

**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 An Breacadh Nua
Centre ID:	OSV-0002058
Centre county:	Wexford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	An Breacadh Nua
Provider Nominee:	Gerard Heaney
Lead inspector:	Tom Flanagan
Support inspector(s):	Ann Delany
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:
19 February 2015 10:05	19 February 2015 17:30
20 February 2015 08:45	20 February 2015 18:30

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 was the second inspection of the centre carried out by the Authority and it took place over two days. The centre, according to its statement of purpose, provided overnight and day respite for children aged up to 18 years with intellectual disability and/or autism, who may also have high physical or medical needs. Residential weekends were provided to a maximum of four children at any one time and to 20 children in total. Admissions took place every second weekend and there were a number of residential respite weeks during the summer months.

As part of this inspection, inspectors met with children, their parents and guardians, the manager of services, the person in charge, the deputy person in charge, the

house manager and staff members. Inspectors also observed practices and reviewed the children's files and a range of documentation. Completed questionnaires were received prior to and during the inspection from a number of parents and guardians.

The centre was located in a detached four-bedroom house in a suburban area on the outskirts of a large town. Apart from residential and communal leisure facilities, there was a safe and purpose-built outdoor play area located to the rear of the premises and ample car parking space at the front of the premises.

All of the children who availed of respite breaks in the centre were engaged in an educational programme in one of the special schools in the area.

Inspectors found that the centre provided a child-centred service. The facilities in the centre were adequate for the children's needs and the environment was comfortable. Children were afforded an opportunity to enjoy a break from home with their peers and, in some cases, with friends. A committed and skilled staff team delivered good quality care in a consistent manner. There was a good management structure in place and evidence of good practice was found in all the outcomes inspected.

Improvements were required in a number of areas. Inspectors required the provider to install window restrictors on windows that were accessible to children and the response from the provider was satisfactory. Individual staff supervision had been introduced since the previous inspection and some further improvements were required in supervision and in staff training. Other areas where improvements were required included the complaints policy, advocacy, risk management, the use of bed rails, medication management, governance, and records.

The improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The centre and the service provided was child-centred, the rights of children were respected, their dignity was promoted and they were consulted in relation to their care. Information of advocacy services was not adequate and the complaints policy and procedures was not clear on the roles of those managing complaints. The policy on children's property, finances and possessions needed to be further developed and children did not have access to the lockable storage in their rooms.

The mission statement set out the centre's aim to promote equality and independence by recognising and respecting the rights of all. The Resident's Guide outlined the rights of the children, which included the right to a safe and comfortable stay, to choice of activities and food, to the privacy of their own room, to be treated as an individual and to be protected.

The Clinical Nurse Manager 3 (CNM3) told the inspector that, following assessment, children and their parents were invited to the centre in order to see the premises and they were given information on the centre and the services provided there. Parents and guardians who spoke to inspectors confirmed that they had visited the centre and been given adequate information prior to the beginning of respite.

Efforts were made to ensure that children felt at home in the centre. Prior to their arrival, a colourful name card was placed on the door of the child's room and the children's likes and dislikes and any arrangements that would assist the child were clearly set out for staff. A colourful "birthday train" decorated a wall in the sitting room and each child's birthday was celebrated. The photos and names of the staff were displayed on the wall of the entrance hallway and there were information booklets for

children and the parents and guardians as well. There was a folder available with pictures of various activities that the children could participate in both inside and outside the house.

Policies and practices emphasised the importance of children's consent. They set out the right of children to be in contact with their parents and families during their stay and to participate, or not, in activities. There was adequate private space should children and the parents and guardians need to meet in private. At the beginning of each respite break the children were invited to make suggestions regarding the timetable of events for their respite break, the meals they would have and whether they would like to do anything of their own particular choosing such as baking or cooking. This offered children the opportunity to influence decision making in the centre. Inspectors observed children being asked for their opinions and preferences and being assisted to make decisions themselves.

Parents were seen as the main advocates for children. The key workers contact parents of the children prior to respite breaks to ask them if there have been any changes in relation to their child's needs. The complaints policy and the Resident's Guide stated that children could contact and get help from a recognised external advocacy group but there was no information available on the details of advocates or how they could be contacted.

There were policies and procedures for the management of complaints and a child-friendly guide to the complaints procedure was set out in the Resident's guide. The complaints policy was displayed in the centre and parents and guardians were aware of how to make a complaint. There had been no complaints from children but complaints from parents were logged in brief in a complaints log and details of how the complaint was managed were maintained in the children's files. While the handwritten log did not contain details such as the actions that were taken, and whether the complaint was resolved or not, this information was maintained in a more detailed electronic version of the log. There was also an appeals process in the event of a complainant not being satisfied with the outcome. Inspectors viewed the electronic log which indicated that all complaints had been resolved. The CNM3 was the complaints manager and the manager of services oversaw the complaints process. However, this was not clear from the policy.

Inspectors observed that children were treated very warmly and with respect by staff. Children seemed very much at ease with staff and some children were observed to ask for particular staff by name when they came to the centre.

Inventories of belongings were recorded on arrival and secure storage was available in the staff office for any pocket monies that were required to be stored on behalf of children. Sufficient storage was provided for children's belongings. There were lockable drawers in children's rooms but, as these were used by staff to store personal protective equipment, children, who may wish to maintain control over their own possessions, did not have use of them. There was a policy and procedures on residents' finances but no policy on personal property and possessions.

