

**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-0002649
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Laura Keane
Lead inspector:	Carol Maricle
Support inspector(s):	Patricia Sheehan
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 February 2015 14:00	05 February 2015 18:30
06 February 2015 08:40	06 February 2015 16:30

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 centre was a designated centre for children with disabilities. The statement of purpose identified that the objective of the centre was to provide a holistic service, supporting both children and their families, in a home from home environment. The maximum number of children that the centre could cater for was four children of both male and female gender aged between six and eighteen years of age. The centre catered for children with a diagnosis that placed them on the autism spectrum.

All three children were described by the person in charge as having a high dependency level. The age range of the children was from fifteen years of age to

eighteen years of age, one attended an adult day centre for education purposes, the remaining two children attended local specialist schools.

The centre was a spacious detached bungalow with a large rear garden and a purpose built playground located within the grounds of a larger campus that included a specialist school, a children's respite centre and centre for adults with disabilities.

This registration inspection was announced and took place over two days. In general, the inspector found that the children were safe and received an individualised service. The service was led by a committed person in charge who was experienced in working for the organisation, had the relevant qualifications and was very knowledgeable about the standards and regulations.

As part of the inspection, the inspector met three children who lived at the centre and spoke with the team leader, three social care workers, the person in charge and the regional manager who was involved in the day-to-day management of the centre. The regional manager attended the feedback session at the end of the inspection.

On the day of the inspection, there were four social care workers on duty, a team leader and the person in charge. The inspector observed practices and read documentation such as a sample of children's care files, personnel files, the centre statement of purpose and function and policies and procedures.

Overall, evidence of good practice was found across all outcomes. A number of improvements were required in the following areas; the assessment process, suitability of premises, fire safety, safeguarding, reviewing systems and notifications regarding the absence of the person in charge.

The Action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The privacy and dignity of children was respected however some improvements were needed in the facilities provided to children to uphold their privacy. Improvements were needed to ensure that children were consulted with and participated in decisions about their care and the organisation of the centre. There was a clear system and procedure in place for complaints. Children were offered choice and control over their life in as much as was possible. Personal belongings were kept safe.

The organisation provided an internal advocacy service for all service users and information on how to access this service was contained in the centre statement of purpose. There were posters displayed in the centre on service users' charter of rights and responsibilities. A poster entitled 'the rights of every child' in this organisation was displayed on the staff notice board. The process for children to acquire an advocate when they lacked the ability to verbalise this to others was not clear.

A complaints process was in place at the centre. There was a clear system in place for the receipt and processing of formal complaints and the procedure was also described in the statement of purpose. No formal complaints had been received by the organisation in the previous 12 months to the inspection. During interview parents and those with responsibilities to children living at the centre had a good knowledge of the complaints system. They were aware of who to contact in the event that they had a complaint and knew their rights in this area.

The dignity and privacy of children was respected by staff but some improvements were necessary. The organisation had a policy in place regarding personal care but there were no intimate care plans developed for the children. Notwithstanding this, staff were

aware of good practice regarding intimate care in general and gave examples of how they promoted the safe care of children when attending to their intimate needs. The parents were positive overall in their feedback to inspectors about their child's privacy and dignity. Staff were observed being respectful of children and some spoke highly of their affection for the children and their aspirations for each child in terms of their adulthood. Children were able to have private contact with friends, family and significant others as the centre had the space to accommodate this. Children had their own bedrooms and were able to be alone when they wished. Children also had access to an external purpose built playground at the rear of the property and could play here by themselves or with others. There were no shower curtains in one of the shared bathrooms, this meant that a child's privacy may be compromised.

Consultation with children required improvement. Although the likes, dislikes, wishes and preferences of children was ascertained through the personal planning process, there was no formal system in place for staff to consult with children about the planning and running of the centre.

This centre had external CCTV in place and this was described by the person in charge as a form of security used for the purpose of the entire campus that the service was based within. The use of the CCTV was supported by a procedure in the organisation data policy. Staff used infant monitors during the night-time shifts to help them to hear when a child left their bedroom when they were based in the staff office. The use of such a monitor was not referenced in the organisational data protection policy.

The centre was managed in a way that supported a child's capacity to exercise personal independence and choice in their daily lives in as much as was possible. The abilities and disabilities of the children varied from child to child. This meant that each child required a personal assessment of their abilities which in turn guided staff on how much the child could exercise personal independence and choice. The personal support plans and individualised risk assessments guided the staff in this regard. Routines and practices of the centre revolved around the child, rather than the routines of the centre. One guardian was very satisfied in this regard and described to an inspector how staff at the centre had promoted choice for their child to whom they had responsibilities for.

There were systems in place for the management of the children's finances and these were found to be satisfactory. The property of children was kept safe whilst they lived at the centre. Inspectors spoke to parents/guardians who told them that they were satisfied with how their child's property was looked after at the centre. There was sufficient space in the bedrooms for the property of children, such as clothes and toys. Financial records were reviewed by an inspector and monthly records of monies in and out were accounted for with the appropriate signatures by staff. Receipts were kept of purchases made.

Children had opportunities to participate in activities that were purposeful to them and suited their needs, interests and capacities. Parents reported satisfaction in this area. One of the children attended a local university each week to take part in games and exercise programmes delivered by university students. Staff reported that the child enjoyed these activities. There were appropriate opportunities for play for children. There were a range of toys available for children to play with. There was a purpose built

playground at the rear of the property. A child was observed playing outside in this playground during the inspection.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Children were assisted and supported to communicate.

