

**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 RehabCare
Centre ID:	OSV-0003717
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Bronagh Gibson
Support inspector(s):	Ann Delany
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	7

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 03 July 2014 08:00 To: 03 July 2014 16:40

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The purpose of this inspection was to inform a decision to register the centre.

The centre was a new purpose-built premises. The statement of purpose and function stated that the centre intended to provide respite care for up to four boys and girls at any one time aged between zero and 17 years of age with any disability. This number may be reduced in order to meet the needs of children effectively.

As part of the inspection, inspectors met with the director of health and social care services who was the provider nominee, the community service manager who was the designated person in charge, the regional manager and two team leaders. Inspectors walked around and observed the premises and reviewed policies,

procedures and report templates that were developed for use in the centre.

Inspectors found that the premises was fit for purpose and the person in charge was suitably qualified to manage the centre, but required support to continuously develop professionally. However, the statement of purpose and function did not meet the requirements under the regulations.

Policies and procedures were mostly generic and applicable to all services provided by the Rehab organisation and required supplementing by local procedures to implement them in a centre specific way. There was a comprehensive induction training programme being undertaken with the current staff team.

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 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):

This was the centre's first inspection by the Authority.

Findings:

The rights and dignity of children were promoted through systems, procedures and guidelines for practice that acknowledged their diverse needs and their right to be consulted and participate in decisions about their care. Information on the complaints process needed to be clearly displayed in the centre.

The community service manager described an admission process to the service that was focussed on individual needs and rights, and practice was supplemented by a comprehensive assessment process. She told inspectors that the transition period into the centre provided an opportunity for staff to inform children about their rights whilst accessing the service. The statement of purpose and function indicated that information would be sent to children prior to admission and this included contact details for community-based advocacy services that children may wish to contact. This information was to be made available in several formats, depending on the communication needs of individual children. Inspectors were provided with a copy of an information leaflet for children and found that it was child-friendly and contained all of the relevant information. However, inspectors were not provided with a plan on how the centre was to promote the use of independent advocacy services in the community. Inspectors observed that a poster on children's rights was displayed in the centre's communal sitting room and this clearly highlighted children's right to be involved in decisions about their life. Staff interviewed demonstrated a satisfactory knowledge of children's rights and their responsibility to uphold them.

The centre had a procedure and guidance for staff on the development of individual support plans for children. This was found to promote children's rights through consultation with them during the development of this plan, particularly on their needs, preferences and choices. Children's families were to be included in this process. Team leaders told inspectors that families would be consulted in relation to the changing

needs of children prior to each respite break.

The centre acknowledged children's right to participate in their community. Inspectors were provided with an activities folder that showed the team had thoroughly researched ways and opportunities to promote children's right to participate and be included in local community life.

Centre policies, procedures and proposed practices promoted children's right to dignity and privacy. On a walk around the centre, inspectors found that each child would be allocated a bedroom that provided enough space for children to relax in private and store their belongings safely. Staff interviewed said that children could have private time in their rooms as they wished. The statement of purpose and function stated that all children were to be treated with dignity and respect and when children were in their bedroom, staff should knock before entering.

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

The community service manager told inspectors that as this was a respite centre, children could not be consistently allocated the same bedroom each time they were on a respite break. However, careful consideration would be given to ensuring children's preferences were acknowledged when rooms were being allocated and the mix of children in the centre at any given time was being planned.

There was a complaints policy and process in place but this needed to be clearly displayed in a way that was accessible to children and their families. The centre had a policy on complaints and a procedure through which they would be recorded, reported, investigated and appealed. The aim of the centre was to resolve complaints in a timely way. There was a system in place to monitor and review complaints on a regular basis for the purpose of service improvements. There was a complaints officer for the whole organisation. The regional manager for the service and the community service manager told inspectors that links were in place with community-based advocacy services for children. These services could be accessed by children if they required additional support to complain about any aspect of their care. Inspectors were provided with a guide to the centre's complaints procedure. It was in a format that was accessible to children and families. This information was displayed at the entrance to the centre but it was difficult to see.

Judgment:

Non Compliant - Minor

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The centre had systems and processes in place to support and assist children to communicate effectively. Inspectors were provided with the centre's communication policy. This was found to consider the age, ability and medical needs of children that may mean they require specific assistance and support to communicate at all times. There was a policy on providing information to children and this ensured they would be provided with information verbally and non-verbally. A review of individual plans, information for children and a walk around the centre showed that pictures were put to good use to help children get and give information and communicate with staff. The centre manager told inspectors that additional supports such as signing and a loop system were available if required. The needs assessment process and individual plans for children were found to be designed in a way that would ensure staff could prepare and plan for communication requirements of individual children.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

Findings:

The centre supported children to socialise, make friends and maintain personal relationships, but policy, proposed procedures and physical space in relation to visits required improvement.