Children had the opportunity to take part in activities of their choosing. The specific interests of children, such as baking for example, were described in their files and

records of activities showed that they could pursue these interests on their respite breaks. Activities in the centre included using the multi sensory room, the ball pool and the swing. Outings were also arranged to various activities in the town and surrounding areas.

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 supported to communicate effectively. However, staff had not been trained in sign language or picture exchange systems.

The assessments of the needs carried out on children prior to their admission set out their communication needs and requirements and these were also contained in the children's plans. There was a policy on communication and staff who were interviewed were very familiar with the children's individual communication needs and inspectors observed effective communication between children and staff at the beginning of the children's respite break. Parents and guardians told inspectors that their children were encouraged and facilitated to communicate their wishes and preferences while in the centre.

Staff told inspectors that many of the children using the respite service could communicate verbally. One child used a recognised form of sign language and at least one child used a picture exchange system. However, staff had not received specific training in either of these forms of communication.

Children had access to television, DVD and radio. A computer room was available to children where they could access the internet under supervision. There was access to a wireless internet system to enable children to access the internet on their own electronic devices, if and when appropriate.

Judgment:

Non Compliant - Moderate

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:

The relationships between children and their families were supported and children were facilitated in developing links with the community.

Parents and guardians told inspectors that, prior to their child taking up a respite placement, they and their children were invited to the centre to get to know the premises and the staff and they were given sufficient information about the services provided. Parents and guardians said that they felt free to visit the centre at any time while their children were present. There was adequate space and facilities available for children to meet their parents and family in private if required.

Parents and guardians were encouraged by staff to contact their children by telephone during their stay if they wished. They told inspectors that they often made and received regular phone calls and exchanged texts with centre staff regarding their children's wellbeing. They also confirmed that there was adequate exchange of written information. In the weeks before a respite break, they received a pack from the house manager and they completed the forms provided which gave the staff up-to-date relevant information on their child.

A mobile phone was available in the centre so that children could speak to their parents in private and some children used their own mobile phones for this purpose.

The statement of purpose stated that children who attended respite were matched with friends or children with similar interests, giving them the opportunity to form new friendships or further develop existing friendships. Inspectors observed that the children using the centre at the time of inspection were appropriately matched and knew each other from having attended the centre together previously.

Children were facilitated to use community facilities while on respite. Transport was provided by the centre in order to take children to and from school and for various outings to community settings during their stay.

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:

The admission of children to the centre was in line with the statement of purpose and each child had a contract for the provision of services.

There were policies and procedures in place for the admission, transfer and discharge of residents. Children who were admitted had diagnoses of intellectual disability and/or autism and were assessed as having medium to high support needs. Some of the children had complex medical needs in addition.

Each child had a written contract which set out the services to be provided and the charges or contributions that children and their families would have to make for respite services. The inspector viewed copies of the contracts on children's files. They were set out in easy read form. They met the requirements of the Regulations and were signed by the parents, a representative of the centre and children, where possible.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Children had care plans that were based on comprehensive assessments and set out

their individual needs and choices and the supports they required during their brief respite breaks in the centre. Formal reviews of the care provided were not carried out for each child and not all children had multidisciplinary input into the reviews of their care.

Prior to a child's admission, an assessment of their needs were undertaken by the house manager. The assessment included sections on aspects of the child's life such as health, medical condition, education, personal care, communication, activities, eating and drinking and sleep patterns. Inspectors found that the assessments of children, which took into account the recommendations of specialist assessments carried out by other professionals, formed the basis of the care that was provided to children during the respite breaks. Copies of assessments and correspondence to and from other professionals were maintained on the children's files.

Inspectors viewed the personal plans of the three children who were on respite at the time of inspection. They were comprehensive and satisfactory. Each plan had a date for review. Parents told inspectors that they were involved in drawing up the plans and were fully aware of the care provided to their children. There was evidence of multidisciplinary input in the review of these children's care. Each child's file contained a child-friendly "all about me" document which included a photo of the child and a description of their likes and dislikes and their routines, interests, feelings and various things they wished the staff to know about them. This document functioned as a child-friendly version of a personal plan. However, only those children whose needs were complex and who availed of respite very frequently had formal personal plans that set out their goals. While the lack of formal personal plans did not impact on the care of other children who availed of respite infrequently, the absence of clearly established goals meant that it was difficult to assess the effectiveness of the plans for the children's care while in respite.

The children's care was reviewed by staff prior to each respite break and a respite summary document was completed after each respite break. Inspectors viewed an annual progress report in relation to one child which contained goals and objectives for a child for the following year. However, while key workers discussed the children's care with the children's parents or guardians, there was no formal review of the children's care with the parents and the children, when appropriate, to assess the effectiveness of the plans and parents or children did not generally sign the review documentation. Furthermore, there was no evidence of multidisciplinary input into the reviews of all children's care.

Children were supported as they made the transition from home or school. This involved the house manager contacting the parents in advance to confirm the respite break, discussion with the parents about the current needs/requirements of the children and making the practical arrangements for collecting the children and returning them, usually to school on the following day. Feedback was provided to the parents on their children's stay. On their arrival at the centre for their respite break, the children were assisted to familiarise themselves again with the centre, the staff and the other children present. Children were offered snacks and staff facilitated them in making choices about the schedule for their stay.