The communication needs of the children were met. Children were communicated with well by staff at the centre. A set of guidelines on communication was in place at the centre, dated 2012. Each child had their communication needs assessed upon admission and at their reviews. There was a range of communication methods used by staff, including picture exchange systems. Pictures regarding food choices were displayed in the dining area. As part of the child's support plan their communication needs were addressed and the ways in which staff could support them in this area. Staff attended multi-disciplinary meetings at schools during which communication was discussed by staff. Parents expressed satisfaction in this area. During interviews with staff, some confirmed their attendance in training in this area. One member of staff had attended specialised training in sign language, a second confirmed attendance at a two day training on picture exchange systems.

A communication passport used by one of the children was viewed by inspectors and this was highly individualised to this child. A communication passport was being developed for a second child. A third child was reported by staff as to use a touch screen tablet for communication purposes. The centre was at the time without internet access for children but there were plans in place to introduce this to the centre in 2015 along with touch screen tablets for all children to use and these plans were viewed by an inspector.

The centre was located inside a wider campus that consisted of a local specialist school and two designated centres, one adult and one children's respite centre. This campus was situated just outside of a local village. The extent to which the centre was part of the local community was not obvious to inspectors although parents of children attending the school came in and out of the campus on week days.

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):
No actions were required from the previous inspection.

Findings:
Children were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to get involved in the lives of their children.

Positive relationships between children and their family members were supported. An organisational policy was in place regarding visitors to the service. There was a high level of satisfaction from parents and those with responsibilities towards children at this centre regarding how they were involved in this service. During interview, parents told inspectors that there were no restrictions on visits, that they were kept up-to-date about their child's their well-being and attended regular review meetings.

Involvement with the community was promoted by the centre and there was some evidence that children were involved in their local community such as going to the local shops and services. Some of the children engaged in group activities in the wider community such as attending physical education classes at a nearby University and visited parks, playgrounds and child-friendly amenities. The involvement of the children in their immediate locality was hampered somewhat by the situation of the centre and how it was located within a campus and not a residential area which limited the ability of members of the community to interact with the children and their home.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

Admissions were in line with the centre statement of purpose. Children had a service agreement/contract of care that their parents signed on their behalf but improvements were needed to ensure that the contract met the requirements of the regulations.

There were policies and procedures in place for admissions and discharges of children to and from this service but these policies were organisational documents and not centre-specific. Reference to admissions to this service was set out in an organisational policy but were not specific to the centre.

Contracts of care/service agreements were in place at the centre and these were child-centred in terms of their layout and format but required improvements. Inspectors viewed a sample of childrens' files at the centre and these contained a 'service agreement/contract of care' which was signed by the parent of the child. One such contract was not yet signed by the person in charge. This contract was child-centered in its format and set out the service to be provided. There was no reference to fees in the contract which was not in line with the regulations. There was reference to children paying for the costs associated with activities and being responsible for purchasing their own personal products but the procedure for same was not clear, for example, it was not clear how the child would in fact pay for these activities.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Systems were in place at the centre to ensure that the welfare and well-being of

children who lived at the centre was promoted by an assessment of their needs. Personal care plans were in place for all children and drawn up in consultation with family members. There were systems in place to support transitions of children between childhood and adulthood. Improvements were required to ensure that the personal care plans contained reference to the child's education, their healthcare upon assessment and thereafter and transitions to adulthood.

All children had a personal support plan in place and the format was child-centred. This plan was compiled at time of admission and regularly reviewed. Inspectors reviewed a sample of these personal plans. The support plans in place for children set out their needs in a range of areas such as their health and well-being, their personal supports, mental health and communication needs. Although reference was made to education, behaviour and health, the plans did not set out the child's educational needs or attainment targets or contain plans for staff on how to manage the needs of children when they were engaging in behaviour that challenges. A formal healthcare assessment of the child, undertaken by a healthcare professional was not done yearly although the children were brought regularly to their general practitioner when unwell.

Personal plans were kept under review. Parents and those with responsibilities for children living at the centre confirmed their involvement in the review of personal plans. Children received multi-disciplinary input from professionals attached to their specialist schools or the health service executive such as occupational therapists and psychologists. Reviews conducted at the centre were not attended by representatives from the multi-disciplinary team with whom the child may be attending but staff did attend multi-disciplinary reviews co-ordinated by the schools or other professionals. Copies of notes/minutes of these meetings were placed in the child's file. It was not always clear how the recommendations of these reports were incorporated into the relevant section of the personal support plan. The achievements of children against their assessed needs was not always set out in a child's personal support plan. It was difficult therefore at times to assess the level of which their needs remained outstanding in some areas and met in other areas.

There was evidence that staff attended meetings organised by the Child and Family Agency where appropriate, such as child in care review meetings. Copies of the most recent care plan and minutes of child in care review meetings were found on file for children in statutory care.

Children transitioning to adult services were supported in this regard. There was evidence that systems were in place to support children regarding their transition to adulthood and adult services but the recording of this planned support was not always contained in a child's personal support plan, and was kept elsewhere, for example on minutes of meetings or separate action plans pertaining to the child. This meant that the child's personal plan on occasion failed to evidence the positive work that was being done with the child or on behalf of the child by staff at the centre. Parents and those with responsibilities to children living at the centre were however very satisfied with the way in which plans were being developed for their children who were reaching sixteen years of age or had already reached their sixteenth year. The arrangements for the development of life skills in this regard were not set out in the child's personal plan and formed into goals and outcomes that could be measured over time. For children who

were transitioning between services, minutes of discussions or meetings regarding this issue were kept in their file but again, their personal support plan was not up-dated to include reference to these events as they took place.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The design, layout and location of the centre was for the most part suitable for its stated purpose. It met the needs of individual and collective children but improvements were required.