Inspectors found that the centre was designed in a way that promoted socialisation and provided plenty of opportunities for play. There was a large outdoor play area that inspectors found was safe and accessible to children. There was also a spacious play room that had natural sunlight and was well stocked with toys. There was a communal dining room and lounge. Photographs were displayed around the centre of local

activities that were available to children and one team leader told inspectors that the team continued to research activities that would provide the opportunity for children to make friends and be a part of the local community. Community-based activities were central to the planning process in place in the centre. The community service manager told inspectors that the mix of children in the centre during respite breaks would be carefully planned. This was to support children to make friends and enjoy their stay as much as they could. She said that this would assist staff to arrange activities that children could take part in together, and support them to ensure communication needs of individual children were being met.

Inspectors found that planning and decision-making processes for children was inclusive of parents and key people in children's lives. This supported children to maintain relationships whilst in the centre. Although all staff interviewed said that the centre encouraged visits, inspectors found that this was not fully supported by physical space or centre policy. The centre had a policy and procedure on visits that was generic to all centres provided by the organisation. On review, inspectors found that visitors had to notify the centre in advance. This included family members. This did not promote an open environment where impromptu visits were encouraged or facilitated. The community service manager said that this was to protect the privacy of all residents in the centre. On a walk around the building, inspectors found that there was no designated area for visits to take place in private, and in an area that minimised disruption to other residents. The community service manager and team leaders interviewed said that visits could be conducted in children's bedrooms when appropriate. Inspectors were not satisfied that the centre fully met the requirements in relation to visits under the regulations.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The criteria for admission to the centre were not transparent or adequate and required amendments. The statement of purpose and function stated that all referrals to the service were to be made by the Health Service Executive (HSE) respite referral team, based on the level of priority they assigned to each case. Once a referral is made, the team leaders would carry out an assessment to determine the level of need of each child

so that their care could be planned. The community service manager told inspectors that they may not accept every referral if the centre could not meet their needs and that delays in admission may be experienced if additional supports required were not in place for each child. The community service manager said that there were complex needs that they may never be able to cater for and that would make the centre an unsuitable placement for a particular child. This information was not included in the criteria provided to inspectors.

Inspectors reviewed the centre's statement of purpose and function found that it required revision and change. As such, criteria for admission needed to be re-established following these revisions.

All managers interviewed told inspectors that there were no contracts in place for the provision of services that included the support, care and welfare of each resident and any fees to be charged. This did not meet the requirements of the regulations.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Planning for children will be based on assessments of need which have the capacity to support children to reach their potential and have new experiences that may enhance their lives.

There was a suite of policies, procedures and processes in place to determine the wellbeing and welfare needs of future residents. A process was in place to assess children's individual needs on admission, and guidance for staff on how this should be carried out. Team leaders told inspectors that assessing need was a consultative process and this was evident in guidance provided to inspectors. They said that specialist assessments and reports would be considered in the assessment of and planning for meeting children's individual needs.

Personal plans were developed for use in the centre and these were accompanied by a person-centred policy and an in-built review process. This would ensure that individual wishes, choices and preferences would be communicated to the staff team. These plans also took into account individual children's social, health, educational and communication needs. Personal plans were available in a child-friendly format.

There was a system in place to ensure children's ongoing and changing needs were captured at times of transition in and out of the centre. Parents were to be contacted prior to a respite break to ensure staff were aware of any changes to support children required. Inspectors were provided with admission and discharge sheets that would record this information.

The centre was expected to provide short respite breaks that staff described as being primarily a social event, where children would come to meet friends and enjoy activities. Although the centre manager said that potentially unacknowledged needs may be identified by the centre, there was an acknowledgement that overall planning for children would happen between children, families and the HSE. Team leaders told inspectors that support plans could be tailored to meet individual needs of children. This was demonstrated in a copy of support plans the centre intended using.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The centre was suitably designed and located to meet the needs of future residents. It was a purpose-built single storey premises that inspectors found to be of a high standard. Inspectors walked around the centre and observed that it was accessible, spacious and well decorated with bright colours. The design of the building made best use of natural light and there were good ventilation and heating systems in place. The staff team were in the process of making the centre more homely prior to children being admitted. There were seven bedrooms in total in the centre, one of which was a staff sleepover room.

