

**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 Ability West
Centre ID:	OSV-0004064
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Orla Murphy
Support inspector(s):	Carol Maricle
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	4

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:
28 January 2015 10:00	28 January 2015 19:30
29 January 2015 09:00	29 January 2015 16:30

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The inspection was announced and was carried out by two inspectors over two days. The purpose of the inspection was to inform a registration decision. The centre provided a respite care service to children with moderate to severe intellectual disabilities who were engaged with Ability West services and were aged up to 18 years (if in full time education). The service could accommodate children with additional mobility needs.

As part of the inspection, the inspectors met with the person in charge, four staff members and three members of the senior management team. The inspectors also met with the two children who were staying in the centre and observed their

activities and their interaction with staff. Inspectors met with one parent of a child that used the respite service, and four other parents completed questionnaires as part of the inspection. Inspectors carried out a tour of the centre and reviewed a number of the children's files, audits, policies and procedures, staff files and other records in the centre. Feedback was provided to the person in charge and external line managers at the end of the inspection.

The centre was located in a rural area close to a town in the West of Ireland. It comprised of a bungalow set on its own grounds. There was a large garden and a play area for the children's use. The building was well maintained and there were sufficient aids and adaptations in place to meet the needs of the children that attended the service. Accommodation was available for up to six children. However, only two were resident in the centre at the time of this inspection.

Children receiving respite care in the centre had their daily needs met to a good standard of care. Inspectors observed staff caring for and supporting children positively. Children with a range of more complex needs attended the service, and staff and managers knew the children well. Child centred communication was good, and key procedures and signage were represented in picture formats which supported children with communication needs. Children were supported to achieve independence in tasks and children participated in the community depending on their abilities and preferences. Children attended various schools, and their education plans were carried through to the centre to ensure goals were followed through. Parents felt that their children were well cared for and supported to develop new skills when they stayed in the centre.

There was evidence that there were good management systems in place, and senior managers were accountable in their roles. Managers had developed policies and procedures, staff development systems, fire safety systems, risk management procedures and some quality assurance mechanisms in the centre to support its' operation. Staff received formal supervision and were provided with a good standard of training and development to ensure they had the appropriate knowledge and skills to meet the children's needs. Recruitment practices were robust and all required vetting was in place.

Inspectors found there were areas that required improvement. Two children were living in the centre on a full time basis, and the purpose and function of the centre did not adequately describe the arrangements in place to provide a full time home for these children alongside the provision of respite care to others. The impact of this was also not adequately considered. The statement did not contain all of the information required by the Regulations. There were inadequate assessments of need and personal planning in place in the centre. Staff followed the educational plans for the children as the planning document which was insufficient. However, there were intimate care plans and comprehensive risk assessments in place for the children. There were no contracts of care in place and the management of finances needed to be reviewed. An annual review of the quality and safety of care and support had not been carried out. Restrictive practices were recorded and reviewed as separate events. However, the notifications to the Authority needed to improve in

this regard. and further improvements were also required in the areas of risk management, fire safety, quality assurance, and staff training.

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):

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

Findings:

Good practices were observed regarding children's rights and consultation in their daily activities but more formal methods of consultation were not in place. Robust systems were not in place regarding children's finances and the recording of complaints. Children's privacy and dignity were well protected and promoted by the person in charge and the staff team.

Formal consultation with children was not in place in the centre. There were no children's meetings held and individual consultation between staff and children was not recorded as such. The centre manager informed inspectors that this was due to the complex needs of most of the children using the service, and that consultation was more effective individually. S/he stated that children's wishes and choices were recorded in daily logs and inspectors found some evidence of this for individual children. Inspectors also found that there was some informal consultation with children and with parents regarding their and their child's wishes regarding their stay. Inspectors observed children being consulted with by staff and planning their evenings during the inspection. Parents informed inspectors that they were asked by staff what skills they wished to develop and what activities they wanted children to engage in when using the service.

Systems were not sufficiently developed and embedded to ensure consultation was formalised and children's rights and advocacy was actively promoted. Details of local advocacy services and children's rights were displayed prominently in the centre, and in interviews managers informed inspectors that they would encourage the use of independent advocates by providing contact details and requesting input from these services if this was required by the children. Inspectors found that given their needs, the children attending the service would need significant support to access independent

advocacy. However, the organisation had an internal social work service. Inspectors found that social workers in this service were advocating for children's rights in relation to areas such as funding, access to therapeutic services, and education.