The centre was homely upon entering and there was a colourful mural on display in the entrance hall. The layout of the centre inside and its ability to promote accessibility was appropriate. There was a large living room and a dining room that the children could rest or play in. The bedrooms were homely in their appearance and decorated to the child's taste. There was a sensory room in the centre that led to the rear garden. One of the main bathrooms was locked on the day of the inspection and cleaning equipment was stored in this bathroom. Should a fourth child be admitted to the centre then this room may need to be unlocked with the cleaning equipment removed. The centre had adequate communal space and was clean. Children were able to access most areas of the centre, except the kitchen which is further discussed in outcome eight. Bedrooms were of adequate size and contained the required furnishings. Each child had their own bedroom. The premises had suitable lighting and heating.

The interior of the centre required decoration in some areas. There were enough furnishings and fixtures throughout the premises however some required further attention as they were worn. Some of the furnishing, for example, the sofas in the sensory room were in poor condition. There were sufficient toilet and hand-washing facilities however the condition of one of the bathrooms was very poor and a second bathroom required attention in some areas. This had also been noted at the monitoring inspection. The person in charge told the inspector that work was to commence shortly after the inspection on both bathrooms, evidence of which was forwarded to the Authority following the inspection.

Children had opportunities to play outside. There was a purpose built playground at the rear of the property which was large and could facilitate a number of children at a time. There were plans to develop land near the centre into a sensory garden that children at this centre would have access to. The completion date for this piece of work was described as June 2015. A portacabin was placed in the rear garden and this partially blocked the view of the playground from within the centre. The portacabin was not suitably placed in this regard and its purpose was not clear from the outset. The team leader explained to an inspector that this had been utilised for educational purposes of a child and would be moved shortly to the adult residential centre that the child was being transitioned to at the time of the inspection. The team leader agreed that the positioning of the portacabin was not suitable long-term and detracted from the homely appearance of the centre.

A wire mesh surrounded the entire property and was described as a supportive feature in keeping children safe but overall the look was institutional in appearance. However, the person in charge told the inspectors that the parents valued this mesh as a form of security for the children.

During this inspection, the inspector was told that the children living at the centre did not require assistive equipment that required maintenance.

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):

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

Findings:

The health and safety of children, visitors and staff was protected and promoted by the centre but significant improvements were needed in the area of fire safety.

Health and Safety policies and procedures for risk management and emergency planning were in place at the centre. There was an organisation health and safety statement and this was complimented by a centre specific health and safety statement. These policies were accompanied by a set of procedures that outlined checks to be done by staff in the centre and the required record keeping in this regard. The person in charge maintained adequate documentation in health and safety matters. A designated staff member completed monthly hazard checklists. A centre risk register was in place and this

included information on hazards that were categorised as physical, chemical, biological or human factors. Measures were in place to control the risk of self harm, aggression and violence, accidental injury and unexpected absences. An emergency plan was in place. Incidents, accidents and near misses were regularly reported and information recorded on forms which were then viewed by the person in charge. Copies of incidents were kept in the centre and carbon copies forwarded on to the health and safety manager and the regional manager. A summary of all incidents was compiled by the health and safety office and then re-issued to the person in charge on a regular basis. It was not always clear the learning that had taken place following her review of this document, although she told inspectors that each incident was reviewed by her and learnings put in place immediately following each incident. An inspector reviewed a sample of records of incidents and each incident was appropriately categorised, documented and an action recorded following each incident that outlined what happened next. A health and safety audit had been completed in November 2014 by the regional manager and this was specific to the centre and covered a wide range of areas. The completion of proposed actions or recommendations was not clear although the timeline for completion was set out. During interview, staff confirmed their attendance at training in manual handling, first aid and fire safety in 2013 and 2014.

The centre vehicle was viewed by an inspector and this had the required documentation in relation to car tax, NCT and insurance. There was appropriate breakdown equipment in the vehicle and the car was serviced in 2015.

There were appropriate measures in place regarding infection control and some improvements were necessary. Both day and night staff had responsibilities in this area and signed cleaning schedules when duties were completed. Cleaning equipment was stored safely and a colour coded mop system was in place. There was no formal training in this area completed by staff although a comprehensive organisational policy was in place to guide staff. Guidelines on hand-washing were not displayed in all bathrooms. The use of shared towels was not in line with the organisation policy.