The centre had good play and recreational facilities and dedicated communal areas for eating and socialising. Outside play facilities were wheelchair accessible through large double doors. There was a large utility room that was equipped to facilitate children to launder their own clothes if they wished. There was a kitchen that was of a good standard. It was accessible and well equipped, and a colour-coded system was in place in relation to food hygiene and safe cleaning practices. Bedrooms were large enough to hold children's belongings and provide them with plenty of space to move around. They were equipped with rails for hoists. There were shared en-suite bathrooms and inspectors found that these were well equipped to support children who required assistance with personal care. As this was a respite service, it was expected that children would bring any additional equipment they required to the centre for the duration of their stay.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

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

The centre had a number of policies and procedures in place related to the promotion of health and safety of children, visitors and staff. This included a policy on risk management and workplace aggression. Inspectors were provided with a copy of the risk management policy and found that it did not fully meet the requirements of the regulations, and did not guide practice. It did not cover the identification and management of risks, arrangements for identification, recording, investigation and learning from events. Inspectors were provided with an up-to-date health and safety statement but on review, inspectors found that it was not site-specific and did not provide for aggression in the workplace or self-harm as required by the regulations.

There were procedures in place to assess, notify and analyse risk in the centre. The director of health and social care told inspectors that there was a health and safety manager who carried out regular audits and reported monthly to senior managers on identified risks. Centre records showed that there was a robust workplace risk assessment process in place. This included assessing risks related to fire, slips trips and falls, near misses, medication management, security, chemicals and absconding. Inspectors were provided with monthly hazard inspection checklists and safety data

sheets. These showed that a health and safety inspection was carried out in March 2014. The centre had a safety folder and relevant phone numbers were recorded to assist staff in times of an emergency. Inspectors found that health and safety assessments did not include ligature points.

There was a regional risk register in place but no local risk register had been developed at the time of the inspection. Managers told inspectors that the decision to place specific risks on the regional risk register would be made during a monthly manager's teleconference. Inspectors walked around the centre and found that it was built to a good standard with non-slip flooring, but some doors needed to be adjusted to ensure they closed at a rate that would not put residents at risk of injury.

Improvements were required in relation to protection against infection. There was a suite of organisational policies on infection control that included precautions to be taken in relation to food preparation, laundry, managing MRSA and responding to body spills. There was a guide on the prevention of legionella bacteria forming in the centre, but flushing of wash areas was not carried out. The community service manager confirmed that there was no pest control or clinical waste contracts in place. Inspectors found that the centre was clean and counter surfaces were of a good standard. There was an adequate number of bathrooms and washing facilities. However, some paper hand towel dispensers in bathrooms were not within easy access of all potential residents. Although there was soap available in bathrooms there was no alcohol gel distributed throughout the centre to facilitate hand hygiene practices, and there was no signage in relation to hand-washing. Inspectors found that bins placed around the centre were not foot-operated pedal bins. There was no fridge available for staff food.

There was an emergency planning policy for the centre but this was not centre-specific. The centre took precautions against fire but they required improvement. Inspectors found that the centre had fire fighting equipment and a check of this equipment showed that it was last serviced in May 2014. There was signage in relation to fire procedures but this needed to be displayed more prominently. There were procedures in place in the event of an evacuation and although there was an identified place of safety outside of the centre, this was not indicated in all signage inside the premises. There was no contingency plan developed by the centre. Centre records showed that fire drills and evacuations were to be carried out four to six times a year. Records indicated that the last planned evacuation of the centre was in May 2014. Daily checks of fire equipment/emergency lighting should have been carried out but records of these checks reviewed by inspectors were not up to date. The centre had completed a fire risk assessment. Inspectors requested fire retardant certificates for bed clothes and furnishing from the community service manager but these were not available at the time of the inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to safeguard children and protect them from abuse, but clarity was required in relation to reporting child protection concerns.

The centre had a policy on child protection. This was reviewed by inspectors and found to be in accordance with Children First (2011), and it was cross-referenced with other relevant policies that promoted children's safety. Staff interviewed were aware of this policy and demonstrated a good knowledge of what constituted abuse. Centre records showed that training on child protection was being provided to staff as part of their induction to working in the centre. Records provided to inspectors showed that there was a system in place to record and report incidents of children going missing from the centre and staff interviewed were aware of this. The centre had risk assessment templates to be completed in order to manage risks to children. Access to the centre was managed safely. There was a closed circuit television (CCTV) system in place and a policy on its use that was in line with relevant legislation. The centre was only accessible with a key code and all visits were recorded in a visitor's book. There was a procedure to follow when person(s) accessed the building for maintenance purposes and this referred also to security staff that may be contracted by the service.