The CNM3 told inspectors that there were limited options with regard to suitable adult respite services for children who were approaching the age of 18 and could no longer avail of the service. Minutes of the Family Support Allocations Team (FSAT) meetings showed that the CNM3 raised the issue of children who were due to leave the service the following year and requested that the HSE secure suitable placements for them. While the centre had no formal role in finding a future placement for children, there was no structure of transition plans to ensure that the child received adequate support and information as they left the centre and no evidence of any life-skills training or preparation for adulthood, where appropriate. The CNM3 told inspectors that, while no formal structure was in place, centre staff supported children and their parents throughout the transition process and ensured that their time in the centre was celebrated appropriately before they left.

Respite breaks for the majority of children were infrequent and of very short duration and many children had high support needs and required constant support and supervision. Nevertheless, there was evidence that children were encouraged to be involved in decision-making and in giving their opinions on meal planning and on the activities in which they took part. Children were also facilitated to participate in household activities such as baking, cooking and shopping.

Children were given the opportunity of participating in activities and play that they enjoyed and records of these were maintained in individual activity plans. There was a safe outdoor play area and adequate facilities and space for indoor games and activities. A multi-sensory room was also available. Children also participated in activities in the community such as swimming, bowling, meals out and picnics.

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 and layout of the centre were in line with the statement of purpose and were suitable for the purpose of respite breaks. There was suitable equipment and appliances in place to support the children.

The centre was located in an accessible, single-storey premises, which was situated in a suburban area on the outskirts of a large town. There was adequate private and communal space for the children. There were four bedrooms of sufficient size. There was a bathroom and a shower room.

The kitchen was large and well-equipped. There was a large dining cum sitting room, a utility room and a staff office. There was a laundry room and there were sufficient storage facilities available. Adequate toilet and shower facilities were in place.

Children had easy access to a small computer room and a music/story room. At the rear of the premises was a recreational facility which contained a multi sensory room, a ball pool and a swing. Children had access to a toilet in this area.

Assistive equipment included a hoist and slings, a specialised bath and four electric beds. This equipment and the equipment in the multi sensory room had been serviced within the previous year.

The centre was clean and well maintained. It was nicely decorated and it provided a comfortable setting for children. The furniture and fittings were comfortable and adequate.

There was a large secure garden to the rear of the centre and there was sufficient space for car parking to the front of the centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

No actions were required from the previous inspection.

Findings:

There were systems in place to promote the health and safety of children visitors and staff. However, the risk management policy did not contain all information required. Local hazards had not been identified and control measures outlined and inspectors required the provider to install window restrictors on windows that were accessible to children.

There was an organisational health and safety policy, dated December 2013, and a centre-specific safety statement in place which was reviewed in 2014 and amended in February 2015. The manager of services was the health and safety officer and a

member of staff from a nearby centre was the health and safety representative. Associated measures were in place to ensure the safety of children, staff and visitors. These included general arrangements for safety and specific instructions and guidelines to staff regarding security, fire safety, first aid, medical facilities and maintenance. The measures in place to identify specific risks in the centre were outlined. However, local hazards in the centre had not been identified and the control measures outlined. For example, the water in the staff bathroom was very hot and a large volume of cleaning products and detergents were stored in an unlocked cupboard, though the access to this area was limited.

There were procedures in place for the prevention and control of infection and staff had received training in infection control in 2014. The premises was clean. Colour coded cleaning materials were used. The facilities and materials available for hand washing were sufficient. Disposable gloves and other materials were stored in locked drawers in the children's rooms. There was no clinical waste generated in the centre. There was a cleaning schedule in place for staff and a deep clean of the premises was undertaken after each respite break. However, a hand-operated bin was in use in the staff bathroom and there was nowhere to dispose of paper towels in one of the bathrooms used by children.

There was a range of assistive equipment available, which included a hoist and slings, a specialised bath, electric beds and equipment for the multi-sensory room. This equipment had all been serviced in recent months and documentary evidence of this was maintained. Staff had received training in manual handling. Parents generally sent in the children's own slings which suited their weight and size. Oxygen, a suction machine and a defibrillator were also available and first aid equipment was stored in the staff office and was checked regularly.

An up-to-date risk management policy was in place and was implemented. However, in relation to the particular risks specified in the Regulations, the policy contained the actions to be taken in the event of an incident rather than the measures and actions in place to control the risks. Accidents and incidents were recorded on specific forms which were signed by the person in charge and house manager. An analysis of all accident/incident reports was carried out periodically. A range of centre-specific risk assessments were carried out annually and were maintained in a risk register. The assessments identified specific risks, the measures in place to control them, any additional controls required and the name of the person responsible. Some further work was required in the area of risk management to ensure that only high risks were recorded in the corporate risk register. Inspectors found that windows that children could access did not have window restrictors and inspectors required the provider to install window restrictors. The provider ensured that window restrictors were put in place within days of the inspection.

Adequate precautions were in place to guard against the risk of fire. There was sufficient and suitable fire equipment available which was serviced in September 2014. The fire alarm received its quarterly service in December 2014. The emergency lighting was also serviced on that date. The fire exits were unobstructed. Staff checked fire precautions daily and recorded this. Fire doors were in place. The fire assembly points were clearly marked. Certificates, for example, of fire retardant curtains were

maintained. Records showed that fire drills were held monthly and the names of participants, which included both staff and children, and the time taken to evacuate the premises were recorded. Individual risk assessments were in place for the evacuation of particular children and a procedure for the safe evacuation of children and staff in the event of fire was prominently displayed. Training records showed that all staff took part in fire safety training in the previous year. Staff were knowledgeable regarding the steps to be taken in the event of a fire.

An emergency plan was in place which contained the arrangements for responding to a range of emergencies that may require evacuation of the premises. Procedures were also outlined in the event of a child going missing, an accident/incident and any unauthorised entry to the premises. Contact numbers for senior managers and emergency services were available for staff.