Complaints were received and managed in a timely way but the process was not fully compliant with Regulation 34. Several complaints officers were identified in policy and in practice, and the centre did not have one definitive complaints manager as required by the regulations. The area services manager was designated to manage complaints at certain stages or regarding different personnel. However, so was another manager outside the centre. In addition, the centre manager facilitated the local resolution of complaints. This rendered the procedure unclear. The information on display in the centre also identified several complaints officers for the centre, which inspectors found may be confusing for children and families. The procedure identified the provision of advocacy to support persons in making a complaint. Parents that spoke to inspectors and completed questionnaires said that they were clear on the process to make a complaint, and how to progress a complaint if dissatisfied with an outcome. There was an appeals process outlined in the procedure to support this. The CEO informed inspectors that s/he received reports on complaints on a monthly basis and had oversight of all complaints. Complaints were discussed at senior management team meetings and this was reflected in the minutes seen by inspectors.

Inspectors reviewed the complaints log for the centre which reflected that there were no complaints currently open, and there had been two complaints received in the year prior to the inspection. These complaints were both from families, and inspectors found that children had not made any complaints. The log set out the actions taken in response to the complaints and any changes that were introduced from complaint findings. For example, one concern around mislaid personal linen led to improved recording of items brought into and sent home from the centre. The log showed that both complaints were responded to and resolved in a timely way. The overall policy was cumbersome and unclear in parts, and inspectors found this may not be accessible to families. In addition, the distribution of the procedure to parents was not documented or evidenced. However, children had access to an 'easy to read' complaints policy/procedure with symbols and pictures. Leaflets, which provided a condensed version of the full policy for children were on display in the centre and inspectors found that these were of a good standard but it was unlikely that children would be able to raise concerns due to their complex needs. This was an area that the centre needed to improve.

Children were treated with dignity and respect by the staff team. The centre provided respite care to a group of 12 children in total, two of which lived in the centre full time. Inspectors observed that practices and routines were centred on the children's needs and wishes. Inspectors found from interviews and a review of records that all of the children accessing the centre had significant needs and some aspects of their understanding of the care provided to them was limited. However, inspectors observed staff offering personal care and support to the children in a discreet and respectful way. Staff were observed respecting children's time alone while providing discreet supervision and speaking to the children in a respectful manner. Staff encouraged children to express their wishes and choices through play, independence skills and self care. A number of children's rights were displayed in the centre in pictorial and sign language formats such as the right to feel safe, to complain, and to be well cared for. The children

could not verbally communicate with inspectors about their rights and experiences. However, inspectors observed the children accessing all parts of the centre with ease and seeking staff guidance and support repeatedly. The children appeared comfortable and secure throughout the inspection. One parent told inspectors that their child actively chose to attend the centre and this indicated to them that their child felt safe and secure there.

Children were provided with information and support to maximise their ability to make choices, and this was facilitated well. The children were encouraged to make choices and were provided with a range of tools to support this. Inspectors observed children choosing their meals, activities and routines. They did this by utilising picture boards which were available throughout the centre and by signing and gesturing their wishes to staff. Staff supported children to complete tasks as independently as their abilities allowed. There were two books in the centre which held pictures and symbols for meals and for activities. These were used by most children to help them to plan their routine and communicate their wishes. Daily logs were examined by inspectors and children's choices were reflected in these.

Aspects of the management of residents' finances were not robust or adequately accountable. The organisation's policy for the management of resident's finances applied to both adult and children's services. Children brought small sums of money to the centre to be utilised during their stay. The receipt and expenditure of these monies were recorded and receipts were maintained for expenditure. There were two children living in the centre full time and one of these children had a personal bank account and bank card. Their account was managed with staff support in line with the organisation's policy. However, the other child did not have a bank account due to their age, but had received income in the form of cheques. These cheques were managed through the organisation's bank account. While inspectors found that the income and expenditure was recorded and accounted for in those records, the practice was not robust and was contrary to the Regulations. Inspectors examined records of other children's expenditure in the centre and found it was accounted for and reconciled on a daily basis. One parent informed inspectors that receipts were provided for all expenditure during their child's stays.

Children's belongings were respected in the centre and children were given the facilities to safeguard them during their stay. The two children living in the centre had their own bedrooms and children attending the centre for respite care used the other bedrooms. All bedrooms had adequate storage facilities for clothes, toys and other belongings. Children's bedroom doors could be locked from the inside to ensure their privacy. All bathrooms and toilets had adequate privacy measures in place. There were adequate laundry facilities and children could care for their own laundry with staff support.