There was a process in place for recording and reporting child protection and welfare concerns but this was not clear to all staff. There were two managers identified as designated liaison persons (DLP) as per Children First (2011). The regional manager said he/she was identified as DLP for the centre and another senior manager was DLP for the service nationally. All child protection concerns in the centre were to be reported to the regional manager so they could be assessed to determine if they required reporting to the Child and Family Agency (CFA). The regional manager told inspectors that his/her role was to report all child protection concerns to the national DLP who would then report on to the CFA, if required. The director of health and social care told inspectors that this was not the case and was not in line with centre policies or procedures. Inspectors found that some staff interviewed were also unclear about the reporting procedures and this required clarity. Inspectors were provided with policies and procedures in relation to allegations about a staff member and these were found to be adequate. Managers and staff interviewed were clear about these policies and procedures.

There was a procedure in place to hold children's money safely during their stay. The

director of health and social care and the community service manager told inspectors that any money brought into the centre by children would be held in individual cash boxes. Receipts were to be kept for parents to see when money was spent for example on activities, and when parents could not afford to contribute to activity costs, the centre had a petty cash system that would cover these costs.

The centre had a policy on managing behaviour that were found to be adequate. Records showed that staff were trained in a model of behaviour management. Staff interviewed said they were confident in the use of this model. Centre managers told inspectors that a support system was in place for children and staff from a behaviour support therapist. Comprehensive behaviour support plan templates were developed for use in the centre. The community service manager, team leaders and the director of health and social care said that each child would be assessed prior to admission to determine their levels of behaviour and inspectors found that there was an assessment template in place for this.

There was a policy on restrictive practices that was not centre specific, but it was adequate. Staff interviewed were unclear as to what constituted a restrictive practice. For example, inspectors did not find evidence that locked external doors had been sufficiently considered as a restrictive measure in an open centre. The centre's external doors were protected by an electronic key pad. This meant that children could not enter or exit the premises without the assistance of a staff member. The community service manager told inspectors that this system was installed when the centre was built and without service input. She said that it was not the intention to provide children with key codes for external doors to allow them enter and exit freely. Inspectors were not provided with sufficient evidence to demonstrate the balance between protecting children's safety and their right to free movement had been considered sufficiently. Training for staff on the use of restrictive practices was scheduled for August 2014.

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):

This was the centre's first inspection by the Authority.

Findings:

There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. The centre had adequate policies and procedures in place for recording and reporting incidents that may occur in the centre. Inspectors reviewed

recording and notification systems in place. They were found to include notification to the Chief Inspector under the regulations. Managers interviewed demonstrated a good knowledge of their responsibilities in relation to recording and reporting such incidents.

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The centre promoted the rights of children to be supported to receive an adequate education and/or training and experience everyday life in a manner similar to their peers. The centre had policies and proposed practices promoted the general welfare of future residents. Inspectors were provided with a policy on supporting children to achieve educational goals. The community service manager and team leaders told inspectors that if children accessed the service on weekdays, the centre would ensure their attendance at any educational or training programmes they were already engaged with. The centre's assessment templates showed that additional welfare and or educational needs of children would be assessed by the centre on admission.

The centre's statement of purpose and function clearly stated that one objective of the service was to provide opportunities for children to try new things and to promote socialisation and utilise community settings for this purpose. Staff told inspectors that significant preparation was underway to support children to gain new experiences in their everyday lives and to expand their integration into the local community. This was evident in records provided to inspectors on this preparatory work.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had systems in place to identify and plan for children's healthcare needs.

The community service manager told inspectors that the children referred to the service would be children known to the HSE. It was envisaged that their healthcare needs would be assessed prior to admission. The centre had processes in place to carry out their own assessment and record the healthcare needs of children who may access the service. Inspectors were provided with a copy of the centre's needs assessment. This included an assessment of the child's healthcare needs such as medical conditions that required medical treatment. Needs identified by both the HSE and the centre would inform the support plan for each child to ensure children would enjoy the best possible health on an individual basis. The community service manager and team leaders told inspectors that children could attend their own general practitioner (GP) while they accessed the service and there was also a GP identified to deal with any healthcare needs or emergencies that may arise when children could or did not want to attend their own GP. The service was in the process of recruiting a paediatric nurse at the time of the inspection.

The nutritional needs of children were considered in their support plan and any assistance they required to eat meals was to be planned for. The centre had a policy on assisting eating and drinking. This was in draft form. Team leaders told inspectors that children would be consulted about their preferred foods when menu plans were being developed. Inspectors asked for an example of a weekly menu plan for future residents, but this had not been drafted by the centre staff. This will be followed up on as part of the next inspection.

The social development of future residents was considered by the centre and planned for. Inspectors were provided with a copy of an activity folder that proposed activities and provided opportunities for personal and social development.