Fire precautions were in place at the centre but some aspects of fire safety required immediate attention. A fire fact file was in place at the centre. This file contained organisational policies and procedures regarding fire management and guidance for staff on record keeping to ensure that the appropriate checks were done in each of the centres. Fire extinguishers were serviced appropriately in the twelve months prior to the inspection. Fire drills took place at the centre in 2014 and were recorded. There were daily, weekly and monthly checks of fire precautions conducted by staff at the centre. Staff had received training in fire safety in 2014. The fire alarm system had been recently serviced. Personal emergency egress plans were in place for all children but were not all specific enough to the individual children and some required signing. A number of fire doors were wedged back using door stops or furniture was used to keep the door open. One fire exit in the sensory room had curtains pulled across it, which meant that prompt egress through this fire door may have been hampered by the curtains. These issues were brought to the attention of the team leader on the first day of the inspection. The issues however were not attended to immediately. This issue was once again brought to the attention of the team leader during the second day of the inspection and both the person in charge and team leader attended to some of the issues immediately and contacted a maintenance officer regarding other issues that

required attention. Some of the fire doors did not have the required door closer that would allow the door to close in the event of a fire and some of the doors were catching on the floor. All of these issues were being attended to by the close of the inspection by the team leader, person in charge and a maintenance officer and evidence further confirming the resolve of these issues was forwarded to the Authority following the inspection.

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):

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

Findings:

Measures to protect children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional and behavioural support that promoted positive behaviour. A restraint free environment was promoted in the centre, although there were some environmental restrictions in place.

There was an organisational policy on, and procedures in place, for the prevention, detection and response to abuse dated 2013 which was specific to children and their receipt of services. The policy and procedures included reference to Children First (2011): Guidance for the Protection and Welfare of Children. A policy on the provision of intimate and person care to children was also in place, dated 2012. During interview, staff were aware of what to do in the event that they were concerned about a child or in the event that they had concerns regarding how a staff member treated a child. During the inspection, staff were observed treating the children with kindness and warmth. There had been no concerns that required reporting to the Child and Family Agency in the twelve months prior to the inspection. The majority of staff at the centre had completed training entitled 'an introduction to Children First (2011)' delivered internally by the provider in March 2014. A designated liaison person was identified by the organisation and this was the regional manager of the service. One child was in the care of the State at the time of the inspection and the inspector spoke with his/her social worker. Weekly reports were sent to her regarding the well-being of the child and specific references were made to the provision of intimate care in these reports. The

social worker was satisfied that she was informed regularly through these reports of the care of the child. During interviews with staff, they were very aware of the vulnerability of some of the children that lived at the centre and discussed ways that they promoted the children's safety, for example, allocating a female member of staff to assist with the intimate care of female service users. An inspector reviewed a sample of children's files at the centre and the files did not contain intimate care plans, though reference to intimate care was made throughout their support plan.

There was an organisational policy on behaviour that challenged in use at the centre, dated 2010. This was being updated during the inspection and a draft copy was forwarded to the Authority. Both policies referenced the need to support service users through a positive behavioural support model. An inspector reviewed a sample of training records of staff and these showed that the staff had participated in training in crisis intervention in 2014. Children receiving services from this centre had access to a multi-disciplinary team through their school or local health service executive services and a behavioural therapist was employed by the provider. At the time of the inspection, this post was vacant but provision had been made for temporary cover and this post-holder had visited the centre prior to the inspection and had reviewed the restrictive practices and guidelines for staff for some children with reference to managing their behaviours.

There was a separate organisational policy on the use of restrictive practices and this policy was dated 2010 therefore this required updating in line with the Regulations. Children were observed walking freely around the centre bar the kitchen, in and out of their own rooms and communal areas. The safeguarding and quality assurance of restrictive procedures was completed by the person in charge who maintained a restrictive practices file containing the details of any restrictive practices that took place at the centre and any applications for use of same. At the time of the inspection, there were a small number of restrictive practices used at the centre, one of which had implications for all the children. One of the children was prevented from entering the kitchen for his/her own safety reasons. However the effect that this then had on the other two children who lived at this centre had not been assessed or evaluated or recognised as a restriction on their liberty up until the recent visit by the temporary behavioural therapist. This restrictive practice was not sufficiently risk assessed in this regard by the person in charge and may have had a detrimental effect on the learning of everyday life-skills for the other children.

With regard to chemical restraint, an 'as needed' prn protocol was in place for one of the children living at the centre and this was recently reviewed in January 2015. There was no section on this protocol for the signature of the prescriber, child and/or parent/guardian and the person in charge/team leader to indicate that they all agreed with the procedure. The author of this document was not clear. This meant that the person in charge could not be assured that all restrictive practices at the centre were appropriately signed off and agreed by all parties including medical professionals.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

A record of all notifiable incidents occurring in the centre was maintained by the person in charge.

A record of all incidents that had occurred in the centre was maintained and where required notified to the Authority. The person in charge was knowledgeable of the requirement to notify the Authority of incidents where appropriate. Quarterly notifications were received by the Authority within the time-frames specified.

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):

No actions were required from the previous inspection.

Findings:

Children had opportunities for new experiences, social participation and education at the centre.

The educational achievement of children was valued at the centre however some improvements were required. All children were facilitated and supported in their attendance at school and or training centres each day. An organisational policy, dated 2014 was in place regarding a child's right to education. Family members and others with responsibilities for the children told the inspectors that they were satisfied with the level of their child's social participation and the facilitation of their education by staff. Staff attended meetings organised by the schools that the children attended. Each child

had a personal support plan and reference was made to aspects of education in their support plans and evidence of copies of school reports, there was insufficient reference to their educational attainment targets in their support plan.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health.