A record of all persons entering and leaving the centre was maintained and a burglar alarm was in place. The vehicle used for transporting children was registered, taxed and serviced and contained safety equipment.

A system was in place for maintenance issues to be recorded and addressed with a record of who reported the fault and when the work was completed. Inspectors viewed the maintenance records and found that an issue, which was identified at a fire drill and recorded as reported, did not appear in the maintenance book and a number of faults logged had no completion dates recorded. This issue is addressed under Outcome 18.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard children and protect them from abuse. However, not all staff were trained in managing behaviours that challenge, the decision to use bed rails was not, in all cases, taken in conjunction with members of the multidisciplinary team and there was no rights committee.

There was a policy and procedures on child protection. The policy provided clear guidance for staff in relation to their responsibility to report abuse of children. The document also contained a copy of the standard report form and the contact details for the local social work department.

The CNM3 was the designated person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. She was aware of her responsibilities in this regard and she was clear in relation to the steps she would take if there was an allegation of or suspicion of abuse of a child. She told the inspector that there had been no allegations or suspicions of abuse or neglect recorded or reported in the centre.

All staff received training on Children First: National Guidance for the Protection and Welfare of Children (Children First 2011). Staff members interviewed by inspectors knew the signs and symptoms of abuse and were clear about how to report any concerns they may have. They felt confident that they could report any concerns they may have about a fellow staff member or the organisation if this was warranted. The organisation had recently introduced a policy on whistleblowing. The CNM3 told inspectors that this was on the agenda for discussion at the next staff team meeting. There were various safeguarding measures in place in the centre. These included policies and procedures on intimate care and on recruitment. Parents and guardians told inspectors that the children felt safe in the centre and inspectors observed that staff treated children warmly and with respect.

There was a policy on behaviours that challenge and there was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that was challenging for individual children. The service had employed a behaviour therapist to work with a child whose behaviour was challenging. Inspectors viewed the behaviour support plan for this child and found that it was comprehensive. There was evidence that this plan, including strategies such as visual schedules, positive reinforcement, skills teaching and reactive strategies, was implemented in the centre and that staff maintained detailed records in relation to the child's behaviour. Records of a recent team meeting showed that the behaviour therapist gave a briefing to staff in relation to the behaviour support plan for this child. The majority but not all staff had received training in managing behaviour that challenges.

There was a policy on restrictive procedures according to which a restraint-free environment was encouraged and that restrictive procedures were used only when prescribed by a professional for the safety of the child. Both the front and back doors were locked using key codes for reasons of safety. The CNM3 told inspectors that this was the case for the protection of younger children and that the key codes were available and some older children were able to use them. However, bed rails were used for a number of children and, while risk assessments were in place, the decisions to use bed rails were not, in all cases, taken in conjunction with members of the multidisciplinary team in line with best practice. There was no rights committee in the service which meant that there were no independent professionals who reviewed the use of any restrictive practices in the centre to ensure that they were appropriate and that alternative measures had been considered.

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 incidents occurring in the centre was maintained and the CNM3 and the manager of services were knowledgeable on how to report any notifiable events to the Authority.

Following any accident or incident, staff completed an incident form. This was then signed off by the CNM3 and a process was in place for accidents and incidents to be reported to senior management. All accidents or incidents were reviewed to ensure that learning took place and that the recurrence of accidents and incidents was minimised.

Notifications had been made to the Authority since the centre opened. However, the quarterly notifications did not include all occasions on which bed rails were used. Inspectors discussed this with the CNM3 and the manager of services and clarified that, in addition to what has already been notified by the centre, the use of bed rails should be notified to the Authority in the future.

Judgment:

Non Compliant - Moderate

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:

The rights of children to access education, to integrate and socialise with their peers and to participate in community activities were valued and supported in the centre. However, there was no policy in place on education.

The statement of purpose outlined the centre's support of the children's education by linking with the schools the children attended and ensuring their transport to and from school when necessary. It also set out its support for children's right to participate in the local community. There was good practice in relation to supporting children's education but there was no policy on education. This issue is addressed under Outcome 18.

When children attended the respite service during the school week they were facilitated to come to the centre from school and were brought back to school the following day. A communications book was maintained for each child to ensure good communication between home, school and the centre to ensure that all relevant information was communicated.

The pre-admission assessments of children contained information on education and each child's file also contained details on their school and how they were getting on there. Inspectors viewed children's files and found that there were records of liaison between centre staff and school staff, including attendance at multidisciplinary meetings in relation the children's overall needs.

The statement of purpose also outlined that each child was facilitated to engage in activities that suited their needs and preferences, thereby giving the children opportunities to socialise with their peers and engage in social activities both inside and outside the centre. An activity log was maintained for each child and records showed that they engage in a range of leisure activities in the community. This was confirmed to inspectors by parents and guardians in interviews and in questionnaires.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The healthcare needs of children were met while on their respite placements.

The healthcare needs of each child were assessed prior to admission. As children's respite breaks were generally infrequent and of short duration, the children's healthcare needs were attended to from home in conjunction with their parents and their own general practitioner (GP). Before each respite break in the centre the house manager or key worker contacted the parents of the child and enquired whether any healthcare issues had arisen for the child that staff may need to be aware of. If a health issue that required medical attention arose while the child was on respite, an out of hours GP service was available locally. Parents were given the responsibility of having a healthcare assessment of their child updated annually and inspectors viewed copies of these on file.