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems and processes in place to manage medication.

There was a suite of comprehensive policies and procedures on medication management but these were not centre-specific. Inspectors reviewed an organisational policy on the management of medication and centre-specific procedures for prescribing, administering, recording and safe storage of medication. These were found to meet the regulations. However, inspectors found on a walk around the centre that there was no suitable, locked storage facility for controlled drugs and no fridge to store medication. There was a suite of recording sheets to be used by staff on administering medication and prescribed medication. Inspectors reviewed these and found that they required minor revision to ensure they contained key information, such as the name of the prescribing doctor and reason for refusal to take prescribed medication.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had a written statement of purpose and function that did not meet the requirements under the regulations.

Inspectors reviewed the centre's statement of purpose and function. It contained some of the requirements under the regulations such as a description of the facilities it provided, the aims and objectives of the service and the ethos of the centre.

The statement outlined that the centre could provide respite care for up to four children with a disability at any one time, who were aged between zero - 18 years of age. Inspectors found that the statement of purpose was too broad in relation to the range of children the centre intended to cater for. Inspectors were not provided with evidence to support the intention of the centre to cater for such a wide-ranging group of children in terms of their age, and diverse and potentially complex needs. The director of health and social care services who was the provider nominee acknowledged that the

statement of purpose required amendment. She said that the process to do so had begun.

There was a floor plan of the centre and an organisational chart that outlined the management structure in the statement of purpose and function, but they were unreadable.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a system in place to manage the service and this included quality assurance of practice and monitoring of the effectiveness of the service.

The centre was managed by a community service manager who was the designated person in charge. The community service manager reported to a regional manager who reported to a director of health and social services. The head of health and social care was the provider nominee. The management structure was clear and managers interviewed were clear about their individual roles and responsibilities within this structure.

The community service manager was suitably qualified to run the centre. She had managed other services for adults with a disability and was currently also managing one of the organisations adult day services, but had no previous experience of managing a children's service. She told inspectors that she had not engaged in any performance development other than training provided by the organisation in over 10 years. This was brought to the attention of the provider nominee to ensure the community service manager was supported to carry out their duties as the person in charge in a competent manner.

Inspectors found that there were some infrastructures in place to support and facilitate the management of the centre. The community service manager told inspectors that

there were clear lines of accountability in place and systems to monitor the performance of the centre as a whole and individual staff practice to ensure it was managed in a safe and effective way. There were reporting systems in place to external managers on key performance indicators that included admissions and bed-nights, health and safety audits and implementation of support plans for children. There was a system in place to supervise staff and manage individual staff performance. The community service manager told inspectors that her role was to ensure policy and procedures were fully implemented and that she was directly held to account by the systems in place. She said this would be achieved through supervision, implementation of the staff code of conduct, regular staff meetings and checks of daily reports written by staff. However, it was unclear how outcomes to children would be monitored and improvements implemented as required.

The director of health and social care confirmed to inspectors that key performance indicators were reported to her and said that there was a director of policy and compliance and a quality and standards manager that would ensure practice was guided appropriately. There was also a regional manager who had duties and responsibilities to ensure the centre performed as expected and who line managed the community service manager. Collectively, these managers had a monitoring function of all services within the organisation generally. The director of health and social care was clear that the day to day running of the centre was the responsibility of the community service manager. The director of health and social care told inspectors that the service level agreement with the HSE was not completed and this would provide reporting systems on key performance indicators to the HSE.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There were arrangements in place to cover for the centre manager, who was the person in charge, in times of proposed absence from the designated centre. Centre managers told inspectors that the regional manager was to cover for the centre manager in times of absence. There was a process in place to provide a written handover between managers to prepare for such absences.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The resources required by the centre were undetermined at the time of the inspection as the service was re-considering the children to whom the service will be provided.

Inspectors found that the centre intended to provide a service to children of all ages with an undetermined level of need. This was clearly outlined in the centre's statement of purpose and function. Inspectors reviewed staffing levels and experience and interviewed managers on how the needs of such a diverse range of children, irrespective of their complexity and age, could be met within current resources. The community service manager told inspectors that in order to meet the needs of individual children, staffing levels may not increase, but the number of children admitted for a respite break may reduce. This may mean that the centre would cater for one child with complex needs for a respite break. The community service and regional managers told inspectors that additional resources may be provided through fundraising or by the Health Service Executive on a case by case basis, but inspectors were not provided with any written evidence to support this. Inspectors were not satisfied that sufficient evidence was provided to demonstrate the centre's capacity to do so. This was discussed with the community service manager, regional manager and director of health and social care who agreed that this required further consideration. The director of health and social care had already begun this process prior to meeting with inspectors.

