

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0003839
Centre county:	Cork
Email address:	ddoyle@stjosephsfoundation.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Carol Maricle
Support inspector(s):	Patricia Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 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 specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 March 2014 13:00 To: 18 March 2014 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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This centre is a centre for children with disabilities. The centre opened after 1 November 2013 without a registration application being submitted to the Authority. The Authority informed the chief executive officer and operational manager that under Section 46, Section 69 and 79(1) of the Health Act 2007 that the centre was operating in contravention of the Act and that this was unacceptable.

A triggered inspection took place on 18 March 2014. During this inspection, inspectors met a child living at the centre, the person in charge, two staff members, the provider nominee and the chief executive officer. Inspectors observed practices and reviewed documentation including care files, medication records, centre policies and procedures and staff records.

The premises was a large single-storey building which was set on its own grounds. There was a garden to the front of the house and an enclosed rear garden. The stated purpose of the centre was to provide a full-time therapeutic placement for a child or children that have an intellectual disability and are on the autistic spectrum.

There was one child living alone at the centre since February 2014 and his/her placement was for a specified period of 12 weeks, during which a positive behaviour support programme was put in place. At the time of the inspection, he/she had lived at the centre for three weeks and also attended a specialist school within the area. There were limited opportunities for the child to interact with other children outside of school. The risk of long-term social isolation from peers was not considered to be

an immediate issue as the current living arrangement was for a set time period.

Overall, inspectors found that the child was safe and an individualised level of care was provided to him/her by a core staff team whose therapeutic work was supported by a psychologist. A process of person-centred planning had been developed by the provider and the child had a personal plan, which reflected their assessed needs. A core feature of the personal plan for this child was a twelve-week positive behaviour support programme developed by a psychologist and this was reviewed weekly.

Management structures were in place at the centre. However, the person in charge was appointed one week prior to the inspection and was not yet aware of all their statutory responsibilities. Policies and procedures were in place at the centre which helped to keep the child safe, however, improvements were needed.

While evidence of good practice was found across all outcomes, areas of non-compliance with the regulations and the National Standards were identified and are outlined in detail within the body of this report and an action plan is included.

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 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):

No actions were required from the previous inspection.

Findings:

The welfare and well-being of the child was promoted by a detailed assessment of their needs and a personal plan. A core feature of the personal plan was a 12-week positive behaviour support programme developed by a psychologist. Improvements were needed to support the child in transitions between services.

A comprehensive assessment of need had been conducted at the centre. One child was living at the centre at the time of the inspection. An assessment of his or her needs was completed by a psychologist and short and long-term goals set with regard to his or her behaviour. This assessment included background information on the child and his or her strengths. Copies of previous assessments, including health and education were on file. The circumstance upon which the child was admitted to the centre was outlined in the file. The person in charge told inspectors that additional information on the child was given to care staff by family members and this information contributed to their overall assessment and personal plan but there were no written records that confirmed this arrangement.

A personal planning system was in place at the centre. The child's care file was viewed by an inspector and consisted of five sections: their personal plan, daily report sheets, daily check-lists, a document entitled 'All about me' and information on multidisciplinary supports. The personal plan was developed and reviewed by a psychologist at weekly meetings which staff and the person in charge attended. Inspectors viewed daily records that contained details of when and how care staff implemented this programme and their views on the effectiveness of the plan. At the time of the inspection, the use of picture exchange communication symbols (PECS) was being introduced to the child and care staff noted the occasions when this was used with the child and their perceptions on whether the pictures helped the child communicate better. A document entitled 'All about me' helped staff to get to know the child as it addressed areas in his/her life such

as his/her likes/dislikes, communication preferences, family information, school, emergency contact number and food preferences. Behaviour charts were completed by staff and helped identify patterns of behaviour that challenged. Activity charts confirmed activities that the child was involved in on a daily basis. A list of words that the child used was updated whenever staff heard the child speak a new word. Staff described to inspectors some of the agreed short and long-term goals for the child that had been identified and the progression that the child had made on some of these goals.

Improvements were needed in relation to recording when family members contributed to personal plans. There was no evidence that the person in charge had ensured that the child's personal plan was made available to the child and his/her family.