Children's healthcare needs were met through access to general practitioner (GP) services and appropriate treatment and therapies. There was information collected on the child's healthcare needs as part of their support plan and this was reviewed frequently. There was evidence that children received timely access to healthcare services and treatment. Children had access to health care services and specialists through the health service executive and any other multi-disciplinary professionals attached to their schools, for example, occupational therapists and speech and language therapists. Reports from multi-disciplinary professionals were sought by staff and kept on the child's file. Family members and those with responsibilities for children living at the centre told inspectors that they were satisfied that the centre was meeting the healthcare needs of the child and that they were kept informed of any healthcare needs that their children had. Staff kept written records of visits to the GP. A formal assessment of the health of the children, conducted by a healthcare professional was not carried out each year as required by the Regulations, although the children's healthcare needs were reviewed regularly and they were brought to their GP as required.

The provision of food was found to be satisfactory at the centre. Inspectors observed staff members cooking food and it appeared nutritious and appetising. Food choice boards were displayed and there were pictures of the choices available to the children at breakfast and snack times. It was less obvious the choice available for the evening meal although staff assured the inspectors that children had a choice in this regard. The children did not always sit to eat together at meal times, but this was in line with their likes and dislikes and abilities and preferences, for example, some children did not enjoy sitting with others and preferred their own company at meal time. During interview,

parents reported satisfaction in this area. Evidence of staff working with parents, dieticians and general practitioners regarding diet and nutrition was in place. A policy on the monitoring and documentation of nutritional intake was not sufficiently in place at the centre to use in the event that a child had needs in this area. Snacks were available to children during the day but their independent access to these snacks was limited due to the kitchen door being locked when one of the children was at home. This was addressed in outcome eight.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

Children were protected by the centre's policies and procedures for medication management.

Each child was protected by policies and procedures for the safe administration of medication. There were written organisational policies relating to the ordering, prescribing, storing and administration of medication to service users. There was also a local medication policy, dated 2014 that was in place and this was specific to this centre and the nature of their service. Medication was stored safely at the centre. The local medication management policy was updated during the inspection to include learning from a medication error made at the time of the inspection and this was appropriate and made it a live document. There was however no guide for staff on 'as needed' (prn) medication and given that some children used this type of medication this required reference in the local medication policy. There were no out-of-date or unused medication found at the centre. Staff administered medication provided that they had completed the in-house training in this area. Refresher training was provided every two years. An inspector reviewed a sample of training records and these records clearly outlined the training that staff had in this area.

The prescription of medicine and administration of medicine against what was prescribed was in accordance with the Regulations. Individual prescription records guided staff on a child's medication. These prescription records were updated every six months. An inspector viewed a sample of prescription and administration records. In relation to the prescription records, the child's name was recorded, photographs of children were attached to the record and dates of birth were recorded. The name, dose

and route of administration of medication were also noted. In relation to administration records, the signature of the staff was documented in these records and a signature sheet to compare the signature was available. There was adequate space to record comments on the withholding or refusing of medication.

There was no safe at the centre for the storage of controlled medicine, although the person in charge told an inspector that none of the children living at the centre were at the time of the inspection prescribed medication that was controlled. There was also no fridge available for the storage of medicine that requires refrigeration, for example antibiotics. The requirement for a centre to have a fridge was referenced in the organisation's own policies and procedures under storage.

There were systems in place that helped to account for medication safekeeping, for example, a count was performed of medication on-site each night. The team leader told an inspector during interview that he regularly checked the records of medicine that was administered versus what was prescribed. The quality assuring and or reviewing of medication processes however required improvement so that they were fully assured of medication management procedures.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a written statement of purpose that accurately described the service provided in the centre with some improvements needed. The services and facilities outlined in the statement of purpose and the manner in which care was provided reflected the needs of the children however improvements were required. The statement was kept under review.

The statement of purpose included most of the information required by Schedule 1 of the Health Act 2007. The statement set out the mission statement of the provider and aims and objectives. During interviews with staff, they were familiar with the statement and were aware of the service that was provided to the children. The statement was implemented in practice. There were some improvements needed. The whole time

equivalent of staff was not stated nor the staff ratio. Some of the aims and objectives of the centre were incorrect as they mistakenly pertained to a respite service more so than a residential service. These needed to be adapted to a residential setting. This was discussed with the person in charge during the inspection. A narrative of the rooms was not set out in the statement of purpose and a floor plan was not attached to the statement of purpose forwarded to the Authority prior to the inspection. The criteria for admission to the centre was set out in terms of the child's diagnosis and in this case, a diagnosis of autism was required. Information on the initial admission and transition process was provided but did not explain who would conduct this assessment or transition process. The services to be provided to the children directly by the provider to meet their care and support needs, for example, support provided by the behavioural therapist was not set out in the statement of purpose.

The statement of purpose was kept under review and any formal review dates were clearly outlined at the front of the document with the next review date also stated. The statement was in a format accessible to parents. During interview, parents/guardians were aware of the overall purpose of the centre.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The quality and care and experience of the child was monitored on an on-going basis but improvements were needed in this area. Management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure in place that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service.

There were systems in place to ensure that the service provided was safe and appropriate to the needs of the children but some improvements were needed. A team leader supported the person in charge in her day-to-day running of the centre and he

had lead responsibilities in certain areas. The person in charge reported to the regional manager each month on key performance indicators, the data of which was then forwarded on nationally for review by the provider nominee. These key performance indicators consisted of, but were not limited to capacity issues, support plans, supervision of staff and staffing. There was an on-line system in place in the organisation for the reporting of health and safety issues, complaints, compliments and human resource statistics. The team leader and person in charge told inspectors that they assured themselves of the quality of care and support provided to children in their absence in a variety of ways, such as speaking with staff and reviewing records but the evidence of this required improvement. Both the person in charge and the team leader were not scheduled to work weekends according to the rotas viewed by inspectors therefore the records confirming care and support provided to children during these two days required more attention to ensure that in their absence children were given a high quality service. Handover documents and shift planners were not routinely signed off by the team leader or the person in charge.