Inspectors viewed the personal plans and files of children currently on respite breaks. Health assessments were in place for the children and there was evidence of involvement with the relevant children's services team, including speech and language therapists, occupational therapists and medical professionals in the community. Detailed medical reports were on file and there was evidence that any treatment programmes that had been developed for a child were implemented. A nurse was working on each shift should any child have specific nursing needs. Body charts were maintained for each child's admission to record any bruising or marks that may be present. A transfer form was used to give all relevant medical details should a child need to visit hospital during their respite break.

Records showed that staff received a range of training to address the health needs of individual children. This included training in first aid, epilepsy awareness and emergency medication, diabetes awareness.

Children's needs in relation to eating and drinking were assessed prior to admission and detailed plans were maintained regarding allergies and any risks to children while eating or drinking. Speech and language reports were present where required. Some children's needs required that they received their food through percutaneous endoscopic gastrostomy (PEG) tube and this was administered by a registered nurse.

Inspectors observed children being given a choice of snacks at the beginning of respite and they were offered choices in relation to their meals throughout their stay in the centre. There were adequate stocks of food available and the meals were appetizing and nutritious. Records of the meal plans and the choices of food available to children were maintained.

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):

No actions were required from the previous inspection.

Findings:

Systems were in place for the safe management of medication in order to protect children. However, the prescription sheets did not contain all required information, there was no procedure on disposal of unusable medicines and a PRN (to be taken as required) medicine was recorded as a regular medicine.

There was policy and procedures on the ordering, prescribing, storing and administration of medicines to residents in place. It was authorised and contained the dates of development and a date for review. While the policy was extensive and was implemented in the centre, there was no centre-specific procedure on how medicines which were unusable should be stored securely and disposed of.

At the beginning of each period of respite, parents/guardians provided an up-to-date prescription sheet which had been signed by the child's general practitioner (GP). They also informed staff if any issues had arisen in relation to medication since the child was last in the centre. The prescription sheets, administration sheets and specific medication management plans were placed in separate folders for all the children.

Staff authorised to administer medication included nursing staff and care staff who had undergone a two-day training in medication management. Authorised staff were required to attend annual refresher training. Staff demonstrated knowledge of correct procedures in relation to administration. A signature sheet, containing the names and signatures of staff authorised to administer medication, was included in the medication records. The administration sheets contained all the information required but the prescription sheets did not contain the child's address or centre address and there was no section for recording the maximum dosage.

Parents often delivered their own child's medication to the centre or medication was transported with the child from school. Medication was checked and recorded when received, stored securely in a locked cupboard, and appropriate records were maintained. The keys to the medication cupboard were held by a member of staff on duty. A lockable fridge was available when required. Systems were in place to manage controlled drugs. These included the use of a separate secure cupboard for their storage and a register of controlled drugs, which comprised single sheets in a folder, which was used and maintained appropriately.

The house manager checked the administration sheets daily and procedures were in place for the recording of incidents or near misses. Inspectors viewed the records of one such incident in 2015. A further medication error was identified by inspectors where a medication recorded as a regular medication should have been recorded as a PRN.

While the policy on medication management promoted the self-administration of medication by residents when possible, none of the children, due to their high needs, were deemed to be competent to self-administer their medication.

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):

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

Findings:

There was a detailed statement of purpose which set out the ethos, the aims and objectives and the services and facilities provided. The statement was signed and dated and had been reviewed since the previous inspection. Staff interviewed by the inspector were familiar with the statement and it was implemented in practice.

The statement contained almost all the information required by the Regulations. It did not include the person in charge in the staffing complement and a number of sections did not contain sufficient detail. These included the sections on day care facilities, the organisational structure, the arrangements for dealing with reviews of personal plans, the arrangements for respecting privacy and dignity, the arrangements for consulting with children on the operation of the centre, the arrangements for children to attend religious service, and the arrangements for dealing with complaints.

A copy of the statement of purpose was available close to the entrance to the centre for parents and relatives to read if they wished. Since the previous inspection, an accessible version of the statement of purpose was made available for children.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

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

No actions were required from the previous inspection.

Findings:

The management and governance structure supported and promoted the delivery of a safe, quality care service. However, there was no formal consultation with children and their parents in relation to the annual review and audits were not carried out as frequently as required.

The statement of purpose set out a clearly defined management structure, which identified the lines of authority and accountability. Staff nurses and care staff reported to the house manager, a clinical nurse manager 1 (CNM1), who reported to the CNM3, the person in charge. The CNM3 reported to the manager of services who, in turn, reported to the board of management.

The board of management comprised four directors and six other board members, including representatives of parents. Their meetings were also attended by the manager of services, who presented reports on issues such as staffing, financial matters, notifications to the Authority and various issues that arose in the designated centres. Inspectors viewed the minutes of board meetings which met four times in 2014. Senior managers, including the manager of services and two CNM3s met formally approximately every two months and the agenda for these meetings was extensive.

Governance arrangements included a yearly financial audit conducted by certified accountants. Inspectors viewed a copy of the most recent audit which stated that proper books of accounts had been kept by the company.

Management systems to review the quality of care and support to residents were in place. An unannounced visit was carried out on behalf of the provider in July 2014 and an annual review of the quality and safety of care and support was carried out in November 2014. Inspectors viewed the reports of the reviews and found that the annual review did not provide for consultation with residents and parents and a copy of the annual review was not made available to them. The manager of services told the inspectors that he planned to post a copy of the annual review on the organisation's website.