Improvements were needed in relation to the planning of transitions. At the time of the inspection, there was no agreed plan in place for the child following his/her 12 week placement at this centre and no written records to confirm that the expected discharge was being discussed, planned for, and agreed with, the child and his/her family. Some staff told inspectors that they were concerned about the lack of preparation being done with the family by care staff should the child return home after the placement. The person in charge told an inspector that neither she nor care staff were directly involved in preparing the child to return home or preparing the family for the child's return as the psychologist was taking a lead on liaising with the family in this regard.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The health and safety of the child, visitors and staff was promoted and protected but improvements were necessary.

Improvements were needed in health and safety procedures. The provider's health and safety statement was dated February 2014 and the provider employed a health and safety officer. The provision of two-to-one staffing for the child meant that the child was closely supervised at all times and this helped to keep the child safe. A number of hazards particular to the child were identified, risk assessed and controlled. The inspector viewed an incident and accident record book which contained relevant information. A critical incident plan was outlined in the health and safety statement. A minibus used by the centre to transport the child had the required motor tax and

insurance. A maintenance book was used by the centre and this contained relevant information on maintenance requests.

The health and safety statement outlined some risks at corporate and centre level, however there was no centre specific risk register. The inspectors viewed the premises and noted a number of health and safety issues. The kitchen did not present as homely due to a stove in the kitchen that had a cage placed around it that was locked with a lock and key. The provider nominee showed some awareness of the possible adverse effect of using such a control mechanism however there was no alternative plan in place. The child living at the centre played in the rear garden and this was secure therefore ensuring that the child could not leave the premises in an unsafe manner. However, there were a number of poles, approximately one metre in height, in the garden which did not have any purpose and these were a potential hazard and were not risk-assessed. The garden shed had no glass window and there was a risk of the child gaining access into the shed. An inspector viewed details of the typical activities that the child engaged in such as going for walks, using a scooter, playing on the computer but found that improvements could be made with regard to his/her interaction with the local community. Staff told inspectors that there was a need for risk assessments to be completed on specific public places that they would like to bring the child to.

Procedures for the prevention and control of infection were in place at the centre but improvements were necessary. Some protective measures were in place and sinks and surfaces in the kitchen and bathrooms were maintained to an acceptable level of cleanliness. Staff told inspectors that they all took responsibility for cleaning, hygiene and infection control at the centre. Although staff shared cleaning responsibilities and the centre was clean, a cleaning audit procedure was not in place at the centre. A more thorough cleaning of the centre took place periodically by cleaning staff employed by the provider. Staff had their own bathroom where alcohol gels and paper towels were used but there was no evidence that staff were trained in hand hygiene practices.

Fire safety precautions were in place at the centre but not all requirements of the Regulations were in place. Evacuation procedures were clearly displayed around the building and fire escape exits were unobstructed. Outside doors were operated using electronic opening systems which automatically became unlocked in the event of the fire alarm being raised. The two care staff on duty told inspectors that they had received a briefing on fire safety procedures a number of days prior to the inspection. The fire register showed that fire equipment was serviced on two occasions in 2013. Fire extinguishers were viewed at the centre and their service dates matched the register. An annual test of the fire management system had been completed in 2014. Quarterly and annual reviews of the emergency lighting system had taken place. An evacuation assembly point was identified. New procedures were introduced in March 2014 on the checking of fire safety measures by care staff at the centre and these included monthly fire inspection check-lists, weekly testing of emergency lighting, the fire alarm system and daily inspection of emergency exits.

The person in charge told an inspector that monthly fire drills had commenced at the centre and the child living at the centre had taken part in the most recent drill, evidence of which was viewed by inspectors. However, none of the two staff on duty on the day of inspection had taken part in a fire drill at the centre. Overall, there was no evidence

that staff had taken part in fire safety training and following the inspection, details of fire safety training dates for staff at the centre were forwarded to the Authority by the provider. The centre did not have a fire safety certificate at the time of the inspection. The provider forwarded to inspectors a copy of a letter from an architect who viewed the premises on the 15 March 2014 and made a number of recommendations. Following the inspection, the provider nominee confirmed to an inspector that an application to the Fire Authority of the local council had been submitted and most recommendations made by the architect had been completed or were about to be put in place.

Judgment:

Non Compliant - Major

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:

Measures to protect the child from being harmed or suffering abuse were in place at the centre. The child was provided with emotional, behavioural and therapeutic supports that promoted positive behaviour. A restraint-free environment in the centre was promoted by care staff.