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):

This was the centre's first inspection by the Authority.

Findings:

The number of staff required to deliver a safe and effective service was undetermined by the centre.

The statement of purpose and function showed that the staff team consisted of a community service manager, two team leaders and 4.3 whole time care worker posts filled by six care workers. The community service manager told inspectors that current staffing levels may not reflect what was required when children were admitted to the centre. She said that additional staffing would be made available by the organisation through a relief panel it maintained, or could be negotiated with the HSE on a needs basis. However, the service did not demonstrate fully how the proposed staffing arrangements including numbers and skill mix would have the capacity to meet all assessed needs of future residents, based on the current statement of purpose and function.

There was a staff roster in place but this was in relation to the induction period. It did not demonstrate how the centre would be staffed on a 24 hour basis. The centre manager told inspectors that there would be waking and sleepover staff once the centre was open and operating.

The centre had an adequate training plan in place. The director of health and social care told inspectors that there was a training budget for the service. The centre manager said that core training such as manual handling and child protection was identified at an organisational level and provided to the staff team. This was evident in the induction training records provided to inspectors. Additional training would be identified on a needs basis when the centre was open.

There was a policy on staff supervision and staff development and performance management. This would be carried out on an individual basis and team performance would be monitored through staff meetings.

There was a safe recruitment policy and procedure in place. Inspectors reviewed staff files and found that the required checks were made and vetting was appropriate. Staff files were found to be in accordance with Schedule 2 of the regulations. There was a policy on use of volunteers for the organisation.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had recording systems and templates in place regarding children who may be admitted in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 of the regulations. The centre was not open to admissions at the time of the inspection and therefore, no completed records on children were maintained by the centre at that time.

Inspectors found that the centre had a comprehensive suite of operational policies in place that were not all centre specific and did not guide practice to a satisfactory standard. Some policies were in draft. The director of health and social care told inspectors that the organisation acknowledged the need to make some policies centre-specific and said that there was a director of policy and compliance in the organisation to whom proposed changes could be submitted. She also said that although policies were generic, centre managers had the capacity to develop, in partnership with the director of policy and compliance, local procedures to implement organisational policies effectively and in a way that had local meaning to practice.

Inspectors found that the centre kept other records in accordance with Schedule 4 of the regulations. As the centre had yet to open for admissions, completed records relating for example to admissions, were not available for review by inspectors, but satisfactory recording mechanisms and systems were in place for these.

Inspectors were provided with a copy of the centre's insurance policy and found that it was adequately insured against injury to residents. However, there was no evidence to demonstrate that resident's belongings were insured.

Judgment:

Non Compliant - Minor

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Bronagh Gibson
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0003717
Date of Inspection:	03 July 2014
Date of response:	31 July 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.

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 complaints procedure was not displayed in a prominent area.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

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

A new child friendly poster has been developed and is in a prominent position in the service. All children and families will be made aware of the procedure on how to make a complaint as staff will support the child to understand the process and a copy of the complaints procedure will be attached to the service guide that will be given to each family on admission.

Proposed Timescale: 18/07/2014

Theme: Individualised Supports and Care

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

There was no coherent plan on how community based advocacy services would be made available to residents.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

Details of an independent advocacy service provided by Inclusion Ireland is now displayed in a prominent place in the service. Details of this service are also included in the Service Guide provided to families.

The Rehab Group also provide an advocacy service for people who use RehabCare services and the contact details for the advocates are included in the service guide.

Proposed Timescale: 18/07/2014

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

Theme: Individualised Supports and Care

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

The centre had no designated area to facilitate visits being held in private.

Action Required:

Under Regulation 11 (3) (b) you are required to: Provide a suitable private area, which is not the resident's room, to a resident in which to receive visitors, if required.

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

A designated visiting area has been developed in the service and details of this are included in the Statement of Purpose and Function and also in the Service Guide for families.

Proposed Timescale: 18/07/2014

Theme: Individualised Supports and Care

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

Centre policy stated that all visits had to be pre-arranged.

Action Required:

Under Regulation 11 (1) you are required to: Facilitate each resident to receive visitors in accordance with the resident's wishes.

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

RehabCare has recognised the need to change this policy and advise that visits do not have to be pre arranged, but will be facilitated in line with each child and his/her families wishes. RehabCare has amended the visitors' policy. The Statement of Purpose and the Service Guide for families has been amended to reflect this change in policy. As this is a children's respite service and staff will have intermittent contact with families/extended family, families will be asked to advise in advance of likely visitors and the names of these will be kept on each child's file. Parental consent will be required for visitors to be included on a list of approved visitors, who will not have to arrange visits in advance. Staff will contact the parent/guardian of the child if a person seeking to visit is not included on this list. Identification will also be sought from visitors.