There was written evidence that complaints and accidents/incidents were recorded and reviewed and that learning was implemented as a result. For example, the provider engaged the services of a behaviour therapist to develop behaviour support plans for children who presented with behaviour that challenges.

The CNM3 was the person in charge. She was a registered nurse in intellectual disability (RNID) and had been managing the residential service for adults and children within the organisation for approximately seven years. She worked full-time and was also the person in charge for two designated centres for adults with disabilities. She knew the Regulations and was aware of her statutory responsibilities. She demonstrated good

leadership in relation to the child-centred culture in the centre and staff told inspectors that she provided good support. The CNM3 had put in place a system of audits in 2014. However, the most recent audits made available to inspectors were dated August 2014. This did not provide the CNM3 with sufficient information to maintain adequate oversight of practices in the centre. She was responsible for the staff roster and she ensured effective operational management and administration of the centre. She was not based in the centre but records showed that she met regularly with the house manager. She visited the centre approximately twice per week and received a report from house manager each Monday. When interviewed she demonstrated that she was familiar with all aspects of the service. She was a member of the FSAT, which included a number of external professionals including a HSE representative, and she was aware of the needs of the individual children who used the service.

The person in charge had undertaken training in management and was committed to her ongoing professional development. She received regular supervision from the manager of services. She also told the inspectors that she was available to be called by staff outside of normal working hours in the event of a crisis.

A service level agreement with the Health Service Executive (HSE) had not yet been signed for 2015 but there was evidence that the manager of services met with the HSE in recent months in relation to this. Key performance indicators were maintained and these were returned to the HSE each quarter.

Judgment:

Substantially Compliant

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:

The manager of services and the CNM3 were aware of the requirement to notify the authority regarding the continued absence of the person in charge for 28 days but circumstances in the centre did not require this to be done since the Regulations were introduced.

In the event of the absence of the person in charge, another manager would deputise as the person in charge. He was interviewed by inspectors and found to be sufficiently qualified, experienced and competent to take on the role.

Judgment: Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were sufficient resources to meet the needs of the children and the services and facilities in the centre reflected the statement of purpose.

Children were offered respite placements only when sufficient funding was provided in line with the assessed needs and the finances of the centre were kept under regular review. There were sufficient resources to provide qualified staff in sufficient numbers and equipment such as a hoist, electric beds, multi sensory facilities and a suitably equipped centre vehicle to meet the needs of children and support them in achieving their personal plans.

The centre was owned by the HSE and was well-maintained. It provided adequate private and communal facilities for the children and staff. Children had access to toys, play areas and television and they were facilitated to maintain contact with their families and to continue to develop links with the community.

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):

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

Findings:

There were sufficient skilled staff to meet the needs of residents and to provide the delivery of safe services. Continuity of care was ensured. However, there was no training needs analysis and further training was required for staff. Supervision sessions had been introduced for individual staff but there were some gaps in contracts and the recording of issues that arose in supervision.

The staff team, who delivered care to the children, comprised a house manager, who was a CNM1, two staff nurses and four care staff. Relief workers that were employed were regular to this centre and other centres within the organisation. All nursing staff were registered. Care staff had a minimum of National Vocational Qualifications (NVQ) Level 5 qualifications but several of the care staff had social care degrees. The CNM1, who had previously worked on the staff team, had taken up the post of house manager during the week of inspection following the resignation of the previous house manager.

Staffing levels took into account the assessed needs of the resident and the size and layout of the premises. Inspectors viewed the staff roster, which was planned at least one month in advance, and found that there were normally three staff rostered from the time children finished school until 8pm, two staff from 8pm until 8am and three staff from 8am on the days that children remained in the centre during the day. On the days on which respite breaks began, staff began duty at 12.30pm to prepare their programme. The small number of staff ensured that continuity of care for the children was provided. Inspectors observed that staff were very familiar with the needs of the children they worked with and the children displayed ease and familiarity with staff. Staff presented as caring in their dealings with the children and responsive to their needs. The CNM3 was not on the roster as she did not work in the centre and was on an administrative roster instead in the organisation's head office.

A rolling programme of mandatory training was in place but there was no overall training record for staff in the centre to enable the CNM3 to ensure that the training of all staff was up to date. All staff had received training in Children First (2011), manual handling, fire safety and infection control. However, not all staff had received training in behaviour that challenges and staff had not received training in picture exchange systems or in sign language. No training needs analysis had been carried out but the introduction of individual supervision sessions had provided the opportunity for staff to identify their training needs.

Staff meetings were held approximately every six to eight weeks and were attended by the person in charge. Detailed minutes were maintained. The manager of services attended the meeting every four to six months.

A schedule of supervision had been introduced since the previous inspection and individual supervision sessions had been carried out. Inspectors viewed a number of supervision files and found that supervision sessions were detailed and wide-ranging. However, there was no supervision contract in place for one staff and other contracts

had not been dated. In some cases there were no actions identified regarding issues that required follow up.

There was a recruitment policy in place and the CNM3 had the support of the organisation's administrator in this regard. Inspectors viewed a sample of four staff files, two of nursing staff and two of care staff. The files were well-maintained and each file contained almost all the information and documents specified in Schedule 2 of the Regulations but the file of one staff member had some gaps in their employment history.

There were no volunteers working in the centre at the time of inspection but there was a policy in place on volunteers which sets out their rights and responsibilities and the arrangements to be put in place for their support and supervision.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records of the children and the care provided to them were maintained and kept securely. However, the records were not always complete. The directory of residents did not contain all required information. Records of food and drink consumed by children were not sufficient. Some policies needed to be developed while others required updating.