Measures to protect the child from being harmed or suffering abuse were in place at the centre. Care staff were observed treating the child with warmth and respect. A child protection policy had been reviewed in May 2013 and this contained policies and procedures in place for the prevention, detection and response to abuse. The person in charge had completed training in Children First (2011): National Guidance for the Protection and Welfare of Children and was aware of the procedure to be followed in the event of a child protection concern. An inspector met two staff members who both had an understanding of safeguarding and keeping children safe. All staff interviewed demonstrated an awareness of what to do if they were concerned about the behaviour of a staff member towards a child. There had been no incidents or allegations of abuse reported since the centre had opened. Staff directly employed by the provider had completed training in Children First (2011) and inspectors viewed evidence regarding same but not all agency staff had completed training in this area. The organisation child protection policy did not contain the name of the designated liaison person.

Efforts were made by the provider to promote positive behaviour and identify or alleviate the underlying causes of behaviour that challenges. The child was engaged in an intensive 12 week positive behavioural support programme, developed and overseen by a psychologist. Elements of the plan were recorded daily by care staff and reviewed at weekly meetings.

A restraint-free environment was promoted at the centre and the provider and person in charge told the inspectors that physical, chemical and environmental restraint was not used by care staff, except for a front door which was kept locked to prevent the child from leaving the centre unattended. Inspectors reviewed the child's care file and there was no indication that restraint was used by care staff towards the child.

Judgment:

Non Compliant - Moderate

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:

The child was protected by written operational policies and procedures relating to medication management but improvements were needed.

There were systems in place at the centre for the management of medication but improvements were needed. Medication was stored securely in a cabinet. There was a centre-specific policy for medication management that included policies for medication management and procedures for the management, administration, recording, refusal of and safekeeping of medicines. The person in charge told an inspector that only staff who had completed training in medication management were involved in the administration of medicines. An inspector met a nurse who had responsibilities in the administration of medicine and she explained the process of medication management to an inspector. She confirmed that she had received training, was confident in her knowledge of the appropriate medication management practices and presented as competent in this area of work. There were no medicines that needed to be or had been disposed of and the nurse described the procedure in place by the centre in the event of this occurring. The medication management policy did not address some areas of medication management, such as the procedure involved in the prescription and storing of medicines. Not all containers of medicines had labels that identified them or the name of the child to whom the medicine was prescribed to, there was therefore a risk of an

error occurring in the administration of medication.

Administration sheets contained details of identified medications and the signature of the nurse or staff member administering medication; however, there was no signature sheet. Administration of medicine matched the prescription sheet and there was a space to record comments in the event of withholding or refusing medications.

Prescription sheets were available as part of the recording system. Prescription sheets contained the child's name and address and photograph, but no date of birth. The name of the general practitioner (GP), their signature, name of the medicine, dose, route, time of administration were included on the prescription sheet. One prescribed medicine did not have a matching prescription sheet. Maximum dosages were not stated on 'as required' (PRN) medications.

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service provided in the centre and this reflected the needs of the child currently living at the centre and the manner in which care was provided to him/her but not all information was contained in the statement as per the Regulations.

A written statement of purpose was in place at the centre but it did not contain all the information as required by Schedule 1 of the regulations. The statement outlined that the centre was used for specific therapeutic supports only, and that these supports would be defined and prescribed by a multi-disciplinary team and reviewed as required. Children with intellectual disabilities and in need of high support levels from staff would live at the centre. Practice in the centre reflected aspects of the statement of purpose, such as, personal planning and behavioural programmes. Staff presented as clear about the purpose of the programme that was in place for the child living at the centre, the use of the centre in this regard and the nature of their employment contracts given this time-specific programme.

The statement failed to outline all information as required by Schedule 1 of the

regulations in areas such as: the number of children that the centre catered for, gender or age-range. Staffing arrangements were not specific. The name of the person in charge, although recently appointed, was not up-dated on the statement of purpose. The criteria used for admission to the centre, including policies and procedures for emergency admissions were not described. Required information on arrangements for consultation with the children, their privacy and dignity, activities, reviews of personal plans and supervision of specific therapeutic techniques was not set out. The statement was not available in a format that was accessible to the child and there was no evidence that the statement had been distributed to the child and/or their family. It was not clear to inspectors when the statement was due to be reviewed.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Management systems were in place to support and promote the delivery of safe, quality care services and a management structure was in place at the centre. The centre was managed by a person in charge who had relevant qualifications.

Management systems were in place at the centre but there was no evidence of formal monitoring of the services delivered at the centre to ensure that services were effective and safe. However, the positive behavioural support programme that the child was engaging in was reviewed weekly by a psychologist and care staff.