Proposed Timescale: 21/07/2014

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There were no written contracts for the provision of services to residents.

Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A service agreement is now in place to be signed by all children and their parent/guardian.

Proposed Timescale: 24/07/2014

Theme: Effective Services

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

Criteria for admission to the centre were not adequate and required amendments following revisions to the centre's statement of purpose and function.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The statement of purpose has been amended to include clear and transparent admission criteria. The HSE has a central respite referral process with criteria for prioritisation and approval for respite. In line with this process the HSE Respite Referral Team determines who is eligible to attend the service and notifies the service if an application is approved. Once the referral is received from the HSE Respite Referral Team the service will conduct a needs assessment of the child, to determine his / her needs. Once the needs assessment is completed by the service the child or young person will be matched with others of similar need and the service will ensure that resources and skill mix of staff are appropriate to meeting the needs of each individual. Additional medical support will be available to support children or with complex needs. This is now reflected in the Statement of Purpose and Function.

Proposed Timescale: 24/07/2014

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:

The centre's health and safety statement was not centre specific.

The centre's health and safety assessment did not include risks such as ligature points and closing mechanisms on doors.

There was no local risk register.

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:

1. Work has commenced on making the safety statement more centre specific.
2. Risk assessments are now in place for closing doors and ligature points.
3. A local risk register is being developed specifically for the service.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include the identification of risks.

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:

RehabCare is reviewing its risk management policy and the revised policy will include hazard identification and assessment of risks throughout the service.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include measures and actions in place to control risks identified.

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:

RehabCare is reviewing its risk management policy and the revised policy will include measures to control the risks identified. Risks will be registered on the centre based risk assessment with measures and actions identified to mitigate the risks. The risk register will be reviewed at team meetings to review risk levels and ensure actions are implemented.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include measures and actions in place to control the unexplained absence of a resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

A missing person's policy is in place in RehabCare which covers unexplained absence. RehabCare is also reviewing its risk management policy and the revised policy will include measures to control the unexplained absence of a resident.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include measures and actions in place to control accidental injury to residents, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

RehabCare is reviewing its risk management policy and the revised policy will include measures and actions to control accidental injury to residents, visitors and staff

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

RehabCare has a separate policy on Behaviours That Challenge which provides guidance on how we support people who present with aggressive or violent behaviour. All staff are trained in CPI – Non Violent Crisis Intervention. The policy will be incorporated into the suite of policies under Risk Management.

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

The risk management policy did not include measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

RehabCare has a separate policy on Behaviours That Challenge which provides guidance on how we support people who may present with self injurious behaviour. The policy will be incorporated into the suite of policies under Risk Management.

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

The risk management policy did not include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

RehabCare is reviewing its risk management policy and the revised policy will include arrangements for the identification, recording and investigation of serious incidents or adverse events involving residents.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The risk management policy did not include 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.

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:

RehabCare has a Positive Risk Taking Policy which provides guidance and encourages staff and people who use our services to use positive risk management tools in making decisions within the service's individual planning process.

The policy will be incorporated into the suite of policies under Risk Management. This policy will be reviewed with all staff.

Proposed Timescale: 30/08/2014

Theme: Effective Services

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

Adequate precautions against infection control were not in place including for example hand washing signage, suitably placed access to alcohol gel, appropriate waste disposal equipment, flushing of unused wash areas to prevent legionella bacteria forming, contracts were not in place for pest control or clinical waste, no pedal operated bin or fridge for staff food.

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:

Adequate precautions against infectious control are now in place.

1. Hand washing signage is now visible through out the service.
2. Additional hand sanitizers are now in place, the number of units has increased from 2 to 6 dispensers and signage is in place for these.
3. A contract for clinical waste disposal and pest control is now in place with a local contractor.
4. Pedal foot bins are now in place throughout the service.
5. A recording system for the flushing of wash areas to prevent legionella bacteria forming is also in place.
6. A fridge for staff food is in place.

RehabCare's infection prevention and control policy has been reviewed by staff in the service.

Proposed Timescale: 24/07/2014

Theme: Effective Services

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

Fire retardant certificates were not available for all soft furnishings.

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:

Fire retardant certification is now in place for blinds, bedding and soft furniture

Proposed Timescale: 24/07/2014

Theme: Effective Services

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

The emergency planning procedure was not site-specific and did not identify the arrangements in place should the residents need to be evacuated from the centre.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A new child-friendly emergency planning procedure is now in place and is displayed in a prominent position. The evacuation procedure will be explained to each child on admission. Regular fire drills will be incorporated into the service.