Children's files were stored securely in locked cabinets and there was adequate space for archived files. Adequate information on the centre and the services provided were available on a website and in the Resident's Guide. Records were not always accurate and up to date. Inspectors viewed the directory of residents but this did not contain all the information required. Omissions included the GPs' addresses, the names and contact details of officers of TUSLA, whose duty it was to supervise the welfare of the child, the

name and address of the authority organisation or other body which arranged the child's admission, and a discharge date, when applicable. The records of food and drink consumed by children were not individualised and of sufficient detail. The category of incidents that took place was not always recorded on the incident forms. Maintenance records were not fully completed. The list of fire equipment was not up to date as a fire blanket situated in the laundry room was not on the list.

Policies and procedures had been developed in accordance with Schedule 5 of the Regulations to guide the practice of staff. Staff were able to explain how the policies were implemented. However, not all policies required under Schedule 5 were in place. There was no policy on education or access to education and no policy on children's property and possessions. There was no centre-specific procedure on how medicines which were unusable should be stored securely and disposed of. The policy on nutritional intake was not sufficiently detailed regarding the monitoring and documentation that was required. The policy on risk management did not include the measures and actions in place to control the risks specified in the Regulations.

Managers ensured that insurance was in place against injury to children, staff and visitors.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Tom Flanagan
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 An Breacadh Nua
Centre ID:	OSV-0002058
Date of Inspection:	19 February 2015
Date of response:	14 May 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 was no information available on the details of advocates or how they could be contacted.

Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

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

A separate Advocacy Policy will be developed that will ensure information is available and accessible to children and their families.

The details of advocate services and how they can be contacted will also be added to the residents Guide and the Complaints Policy.

Proposed Timescale: 31/07/2015

Theme: Individualised Supports and Care

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

Children, who may wish to maintain control over their own possessions, did not have access to the lockable storage in their rooms.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

A lock will be added to the existing bedroom cabinet

Proposed Timescale: 30/06/2015

Theme: Individualised Supports and Care

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

The complaints policy did not clearly state who managed the complaints process and who was the person who oversaw the complaints process and ensured that all complaints were appropriately responded to.

Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

A lock will be added to the existing bedroom cabinet

Proposed Timescale: 30/06/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Staff had not received specific training in sign language or picture exchange systems.

Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Discussions have taken place with the Speech & Language Therapist and the behaviour therapist in the area and we have agreed a plan to provide training in the above areas.

Proposed Timescale: 31/08/2015

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:

Not all children had plans that set out their personal goals, the achievement of which would maximise their personal development.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The service provides Respite that is infrequent therefore some children may only attend twice a year (4 nights).

Current documentation will be reviewed and where goals have not been identified these will be following consultation with the child and their parents.

This will be added to the 'All about me' document or PCP.

These will be updated over the 5/6 months as reviews take place for each child or at the next attendance of the child.

This process will commence in June of 2015 with a review of Documentation and the children's records will be start to be updated following this review. Conclusion of this process will be October 2015

Proposed Timescale: 31/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Not all children had annual reviews of personal plans that ensured the maximum participation of each child and their parents or guardians.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

The service provides Respite that is infrequent therefore some children may only attend twice a year (4 nights).

Each episode of Respite commences with a consultation with the parent and/or the child. A document referred to as 'Respite Summary Sheet' is sent to the parent for completion 2 weeks before the commencement of the break. The parent returns this and Contact is then made by phone to discuss same. Further discussion is had with the parent at the completion of the break.

Amendments to this process: A section will be added to the summary sheet to allow parent to sign the document.

All parents will be invited to attend a review of service every 12 months to discuss the needs and provision of respite in a formal manner.

This process will be developed to commence in June, however will take 12 months to complete given the infrequency of attendance of some children

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

Not all children had annual reviews of their personal plans that were multidisciplinary.

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 service provides Respite that is infrequent therefore some children may only attend twice a year (4 nights).

Where a child has a multidisciplinary review this is conducted by the early intervention team or by the Liaison Nurse Counsellor on behalf of the HSE where appropriate. It would not be possible nor practicable to have a further Multidisciplinary review within respite for children who attend infrequently.

The service will ensure that where other disciplines are involved in the provision of service that involvement is invited and encouraged and an opportunity to meet with the

parents, respite staff, and the child are facilitated.
Where there is an identified professional outside of the respite service they will be advised of the Annual review and invited to participate.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

There was no formal structure in place to support the transition process when children were approaching the age of 18 years.

Action Required:

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

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

There is a formal structure in place within Wexford to facilitate transition from child respite to adult respite services. This is done via the Family Support Allocation Team (FSAT). This is led by the HSE and all documentation is held with the HSE. This service and other respite services are represented on this group.

When a child reaches the age of 17, this service arranges visits to the new adult respite service, if it has been identified by FSAT. Information on the new arrangement is provided by the new service.

This service will develop a document that clearly outlines the role and support that this service will provide in the Transition process

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

There was no evidence that children were provided with life-skills training or preparation for adulthood, where appropriate.

Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The service provides Respite that is infrequent therefore some children may only attend

twice a year (4 nights).
Currently each child's respite stay is a mix of fun and education including life skills development.
We will develop a document that clearly states this aspect as part of the delivery of respite.

Proposed Timescale: 30/07/2015

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:

Hazards in the centre had not been identified in conjunction with the safety statement.