An up-to-date management structure was displayed at the centre and identified the lines of authority and accountability. Staff were aware of who was in charge and told inspectors that the centre was well managed. An on-call system was in place and staff were aware of the on-call system.

The centre was managed by a suitably qualified person with authority. The person in charge was qualified in the area but only appointed one week prior to the inspection. She described to inspectors her responsibilities regarding the day-to-day management of

the centre and demonstrated a commitment to her own professional development. There were some gaps in her knowledge of all the Regulations.

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:

There were appropriate staff numbers and skill mix to meet the assessed needs of the child living at the centre and the child received continuity of care from a core team. All staff were supervised by the person in charge but formal methods of supervision were not in place at the centre. Staffing records were mostly in compliance with the Regulations. All staff had relevant qualifications but evidence of continuing professional development was not in place for all staff.

There was a sufficient number of staff employed to meet the needs of the child. There was a staff complement of seven staff, including the person in charge, one care staff member employed by the provider and five care staff that were recruited through agencies, two of which were nurses. All staff were employed on three month contracts to work at the centre. Proposed staff rosters were adequate in the provision of staff but the person in charge did not maintain an actual roster. Despite the high proportion of agency staff in use, the same agency staff worked at the centre and during interview, staff presented as very knowledgeable of the needs of the child.

Care staff had qualifications in social care and a varied level of experience in health and social care. Some staff told inspectors that they did not have any specific training in autism but they received weekly guidance from a psychologist employed by the provider on the delivery of an intensive positive behavioural support programme developed specifically for the child.

There was evidence of a programme of continuous professional development in place for staff directly employed at the centre and copies of training courses completed for the previous two years were kept by the provider in their staffing records. Training areas included Children First (2011), manual handling and medication management. Agency

staff did not have the same level of continuous professional development. The person in charge was not aware of the training that each care staff member had.

Care staff were informally supervised in their day-to-day work by the person in charge but no formal supervision system was yet in place. The person in charge told inspectors that she worked alongside staff in the centre and provided guidance to care staff regarding their interactions and interventions with the children. The lack of formal supervision in the centre meant that staff did not have a formal confidential mechanism of support from the person in charge or an opportunity for the manager to formally identify positive practice, development needs and areas of improvement or concern to staff.

A selection of staffing records were reviewed by the inspector and these represented staff employed by the provider and staff recruited through agencies. Most of the requirements of Schedule 2 were met in relation to the staff employed directly by the employer but in regards to agency staff, not all records contained a full employment history. It was not clear the position that all staff held, the work they performed and the number of hours they were employed each week but this information was forwarded to the Authority by the provider following the inspection. The person in charge was not aware of the information held in staffing records and was not aware of her statutory responsibilities in this regard.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Carol Maricle
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 St Joseph's Foundation
Centre ID:	OSV-0003839
Date of Inspection:	18 March 2014
Date of response:	21 May 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no evidence in writing that the person in charge had developed a personal plan that was developed with the maximum participation of the child and his or her representatives.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Under Regulation 5 (4) (c) the Person in Charge did ensure that a personal plan was in

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

place but as there was a lack of documentary evidence that this plan was completed with the maximum participation of the resident's family. The Person in Charge will introduce and minute family meetings which will now take place. Since the intensive programme began there has been regular review meetings to monitor progress and set goals involving the resident's Multi-Disciplinary Team members and residential staff. The minutes of these meetings are being forwarded to the family and the Person in Charge will ensure that this will continue.

Proposed Timescale: 15/05/2014

Theme: Effective Services

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

There was no evidence that the person in charge had ensured that the child's personal plan was made available to the child and his/her family.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

As per Regulation 05 (5) the Person in Charge has reviewed the personal plan with the resident's family and the Person in Charge will ensure that the resident's family are aware that the personal plan is available to them at any time.

Proposed Timescale: 01/05/2014

Theme: Effective Services

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

There was no clear plan in place for the discharge of the child living at the centre.

Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

This admission to residence occurred under a Schedule 10 agreement with the HSE. As per Regulation 25 (4) (b) the Person in Charge in conjunction with the Registered Provider have had discussions with the HSE and successfully secured funding for the resident's on going care in the centre and the development of a transition plan. A transition plan is being developed by the Multi- Disciplinary Team, the Registered Provider, the Person in Charge and the HSE. The resident's family will be updated on the progress of the transition plan by the Registered Provider.

Going forward all residents will be discharged in a planned manner.

Proposed Timescale: 20/06/2014

Theme: Effective Services

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

There were no written records to confirm that the expected discharge was being discussed, planned for and agreed with the child and his/her family.