Proposed Timescale: 21/07/2014

Theme: Effective Services

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

The centre did not have completed signage clearly displayed throughout the premises.

Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the

designated centre.

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

Fire signage is now complete and additional signage is in place outlining the location of fire extinguishers and break glass.

Proposed Timescale: 21/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Centre staff required guidance on the use of restrictive practices and their potential impact on future residents.

Action Required:

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

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

All staff have confirmed that they have read and understand the Restrictive Practice Policy that is in place. Also the new HIQA guidelines on Restrictive Practice have been read and understood. Restrictive Practice training for all staff is planned for 2nd Sept 2014.

Proposed Timescale: 02/07/2014

Theme: Safe Services

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

There was a lack of clarity in relation to reporting child protection concerns to the Child and Family Agency.

Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

This will be signed off by all staff and displayed in a prominent area of the service. RehabCare has a Child Protection Policy which has been developed in line with Children First and outlines the reporting requirements there has been an incident, allegation or

suspicion of abuse or neglect in relation to a child. All staff are receiving training on this policy and procedures as part of their induction and this will be complete by 05/08/14. An easy to read flow chart on the reporting procedure for child protection issues and concerns is being developed for the service.

Proposed Timescale: 20/09/2014

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 policy on medication management was not centre specific.
There was no fridge to store medication that required refrigeration.

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:

1. The Administration of Medication policy will be amended to ensure it is centre specific.
2. A locked fridge is now in place to store medication.

Proposed Timescale: 20/09/2014

Theme: Health and Development

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

There was no safe locked area to store controlled drugs

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

A locked cabinet within a locked press is now in place in the service to store controlled drugs.

Proposed Timescale: 21/07/2014

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 centre statement of purpose and function was not specific and staffing arrangements were not in place to support its broad nature. Parts of the statement of purpose, for example the floor plans and organisational chart were difficult to read

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The Statement of Purpose has been amended and specifically outlines the age group the service will support (6-18), the disability range and staffing skill level.
2. Greater detail has been added to the Statement of Purpose to specify the range of disability the service can support and skill mix of staff in place to support the children.
3. The Statement of Purpose has been amended to clearly outline the number of rooms and the sizes of same
4. The organisational chart has been amended to ensure management structure is clearly outlined

Proposed Timescale: 24/07/2014

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:

The community service manager, proposed as the person in charge, had limited experience of running a children's residential centre and had not sufficiently engaged in ongoing continuous professional development to ensure children received appropriate evidence based care.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

A profile of the education and training to date of the PIC has been completed. RehabCare has devised a personal development plan with the PIC to outline future planned training and education including CPD to address any additional requirements for the PIC to provide appropriate evidence-based care to children. A programme of mentoring and access to peer colleagues whose primary experience is in the provision of child-focussed service will augment the PICs considerable experience in the provision of health and social care services to people with disabilities.

Proposed Timescale: 24/07/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

The centre did not adequately demonstrate it was or would be sufficiently resourced to meet the needs of the population of children it intended to cater for as per its statement of purpose and was reliant on fund raising and the HSE for additional specific equipment requirements.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The Maria Goretti Foundation oversees the building and fit-out requirements of this children's respite service. The Maria Goretti Foundation is committed to funding the future development of the service and also to meeting the specific equipment needs of referrals, when required. RehabCare can make an application for funding when the need arises. As the service develops and the specific needs of the children who avail of the service are identified the service, it will build up a bank of appliances, communication aids and therapeutic toys and games.

Proposed Timescale: 21/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The centre did not demonstrate it had a staff team that was sufficient in numbers or had the required skills and competence to meet the wide range of needs of children the

centre intended to cater for.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Statement of Purpose and Function has been amended to clearly outline the phased basis of the development of the service. The SoPF now outlines the different phases of the service as per the SLA and also the staff numbers and skill mix and how this matches the assessed need of the residents.

Proposed Timescale: 24/07/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all policies were centre specific and did not guide practice fully. Some were in draft format.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

RehabCare has commenced reviewing all policies and where necessary will develop centre specific procedures which will guide practice.

Proposed Timescale: 30/10/2014

Theme: Use of Information

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

It was unclear from the submitted insurance policy that residents' belongings were included in the policy.

Action Required:

Under Regulation 22 (2) you are required to: Insure against other risks in the designated centre, including loss or damage to property and where such insurance is effected advise the residents accordingly.

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

RehabCare can confirm that residents belonging are included in the insurance cover provided. This information is included in the statement of purpose and will be communicated to families in the Service Guide.

Proposed Timescale: 30/07/2014