An annual review of the service was not conducted in 2014 but the regional manager showed an inspector correspondence issued to all staff that outlined how a team had been created by the provider to roll out the annual review process nationally in the company. This centre had not been reviewed at the time of the inspection by this internal review team but was expected to be reviewed in 2015. The manager had visited the centre on behalf of the provider nominee in 2014 but had not prepared a report on the safety and quality of care the children received as required by the regulations. Formal performance management development systems were not yet in place at the centre but the regional manager told an inspector that these systems were being introduced at organisational level in 2015.

Arrangements were in place to ensure that staff exercised their personal and professional responsibilities. Formal supervision was in place. The team leader conducted formal supervision with staff and was himself then supervised by the person in charge. The person in charge received supervision from the regional manager.

Regular staff team meetings were held at the centre in the twelve months prior to the inspection. Following the meeting, staff signed to say that they had read the minutes of the meetings. The agenda items included areas such as health and safety, medication, the children and their needs. Actions were identified at meetings and a person was assigned as responsible for following through on actions.

There was a clear management structure in place as outlined in the statement of purpose. During interview with staff, they were clear about who was in charge and the role of the person in charge. They also were aware of the regional manager and his post in relation to being involved in the management of the centre. A team leader reported to the person in charge, who in turn reported to the regional manager. The regional manager then reported to a director of operations who reported to the director of health and social care services. The director of health and social care services acted as the provider nominee. An on-call system was displayed in the staff office.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. She had thirteen years experience of

working for the organisation, all of which involved managing people. She demonstrated an excellent knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She presented with a very strong knowledge of the children living at this centre. She was engaged in the governance and operational management of this centre. She also acted as the person in charge of a second children's designated centre located close to this service and was able to manage both roles as she was supported by a team leader in each service. She was committed to her own professional development. During interview with parents, staff and a Child and Family Agency social worker, they were clear about who was in charge.

The regional manager was named as the person who would take on the role of the person in charge in the event of an absence of 28 days or more of the person in charge. The inspectors met a team leader who was also in charge of the centre in the absence of the person in charge (for periods of less than 28 days). This team leader had a number of responsibilities in the centre, including but not limited to, the day-to-day supervision of staff, provision of formal staff supervision and managing the staff rota.

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):

No actions were required from the previous inspection.

Findings:

Arrangements were in place in the event of the absence of the person in charge for 28 days or more.

The registration application confirmed the regional manager as the person who would assume the role of the person in charge should the person in charge be absent for 28 days or more. The person in charge was aware of the responsibility to notify the Authority in this regard.

For absences of less than 28 days or more, the team leader would assume the role of person in charge. An inspector met the team leader. This staff member had current experience of managing a team of staff and had an excellent knowledge of the standards, regulations and the roles and responsibilities of the role of the person in charge. He demonstrated a commitment to his on-going continuous professional development.

An inspector met the regional manager of the organisation who would assume the role of person in charge at this centre in the event of a 28 day or more absence. This regional manager had current experience of managing a team of social care managers and had an excellent knowledge of the standards, regulations and the roles and responsibilities of the role of the person in charge.

A notification of the absence of the person in charge for 28 days or more was not submitted to the Authority in 2014, neither the notification that indicated the subsequent return of the person in charge was not forwarded to the Authority. This was discussed by an inspector with the person in charge and regional manager and described as an oversight on their part.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources in place to help children achieve their potential such as staffing, provision of care and transportation. In relation to unexpected resource issues such as staffing issues the person in charge and team leader had the authority to secure relief staff as and when they determined a need. Some aspects of the centre required refurbishment. The person in charge had the authority to organise this refurbishment, which was due to commence shortly after the inspection, evidence of same was provided to the inspectors.

The centre had indoor and outdoor facilities for children to play. There was a purpose built playground at the rear of the property and a sensory room inside the centre. There were plans for a sensory garden to be built by the summer of 2015 in the grounds of the campus and the children would have access to this area for recreational purposes.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There was an appropriate skill mix to meet the assessed needs of children and to ensure the safe delivery of services. Children received continuity of care from a team of social care workers. Staff had up-to-date mandatory training and access to further training to meet the needs of the children. Staff were supervised appropriately and recruited, selected and vetted in accordance with best recruitment practice.

There were enough staff on duty to meet the needs of the children during the inspection. Staff were observed caring for children in a timely manner. Children received continuity of care from a core team of staff that was complimented by internal relief staff and then external agency staff. The ratio of staff to children was described as four social care workers to three children and the team leader was described as supernumerary to this ratio. An inspector reviewed the previous four weeks actual staff rota and there was appropriate use of internal relief staff with staffing in the main being provided by the core team. A proposed and actual staff rota was in place and rotas were planned four weeks in advance. A minor improvement was needed with regard to the role of the person in charge who was a person in charge of this centre and a second centre. She was incorrectly stated as being on duty in both centres at the same time. This was highlighted to the person in charge during the inspection who indicated that she would explain in future rotas how her time in both centres was divided.