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:

As per Regulation 25 (4) (d) the Person in Charge is to ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

Going forward all residents will be discharged in a planned manner

Proposed Timescale: 30/06/2014

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:

Not all hazards were identified and assessed throughout the centre.

Action Required:

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

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

Under Regulation 26 (1) (a) the Registered Provider will ensure that a detailed risk assessment will be conducted by Health & Safety Officer & the Person in Charge throughout the centre.

Proposed Timescale: 15/06/2014

Theme: Effective Services

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

As all hazards at the centre were not identified, measures and actions in place to control the risks were not set out.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Under Regulation 26 (1) (b) the Registered Provider will ensure that a detailed risk assessment which will highlight the hazards & controls within the residence.

Proposed Timescale: 15/06/2014

Theme: Effective Services

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

As all hazards were not identified and controlled, arrangements to ensure that risk control measures are proportional to the risk identified and the adverse event that this might have on the resident's quality of life had not been considered. The adverse impact of having a cage around a stove in the kitchen had not been formally considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

As per Regulation 26 (1) (e) The Registered Provider will ensure that the cage from around the range will be removed.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

There was no evidence that staff were trained in hand hygiene. A cleaning audit procedure was not in place at the centre.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with

the standards for the prevention and control of healthcare associated infections published by the Authority.

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

To meet the requirements of Regulation 27 the Registered Provider will ensure that hand hygiene training will be scheduled and delivered.

A schedule of the hand hygiene training planned for 12th May 2014 was given to HIQA inspectors on April 30th 2014. The Registered Provider will ensure that hand hygiene training for staff as per this schedule will be carried out by a trained hand hygiene assessor.

The Registered Provider will also ensure that a cleaning audit will be carried out and a procedure for same will be developed.

Hand Hygiene has been completed by 13th May 2014. A cleaning audit procedure was developed. 1st May 2014.

Proposed Timescale: 13/05/2014

Theme: Effective Services

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

There was no fire safety certificate in place at the centre. Improvements were needed in fire safety management systems, as detailed by an architect who viewed the premises on the 15 March 2014 and made recommendations.

Action Required:

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

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

Under Regulation 28 (1) the Registered Provider has ensured that all necessary improvements have been carried out and a fire safety cert has been obtained.

Fire certificate issued 15/4/2014

Proposed Timescale: 15/04/2014

Theme: Effective Services

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

Some staff received a briefing on fire safety at the centre in March 2014, however, training in fire safety had not taken place.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control

techniques and arrangements for the evacuation of residents.

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

The Registered Provider has Under Regulation 28 (4) (a) ensured that Fire Safety training for staff was completed on 9th April 2014. One staff was unable to attend training and will be trained by 20th June 2014. Going forward the Registered Provider will ensure that all staff are obliged to attend to attend Fire Safety training.

Proposed Timescale: 20/06/2014

Theme: Effective Services

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

There was evidence of a fire drill taking place in March 2014 at the centre, however, not all staff had taken part in fire drills to date and no staff on duty on the day of the inspection had taken part in a fire drill at the centre.

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:

Two staff have not yet completed a fire drill. The Person in Charge will complete a fire drill with them this week (May 12th) to ensure compliance with Regulation 28 (4) (b). Going forward the Person in Charge will ensure all new staff will complete a fire drill during their induction period.

Proposed Timescale: 17/05/2014

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:

Not all staff had completed training in Children First (2011): National Guidelines for the Protection and Welfare of Children. The organisation child protection policy did not contain the name of the designated liaison person.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

As Regulation 08 (8) the Person in Charge will ensure that all staff will receive training in Children First (2011): National Guidelines for the Protection and Welfare of Children. The child protection policy has been reviewed and the designated liaison person has been identified in same. A photograph of the designated liaison person will now be displayed in the centre.

Proposed Timescale: 29/04/2014

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 organisation medication management policy did not address the procedures involved in the storage of medicines.

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:

The Person in Charge in association with the Clinical Nurse Manager 3 will review the Medication Management Policy and include procedures involved in the storage of medication to comply with the storage of medications requirement under Regulation 29 (4) (a).

Proposed Timescale: 01/05/2014

Theme: Health and Development

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

One prescribed medication did not have a matching prescription sheet.

Action Required:

Under Regulation 29 (3) you are required to: Where a pharmacist provides a record of a medication-related intervention in respect of a resident, keep such a record in a safe and accessible place in the designated centre.