Action Required:

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

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

A Review of the Ancillary Safety statement is taking place to ensure where Hazards exist they have been noted in the Ancillary Safety Statement
This work has commenced and is ongoing.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

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

Action Required:

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

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

The service will review its current Risk Management Policy in line with the HIQA document 'Guidance on Risk Management' and will amend as necessary.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

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

Action Required:

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

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

The service will review its current Risk Management Policy in line with the HIQA document 'Guidance on Risk Management' and will amend as necessary.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

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

Action Required:

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

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

The service will review its current Risk Management Policy in line with the HIQA document 'Guidance on Risk Management' and will amend as necessary.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

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

Action Required:

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

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

The service will review its current Risk Management Policy in line with the HIQA document 'Guidance on Risk Management' and will amend as necessary.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

Windows that children could access did not have window restrictors.

Action Required:

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

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

Window restrictors were installed on 23rd Feb 2015

Proposed Timescale: 23/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff were trained in the management of behaviour that is challenging.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

Further training has been arranged for the end of May. All staff who have training that is out of date will attend this training

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The decisions to use bed rails were not, in all cases, taken in conjunction with members of the multidisciplinary team.

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:

We will now write to the Occupational Therapist for the area to request an assessment on the use of Cot sides.

Proposed Timescale: 30/05/2015

Theme: Safe Services

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

There was no rights committee to ensure that any restrictive practices used in the centre were reviewed, that they were appropriate and that alternative measures had been considered.

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:

Currently all use of any restrictive practise involves the child where appropriate, the parent, the Behaviour Therapist, the RNID Nurse manager/s. In addition they will also be referred through the Rights committee when established.

A rights committee will be established within the next 6 months that is representative of the group that accesses respite.

Proposed Timescale: 30/10/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The quarterly notifications did not include any occasion on which bed rails were used.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure

including physical, chemical or environmental restraint was used.

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

All occasions where Bed rails are used will be reported on quarterly notifications.

Proposed Timescale: 30/04/2015

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:

The prescription sheets did not contain the child's address or centre address and there was no section for recording the maximum dosage.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The layout of the prescription sheet will be amended to facilitate the information e.g. child's address and the centre address.

Proposed Timescale: 30/05/2015

Theme: Health and Development

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

There was no centre-specific procedure on how medicines which were unusable should be stored securely and disposed of.

Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

A section specifically related to the storage and disposal of unusable medicines within respite will be added to the current Medication Policy

Proposed Timescale: 30/06/2015

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 the information set out in Schedule 1.

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:

A review of the Statement of Purpose will take place and amendments will be made to the statement of purpose where necessary.

Proposed Timescale: 15/07/2015

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 annual review of the quality and safety of care and support did not provide for consultation with children and their parents.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The establishment of a Parents forum will allow for consultation with parents. A more formal system of consultation with children will be established. Feedback from these processes will be included in all future annual reports.

The annual report will be made available to parents prior to completion for input.

The parents forum will be established by November 2015

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

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

A copy of the annual review of the quality and safety of care and support was not made available to children and their parents.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

A copy of the annual review will be held in the designated centre and accessible to parents and children. A copy will be posted on the Web site. A letter will be sent to all parents when report is completed to advise them of same.

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:

Audits were not carried out with sufficient frequency to provide the person in charge with oversight of the practices in the centre.

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 current formal audit process for Medication/Documents will be amended in the following manner:

The CNM for Respite services will carry out ad hoc audits every month

The PIC will carry out at least 2 audits every 6 months

Financial Audits will continue to be carried out every 6 months

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The file of one staff member had some gaps in their employment history.

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:

This has been amended

Proposed Timescale: 25/02/2015

Theme: Responsive Workforce

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

Not all staff had received training in behaviour that challenges and staff had not received training in picture exchange systems or in sign language.

No training needs analysis had been carried out

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

Further training has been arranged for the end of May in the area of Challenging Behaviour.

Discussions have taken place with the Speech & Language Therapist and the behaviour therapist in the area and we have agreed a plan to provide training in the above areas All staff who have training that is out of date will attend this training

An overall training needs analysis of the staff group will take place to identify gaps where they exist. This information will be sourced from the current staff training database and from Supervision Training Records

Proposed Timescale: 31/08/2015

Theme: Responsive Workforce

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

There was no supervision contract in place for one staff and other contracts had not been dated. In some cases there were no actions identified regarding issues that required follow up.

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:

Supervisory staff have since completed a course in Supervision. Documentation is being reviewed and changed where necessary.

Any missing documentation will be put in place, where dates are missing this will be corrected.

Proposed Timescale: 31/07/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Not all the policies and procedures set out in Schedule 5 were in place and some policies did not contain all the required information.

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:

Work will commence immediately on the following policies:

Risk Management - 30/7/15

Medication Management - 30/7/15

Work will commence in June/July 2015 on the following:

Residents Personal Property, personal finance and possessions

Education Policy

Monitoring and Documentation of Nutritional intake

Access to education, training and development

Where a policy requires amending the existing policy will be amended, where a policy does not exist this will be developed.

Proposed Timescale: 30/11/2015

Theme: Use of Information

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

The directory of residents did not contain all the required information.

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:

A Doctors address field has been added to the Directory of Residents and the necessary information has been added

Details of Social Workers who had previously been involved with a child have also been added to records where appropriate

Proposed Timescale: 27/03/2015

Theme: Use of Information

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

Not all records required to be maintained under Schedule 4 were complete or contained sufficient information.

Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:

Individual records of children's food intake will now be recorded and held in the child's daily record

Proposed Timescale: 17/04/2015

