement was required as some risk had not been identified and therefore the controls were not in place to mitigate the risks. For example, storage under the stairwell in the centre. In addition, residents assessed needs did not have all controls in place, such as training on dietary needs. An emergency plan was in place that specified responses to be taken by the staff in relation to possible emergencies, such as power failure. An accident/incident report was completed for all incidents and these were reported to senior personnel for review.

Overall there were systems in place for the management of fire safety; however improvement was required regarding the containment of fire on fire exit routes. Inspectors saw that fire doors were left open during the course of the inspection, which had not been assessed to reflect the support needs for all residents in the centre. In addition, there was equipment stored in a stairwell that was not certified as fire proof and was made of timber. There was no evidence to support this practice and it was also not reflected in the risk assessments in the centre.

There were regular fire drills. Fire fighting equipment and a fire alarm was provided and documentation was available to support that the fire alarm system had been serviced recently. Fire exits were observed to be unobstructed. Fire drill records were completed, with evidence of learning; in addition there was a system in place to completed night drills. Fire drill records did document how many residents were evacuated or if any aid such as a wheelchair was used. There was evidence available that the emergency lighting was checked quarterly. A system was in place to manage adverse events. Personal emergency evacuation plans were in place for all residents and outlined the care and support needs for each resident. Staff all spoke of the procedures in place when drills were completed and the importance to exit in a timely manner.

All staff had completed training in fire safety. The inspector spoke with the staff and they were able to tell the inspector what they would do if the fire alarm was activated and how they would evacuate the resident's.

The centre had a vehicle which was used to transport children. The person in charge had ensured and maintained records of tax and insurance and staff that were authorised to use this vehicle. A record of servicing was maintained.

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:
Overall, inspectors found that the measures in place to keep children safe and to protect them from abuse required further improvement with regards to staff training.

The centre had a child protection policy, dated December 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011. There was also a policy for safeguarding vulnerable adults. The inspectors observed staff interacting with service users in a respectful and warm manner. Staff who met with the inspectors 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.

The picture and contact details for the designated liaison person, (as per Children First, 2011) and the designated officer was observed on display and was detailed in the policies referred to above. The provider had notified HIQA, as required about a safeguarding allegation. Inspectors found that the allegation was still under investigation on the day of inspection and was being dealt with in-line with local and national procedures. Inspectors reviewed associated documentation and found that staff were not trained in the provision of modified diets at the centre. This did not ensure that all residents were supported as assessed and safeguarded, in line with organisational procedures.

Overall, the service provided residents with emotional and behavioural support. Inspectors found that behaviour support plans were reviewed on a monthly basis or more frequent if required. Personal plans reviewed contained detailed and up-to-date behaviour support plans which had been put in place for individual service users by the provider's psychologist. There was a policy and guideline for staff on provision of positive behavioural support dated May 2016. Records showed that staff had attended appropriate training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviours that were challenging for individual service users. Based on an analysis of incidents of challenging behaviour for individual service users, there was evidence that changes had been put in place. These included changes to the respite provision schedule and increases in staffing levels, where required.

There were a number of environmental and physical restraints being used in the centre for service user's safety. A restrictive practice register was in place. There was evidence that all restrictive practices were regularly reviewed and monitored by the multi-disciplinary team. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place.

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:
Overall, inspectors found a record of all incidents which had occurred at the centre was maintained. The person in charge was found to have knowledge and understanding of

their role in relation to submitting notifications within three days, and follow-on reports were also submitted in a timely manner.

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:
Each of the residents who availed of respite in the centre had a range of medical needs and support requirements. All recommended treatments were facilitated. Each residents' health needs were appropriately assessed on admission and met by the care provided in the centre. Each of the residents had their own general practitioner (GP) and access to allied health care services which reflected their care needs.

The inspectors observed that there was an adequate supply of healthy snacks available and that a range of healthy and nutritious meals were prepared for service users availing of respite in the centre.

Residents who were on enteral feeds were supported in-line with their assessed needs and staff had received training on enteral feeding care and management. There was evidence that enteral feeding regimes in place were overseen by service users' GPs and dieticians. The service had policies in place which related to the care and management of the enteral feeding devices in use in the centre.

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

Findings:
There were policies and procedures in place to ensure the safe management and administration of medications. However, there were some improvements required in terms of record keeping practices and storage practices. The inspector reviewed a sample of three prescription and administration records for service users.

Actions identified in the last inspection were addressed and inspectors found that all records did not contain the information identified as missing. For example, inspectors found that medication records had not been consistently signed as required by a relevant clinician.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines, dated December 2016. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. There was a secure press for the storage of all medicines in the centre. Inspectors found that while there was appropriate storage in place, daily medication and as required medication were stored together, in an unsafe manner. Inspectors found that an error had occurred where as required medication was administered instead of the daily medication. Learning from the incident did not identify the inappropriate storage in place and that staff had not consulted with a medical professional in line with the medication policy.