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

To meet the requirements of Regulation 29 (3) the Person in Charge has liaised with the resident's General Practitioner to review all the resident's medications and to complete a new drug prescription record to include all of the resident's medications. Going forward the Person in Charge will ensure that all medication related interventions

will be recorded and the record will be kept in a safe and accessible place.

Proposed Timescale: 30/04/2014

Theme: Health and Development

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

Not all containers of medicines had labels that identified them or the name of the child to whom the medicine was prescribed to, there was therefore a risk of an error occurring in the administration of medication. Maximum dosages were not stated on PRN (as required) medications. The organisation policy on medication management did not contain a procedure for the prescription of medication.

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:

The Person in Charge in association with the Clinical Nurse Manager 3 will review the Medication Management Policy with regard to the ordering, receipt, prescribing, storing, disposal and administration of medicines.

The Person in Charge will liaise with the resident's General Practitioner to review the Drug Kardex to include the maximum dosage of all PRN. medications.

The Clinical Nurse Manager 3 will Liaise with the pharmacist to review the labelling of medications, to ensure that all the containers of liquid medications are labelled as well as the outer packaging and that where there is more than one container of the same medication required these are labelled in rotation ie. 1,2,or 3.

Going forward the Person in Charge will ensure that appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines will be put in place

Proposed Timescale: 01/05/2014

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 prepare a statement of purpose that contained all the information set out in Schedule 1 of the Regulations.

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:

As per Regulation 03 (1) The Registered Provider has reviewed and updated the Statement of Purpose to comply with Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 30/04/2014

Theme: Leadership, Governance and Management

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

It was not clear to inspectors when the statement of purpose was due to be reviewed.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The Registered Provider has ensured that the revised statement of purpose completed on 30th April 2014 has a review date included in it to comply with Regulation 03 (2).

Proposed Timescale: 30/04/2014

Theme: Leadership, Governance and Management

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

There was no evidence that a copy of the statement of purpose was made available to the resident or their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

As per Regulation 03 (3) the Registered Provider will ensure that the revised statement of purpose is available to the resident's family and a copy of same will be provided to them.

Proposed Timescale: 17/05/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

There was no evidence of formal monitoring of the services delivered at the centre to ensure that services were effective or consistent.

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:

To comply with Regulation 23 (1) (c) the Registered Provider will ensure that announced and unannounced visits to the residence will be carried out by the Registered Provider or their nominee. An audit of their findings will be discussed at the Adult Services meetings and also at the Governance Group meetings.

Proposed Timescale: 15/05/2014

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 did not ensure that there was an actual staff rota.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

As per Regulation 15 (4) the Person in Charge did operate a planned and actual staff rota showing staff on duty during the day and night. However this rota had the word "proposed" in its title, as the actual roster was developed from the template of the proposed roster and the word "proposed" was not deleted. The Person in Charge will delete the word "proposed" from all future rosters.

Proposed Timescale: 01/05/2014

Theme: Responsive Workforce

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

Not all records of agency staff contained a full employment history. It was not clear the position that all staff held, the work they performed and the number of hours they were employed each week. However, this information was forwarded to the Authority by the provider following the inspection. The person in charge was not aware of the information held in staffing records or her statutory responsibilities in this regard.

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:

As per Regulation 15 (5) the Person in Charge will liaise with the Human Resources Department to ensure that information and documents as specified in Schedule 2 are obtained for all the staff.

Proposed Timescale: 01/05/2014

Theme: Responsive Workforce

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

Agency staff did not have the same level of continuous professional development as staff employed directly by the employer.

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:

To comply with Regulation 16 (1) (a) the Person in Charge has identified to the Human Resources Department the training needs of the agency staff employed in the residence and has ensured that the following training has been completed by the staff:

Crisis Prevention Institute Training, Epilepsy Training, Fire Safety Training, Hand Hygiene and Children's First Training.

Going forward any further identified training needs will be identified by the Person in Charge and addressed by the Human Resources Department.

Proposed Timescale: 20/06/2014

Theme: Responsive Workforce

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

No formal supervision system was in place at the centre.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

To meet the requirements of Regulation 16 (1) (b) the Person in Charge has completed a schedule for staff supervision and this was given to HIQA. Inspectors on 30th April 2014. All staff will have completed supervision by 16th May 2014 and supervision will be scheduled for all staff in August 2014 and at three monthly intervals thereafter by the Person in Charge.

Proposed Timescale: 16/05/2014