There were comprehensive records kept of the continuous professional development of staff for a number of years prior to the inspection. These records also included training that staff were expected to attend in 2015. Staff had access to a variety of training each year in the two years prior to the inspection and there was evidence of completion of same. The planning of continued professional development was not captured by a formal training needs analysis but it was discussed during the supervision process, which was in line with the organisation policy on learning and development dated 2014. Staff completed training in a range of areas in 2014 including manual handling, an introduction to Children First (2011), fire safety, non violent crisis intervention, safe administration of medication, occupational first aid and person centred planning.

There was an effective recruitment procedure in place. An organisational policy on

recruitment of staff was in place, dated 2012. The inspectors viewed a sample of personnel files and found that the majority of the information required by the Regulations was in place. The date of birth of all staff was not clearly recorded on the personnel files. It was not always clear who maintained responsibility for the up-keep of the personnel file of relief staff who worked across a number of centres, including this centre. The personnel file of a relief staff member whose file was viewed by an inspector was not in line with the Regulations.

Staff were supervised in their roles in a formal manner. The team leader provided supervision to the social care workers, the frequency of which was every six to eight weeks. Supervision records were signed and dated and supervision covered a range of issues, such as client issues, staff issues, personal development needs and training. The up-to-date supervision records of the regional manager were not on file. The director of health and social care services (provider nominee) did not at the time of the inspection receive supervision but told an inspector that she attended regular meetings with the chief executive officer, that she had a recent performance review and had key performance indicators that she had to report on each month. It was not always clear who gave formal supervision to internal relief staff and the expectation of how often supervision would be provided when these staff worked across a range of centres. There was therefore a risk that these staff members could work across a range of centres without the sufficient formal supervision that their peers received.

At the time of this inspection, there were no volunteers involved at the centre.

Judgment:

Substantially Compliant

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):

No actions were required from the previous inspection.

Findings:

The records listed under Schedule 3 and 4 of the Regulations were maintained in a manner that ensured completeness, accuracy and ease of retrieval. Some improvements

were necessary. The centre had the majority of the policies as required by Schedule 5 of the Regulations. The centre was insured against accidents.

The majority of the policies as set out in schedule 5 of the Regulations were in place at the centre as organisational policies accompanied by a set(s) of procedures, which were all dated and version controlled. The majority of the policies and procedures were dated within three years of the inspection. During interview, staff had a good understanding of policies and during the inspection inspectors observed practices that reflected the various policies, such as health and safety. At the time of the inspection the policy on behaviours that challenge was being reviewed by the organisation and inspectors received a copy of this draft document. The use of baby monitors by staff was not referenced in company policies. The policy on the use of restrictive procedures had not been updated since 2010, therefore this required review. There was need for some organisational policies to be more specific to the centre, such as their policy on admissions and discharges. A specific policy on the monitoring of nutrition was not in place at the centre.

The records kept by the person in charge, as listed in schedule 3 and 4 of the Regulations were maintained, completed, accurate and could be retrieved easily. In general, records were up to date and chronological and archived yearly. The files of the three children were in good order and kept secure in the staff office. The centre maintained a statement of purpose. A copy of the previous inspection report was displayed in the office. All records pertaining to notifications that were made to the Authority were clearly documented and filed and these records concurred with what had been received by the Authority. The person in charge and team leader maintained an actual and a planned staff roster. There were comprehensive records of staff training. Records relating to health and safety were kept at the centre and organised well.

A directory of residents had the name and contact details of each child and other relevant information. The home address of one child was not stated. The directory needed to include dates of admission for all three children. The name and address of the authority, organisation or other body, which arranged the child's admission to the centre was not set out in the directory. A minor improvement was needed to ensure that the authorised person viewing this document was guided to the child's care file, where appropriate, for information listed in the regulations.

A resident guide was in place for children and this contained the majority of the requirements of the Regulations however the terms and conditions relating to residency were not set out in the resident guide.

Confirmation of insurance for the centre was submitted to the Authority as part of the registration application.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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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-0002649
Date of Inspection:	05 February 2015
Date of response:	22 April 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

There were no shower curtains in one of the shared bathrooms, this meant that a child's privacy may be compromised.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Bathrooms are currently being upgraded and new shower rail will be put in place so as to prevent one of the children removing the shower curtain.

Proposed Timescale: 01/05/2015

Theme: Individualised Supports and Care

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

There was no formal consultation or participation process in place at the centre for children to be consulted with about the organisation of the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

Each resident will be consulted and supported to participate in the organisation of the designated centre.

Proposed Timescale: 01/07/2015

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:

The arrangements of fees to be charged were not explicit therefore how the child would pay for their own activities and personal products was not clear.

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:

The arrangements of fees to be charged will be clearly outlined in the service users contract which will show how the child would pay for their own activities and personal products.

Proposed Timescale: 01/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment, by a healthcare professional of the health needs of all service users was not carried out on an annual basis.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment, by a healthcare professional of the health needs of all service users will be carried out on an annual basis.

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

Reviews did not always evidence the effectiveness of the plan.

Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The person in charge will ensure that each personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Proposed Timescale: 01/06/2015

Theme: Effective Services

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

Reviews that took place in the centre were not always multi-disciplinary.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The review of children's personal plans will be done in a multi-disciplinary manner. All multi – disciplinary professionals will be invited to the children's annual review.

Proposed Timescale: 01/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The two bathrooms used by the children required immediate repair and furnishing.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The two bathrooms used by the children are being upgraded and due to be completed on the 1-5-2015.