Inspectors also found that there was no effective system in place for reviewing and monitoring safe medication practice in the centre. The incident forms reviews and the medication audits in place did not identify the gaps found by inspectors, furthermore, there was no identified storage for discontinued medication in the medication storage as required by the Regulations.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors reviewed the statement of purpose and found that although it had been reviewed since the last inspection it did not accurately describe the service being provided in the centre.

The statement of purpose was reviewed and inspectors found that there were gaps evident in relation to the requirements of schedule 1, including:

- The statement of purpose had not been updated as required on an annual basis
- Had not clearly identify all stakeholders and their role in the centre
- Name of centre had not been updated to reflect recent changes

The statement of purpose was readily available or provided in an accessible format to residents and their representatives.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that the management system in place that supported the delivery of safe, quality care services required further improvement. In addition, the systems in place to manage risk were not effective as gaps remained evident. Inspectors also found that actions identified from the previous inspection were not completed within required timeframes, on this inspection.

Inspectors found that an action required form the previous inspection regarding clarity on the role of the centre's two persons in charge had not been addressed satisfactorily, although inspectors had found that an additional person participating in management had commenced since the last inspection. Inspectors found that there was no evidence of one person in charge's participation and engagement in the centre. One person in

charge was based at the centre but was on a reduced hours and Inspectors found that that they were knowledgeable and familiar with all of the residents' needs. The second person in charge worked full-time and was responsible for two other centres; however the inspector did not find evidence of their regular presence in the centre which was reflected in rosters examined. Inspectors also found that there was poor oversight of systems in place at the centre which resulted in a number of actions identified in the main body of the report for example; medication management practices, poor assessment of admissions and fire safety arrangements.

There were management systems in place to ensure the service provided to residents was safe and consistently monitored. Regular staff meetings were held, where topics specific to the operations of the centre were discussed. There were organisational policies in place at the centre which reflected staff knowledge.

There were quarterly service lead meetings which were attended by the centre coordinator, the regional manager, and the service leader which discussed safeguarding, risk management, staffing and budgetary issues. Minutes of all meetings were held in the centre and were escalated to the board of management when required.

An annual review of the service and a six monthly unannounced visit were completed. However, inspectors found that reviewed reports did not identify actions found in the course of the inspection such as medication management practices, risk management and fire safety issues.

Judgment:
Non Compliant - Moderate

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:
No actions were required from the previous inspection. However, some improvements were required to the training in place for staff.

Inspectors found that there were appropriate staffing arrangements were in place in the centre. The person in charge informed inspectors that the centre had access to relief

staff that were familiar with the centre and the residents to cover staff leave. There was a planned and actual roster for the centre and this roster indicated the full names of staff members and exact time staff commenced and finished duty. The centre was not availing of agency staff at the time of inspection.

A schedule was in place for the provision of refresher and mandatory training for all staff working in the centre. All staff were found to have to have up-to-date training in all mandatory courses at the time of inspection. The person in charge had also completed a training needs assessment for the year ahead and identified additional training required for all staff; however the person in charge had failed to identify training in residents' healthcare needs as referenced in outcome 8.

Inspectors reviewed a sample of staff files and these were found to contain all information as set out in schedule 2 of the regulations.

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

Findings:
Inspectors did not look at aspects of this outcome but reviewed the actions required from the previous inspection. Overall inspectors found that records were maintained in the centre.

Inspectors found that actions required from the previous inspection had been addressed with regard to two policies: protected disclosures policy was in line with national policy and was available in the centre. In addition, a policy on provision of information to children had been completed by the provider.

Judgment:

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:

Catherine Glynn
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Brothers of Charity Services Ireland
Centre ID:	OSV-0004636
Date of Inspection:	19 July 2017
Date of response:	07 September 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 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:
The provider had failed to provide children with appropriate facilities for play in the external areas of the centre based on assessed needs.

1. Action Required:
Under Regulation 13 (3) (a) you are required to: Provide each child with opportunities

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

for play.

Please state the actions you have taken or are planning to take:
Children will continue to be supported to enjoy four community children playgrounds in the local area – all of which are wheelchair accessible. Children will continue to be supported to enjoy the existing outdoor play equipment eg. Swing, sand table, swing ball, ball games, and picnic area. Garden enhancement project will be completed by 30th June 2018.

Proposed Timescale: 30/06/2018

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:
The person in charge had failed to ensure that all assessments were comprehensive for all residents attending the centre.

2. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
Going forward, all assessments for proposed new admissions will be reviewed by Admissions Discharge Transfers Committee in conjunction with Person in charge, prior to admission to centre – to ensure that assessments are sufficiently comprehensive to guide supports.

Proposed Timescale: 16/08/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not ensured that appropriate practice was in place to support children being discharged to adult services.

3. Action Required:
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

A formal transition plan template will be developed to capture all elements of current transition planning and ensure that the discharge of residents from the centre is discussed, planned for and agreed with residents/residents representatives.

Proposed Timescale: 30/09/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge did not have evidence of information shared or plans in place to support residents moving to the adult services.

4. Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
Going forward a formal transition plan will be completed for all individuals transitioning to adult's services and shared with all appropriate stakeholders.

Proposed Timescale: 30/09/2017

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:
The provider failed to identify gaps evident in the risk management procedures in the centre:
For example:
- fire safety issues
- lack of training required for assessed needs of all residents.

5. 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:
Area under stairs has been cleared 19/07/2017. Daily hazard identification checklist has been reviewed and amended to include area under stairs to be kept clear -16/08/2017. Risk register has been reviewed and additional control of daily check of under stairs area included in Fire Safety Risk Assessment 19/07/2017 Under stairs area will be assessed by a suitably qualified fire expert to confirm that the fire hazard has been

removed, adequate additional controls are in place and fire proofing certification is not required by 29/09/2017. Going forward Person in Charge in liaison with Training Officer will ensure any training needs arising from assessed support needs are addressed prior to admission.

Proposed Timescale: 29/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure:
- that a stairwell was kept free from inappropriate storage
- evidence of fire proofing was held in the centre for the stairwell.

6. 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:
Area under stairs completely cleared eradicating fire hazard in area [19/07/2017] Risk register has been reviewed and additional control of daily check of under stairs area included in Fire Safety Risk Assessment 19/07/2017 Daily hazard identification checklist has been reviewed and amended to include area under stairs to be kept clear - 20/07/2017. Under stairs area will be assessed by a suitably qualified fire expert to confirm that the fire hazard has been removed, adequate additional controls are in place and fire proofing certification is not required by 29/09/2017.

Proposed Timescale: 29/09/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure there were adequate measures in place to contain fire on and near fire exit routes.

7. Action Required:
Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

Please state the actions you have taken or are planning to take:
Automatic door closures will be installed on all fire door on fire exit routes.

Proposed Timescale: 30/10/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had failed to ensure that all staff were trained in modification of food and fluid intake as directed by a clinician.

8. 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:
No children currently attending for respite are on modified diet – however any new referrals with an assessed need regarding modification of diet will not be admitted to the centre without advance staff training to full team on same.

Proposed Timescale: 20/07/2017

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:
The person in charge had failed to ensure:
- that all medication prescribed or discontinued was signed by a relevant clinician as required
- had failed to monitor and review storage practices of all medication held in the centre: PRN and daily medication were mixed together.

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

Please state the actions you have taken or are planning to take:
Person in Charge has ensured that medication entered as discontinued by GP on one Kardex has been signed for by GP. All other Kardex have been reviewed to ensure that medication prescribed or discontinued has been appropriately signed for by GP. PRN and daily medication has been separated into 2 separate boxes both clearly labelled.

Proposed Timescale: 20/07/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to identify discontinued medication were segregated from daily medication and that staff were fully informed of this practice.

10. Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
The practice of storing discontinued medication in a clearly labelled separate box in the medication cabinet has been discontinued - discontinued medication is now stored within a clearly labelled box in a separate medication cabinet.

Proposed Timescale: 20/07/2017

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 provider failed to ensure that the statement of purpose contained the information required as set out in schedule 1 of the Regulations; registration details and service coordinator role was not clear.

In addition, the centre name had not been amended to reflect recent changes.

11. 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:
Statement of purpose will be reviewed to ensure it contains the information required as set out in schedule 1 of the Regulations

Proposed Timescale: 14/09/2017

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:
The provider failed to ensure that a clearly defined management structure was in place in the centre.

12. 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:
Management structure has been reviewed on 05/09/2017 and HIQA will be formally notified of changes by 29/09/2017

Proposed Timescale: 29/09/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured that management systems in place were effective and consistently monitored.

13. 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 review of the present management arrangement will be carried out on 05/09/2017 which will ensure that the management systems in place ensure the service provided is safe and appropriate to the individual's needs.

Proposed Timescale: 05/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had failed to identify and implement appropriate training to meet the assessed needs for all residents in the centre.

14. 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:

Person in charge in liaison with Training Officer will ensure any training needs arising from assessed support needs are addressed.

Proposed Timescale: 29/09/2017