Proposed Timescale: 01/05/2015

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:

It was not clear following the audit of health and safety that took place in November 2014 that the recommendations of this audit had been addressed. There was insufficient evidence that the person in charge reviewed incidents with a view to identifying trends and patterns.

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:

The person in charge will review all incidents with a view to identifying trends and patterns and complete all recommendations of the Health & Safety Audit .

Proposed Timescale: 01/05/2015

Theme: Effective Services

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

The fire doors, as fire precautions, were not effective as some doors were wedged open, some without door closers and some could not be closed quickly. Personal emergency egress plans were too generic and needed to be more specific to the children living at the centre.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The person in charge reviewed the fire safety of the house and new magnetic door closers will be put in place which will allow doors to remain open safely. All door closers and fire doors are in good working order. Personal emergency egress plans have been updated and are more specific to the children living at the centre.

Proposed Timescale: 01/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

A document that set out the procedure for the administration of a medication whose intended use was to manage behaviour that challenged was not signed by all relevant parties. The author of the document was not clear.

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:

The document that set out the procedure for the administration of a medication whose intended use was to manage behaviour that challenged has been signed by all relevant parties and the author of the document is clearly identified.

Proposed Timescale: 01/04/2015

Theme: Safe Services

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

A full assessment of the effect that a restrictive procedure had on children living at a centre and any adverse events resulting from this procedure was not documented.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

A restrictive practice meeting will take place 28-4-2015 and a full assessment of the effect that a restrictive procedure had on children living in the centre and any adverse events resulting from this procedure will be documented.

Proposed Timescale: 28/04/2015

Theme: Safe Services

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

Not all children had intimate care plans in place to guide staff on the provision of this assistance.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

All children have up to date intimate care plans in place to guide staff with the support of personal care.

Proposed Timescale: 01/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

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

There was insufficient assessment of the children's educational attainment targets.

Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

Person in charge will ensure there is sufficient assessment of the children's educational attainment targets.

Proposed Timescale: 01/05/2015

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:

There was no fridge available in the centre for the storage of medication.

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:

A fridge will be made available in the centre for the storage of medication.

Proposed Timescale: 13/04/2015

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 statement of purpose did not include all of the information as 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:

The statement of purpose will include all of the information as set out in Schedule 1 of the Regulations.

Proposed Timescale: 01/05/2015

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 person in charge and team leader did not sufficiently evidence their quality assuring processes.

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:

The person in charge and team leader will develop a checklist which will sufficiently evidence their quality assuring processes.

Proposed Timescale: 01/05/2015

Theme: Leadership, Governance and Management

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

The regional manager who had acted on behalf of the provider nominee had visited the centre on her behalf at least every six months in 2014 but had not prepared a report on the safety and quality of care and support provided in the centre.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The provider has specific nominated people that complete unannounced inspections and annual reviews to monitor quality & care of the service provided and reports are completed and available for these.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

No annual review of the service had taken place in 2014.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The provider has specific nominated people that complete unannounced inspections and annual reviews to monitor quality & care of the service provided and reports are completed and available for these

Proposed Timescale: 30/06/2015

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

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

The person in charge was absent for a period of over 28 days in 2014. A notification of the absence was not submitted to the Authority in 2014 which was not in line with the Regulations.

Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

The provider nominee will provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

Proposed Timescale: 04/02/2015

Theme: Leadership, Governance and Management

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

A notification of the return of the person in charge following a period of absence was not submitted to the Authority in 2014 which was not in line with the Regulations.

Action Required:

Under Regulation 32 (4) you are required to: Notify the Chief Inspector of the return to duty of the person in charge not later than three working days after the date of his/her return.

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

The provider nominee will notify the Authority of the return to duty of the person in charge not later than three working days after the date of his/her return.

Proposed Timescale: 04/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The personnel file of an internal relief staff member did contain all requirements of the regulations. The date of birth of staff was not always evident in the personnel files viewed by an inspector.

Action Required:

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

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

The personnel files of agency staff will contain all requirements of the regulations.

Proposed Timescale: 01/05/2015

Theme: Responsive Workforce

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

It was not clear how often internal relief staff would be supervised and by whom as they worked in a relief capacity for a number of designated centres attached to the provider.

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:

The person in charge will ensure all relief staff working across services are appropriately supervised as each relief staff member is assigned to a designated person in charge. All relevant documentation will be made available for all inspections.

Proposed Timescale: 01/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

A policy on the use of restrictive procedures required updating as it was more than three years old.

Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

A policy on the use of restrictive procedures is currently under review and will be available in the service

Proposed Timescale: 01/07/2015

Theme: Use of Information

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

There was no policy on the monitoring and documentation of nutritional intake. The policy on admissions, transfers and discharges needed to be more specific to the centre. The use of baby monitors needed to be referenced according in company policy.

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:

The provision of information to residents and monitoring of nutrition will be introduced in the service. The policy department has been notified that the use of baby monitors needs to be referenced in the company policy. A local admission procedure will be developed in the service.

Proposed Timescale: 01/06/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The directory needed to include dates of admission for all three children. The home address of one child was not stated. The name and address of the authority, organisation or other body, which arranged the child's admission to the centre was not set out in the directory.

Action Required:

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 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:

The directory for each child attending the designated centre will include all the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Proposed Timescale: 01/04/2015**Theme:** Use of Information**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The resident guide did not contain reference to the terms and conditions relating to residency.

Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The resident guide will contain reference to the terms and conditions relating to residency.

Proposed Timescale: 01/05/2015