Children were given opportunities to participate in activities and develop their interests. Inspectors found that staff knew the children well and children's files recorded their interests. One parent told inspectors that their child's interests were catered for in the centre and that staff encouraged new interests and activities. The varied interests of the children were incorporated into picture books which children then used to help them choose what they wanted to do. One child chose to bake cookies with staff during the inspection. There were a range of age appropriate toys, sensory items, music, dvd's and

craft materials in the centre to support children's interests. There was play equipment in the enclosed rear garden of the centre and this area was used by some children. Both children living in the centre full time engaged in activities with peers both inside and outside the centre. They had a number of games, books and audio/visual equipment in their bedrooms for their own use and they visited shops, entertainment venues and outside activities on a regular basis. Staff were observed engaging skilfully with the children during the inspection to provide them with structured play and in developing skills through activities. Questionnaires received from parents noted that their children were supported to attend activities inside and outside the centre during their stay there.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children were assisted and supported to communicate effectively, and staff were aware of their preferences. The centre had a comprehensive policy and supporting procedures in place regarding communication. Inspectors were told by the centre manager that some children who attended the centre used hand held computers to assist in their communication. This was primarily through the use of signs and pictures contained on the equipment. The two children living in the centre did not use devices, but did use a picture communication system and a form of sign language to communicate. Inspectors found through observation of the children's interactions and through interviews that staff were aware of the communication methods and needs of the children attending the centre. Inspectors were told that most children attending the centre could not communicate verbally and needed to use a number of methods to indicate their needs to staff and to their families. Staff were observed supporting and encouraging the children to express themselves in a range of ways. For example, inspectors observed the children using picture symbols to choose an activity and by gesturing to staff to identify an item they wanted. Staff also used sign language with the children and they responded to this. Staff described particular gestures by the children to inspectors and explained what these gestures indicated. The centre's statement of purpose outlined the facilities in place to meet the children's communication needs which included speech and language therapy, picture exchange systems, sign language and assistive communication devices. Staff had all attended basic Lamh (sign language) training and further training was scheduled for 2015 in more advanced aspects of Lamh.

Individual children's communication methods were in the process of being recorded. The centre was in the process of developing communication guides for each child which outlined their methods of communicating, their gestures and what actions may reflect a mood or vulnerability. One guide was fully completed and inspectors reviewed this. The guide was of a very good quality and provided staff with direction regarding the meaning of the child's behaviour and gestures, and how best to respond to and support the child to express themselves. The communication guide was informed by the speech and language professional involved with the child and by their family and staff member's knowledge of the child. The centre manager informed inspectors that each child had communication guidance in place in their personal profiles and the development of the more extensive communication passport was at various stages for the children accessing the centre. These passports were intended for use across multiple settings such as home, school and the centre.

Inspectors observed that the children had access to radio, television, music systems, internet and telephones in the centre. Parents that provided their views as part of this inspection said that they phoned the centre and their children phoned them when staying there. They felt that communication was good and that staff supported their children to maximise their ability to communicate and express their feelings and wishes.

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):

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

Findings:

Children were encouraged and supported to maintain close relationships with their families, and the respite service was part of their wider community. The majority of children using the respite service lived at home and stayed in the centre with varied frequency. Two children lived there on a full time basis. The organisation also provided a shared care service which was similar to a fostering placement. Both services were utilised by some children. Inspectors sought the views of the families involved with the centre and five of the eleven families provided feedback. Inspectors reviewed a number of children's care files and found that there was frequent telephone and written contact between the staff team and families. Staff updated parents on children's wellbeing during their stay and many children and parents spoke to each other while away from home. Inspectors interviewed the organisations social workers for the two children living in the centre full time. These interviews and records examined reflected that significant

efforts and facilities were put in place to maintain family contact and relationships for these children. Sibling contact was sought and facilitated for the children in the centre, and supports were provided by the centre to enable the children to visit their families. Parents told inspectors that they were kept informed about their children's health, wellbeing and progress while in the centre. Some children utilised a shared care service in addition to the respite service which aimed to provide them with opportunities for time away from home in a different environment.

As the centre was a respite service, most of the children had their own friends in their own communities, and only stayed in the centre periodically. The children had developed friendships in the respite service, and inspectors found that the service made efforts to plan the groups of children that stayed together, based on their interests, friendships and needs. For the two children living in the centre, they had developed friendships primarily with the other children attending respite who were also their peers in school. This meant that they saw their friends regularly both in school and at the centre.

Children were facilitated to receive visitors and maintain contact with family and friends. There was a policy regarding visitors in place and this was implemented. Safeguards were in place and visitors were required to sign in and out of the centre. There were areas for children to receive visitors in the centre and inspectors observed that these areas had adequate seating and privacy. The centre manager informed inspectors that visitors were welcome at all times. One parent told inspectors that they could visit their child anytime while they were staying in the centre. This parent had called to the centre unannounced on occasion and reported that they were made to feel welcome at all times.

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):

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

Findings:

Admissions and discharge procedures were transparent and provided children with supports to transition to and from the centre. However, they were not always effective. There were no contracts of care in place for children.

The criteria for admission to the respite service was transparent, and admissions were timely. Admissions were planned and the centre also considered emergency admissions in response to unforeseen events in families' lives. Applications were submitted from families to use the service and following discussions with families, respite stays were then allocated through a central co-ordinator. Children visited the centre prior to their initial respite stay. How often children visited the centre prior to staying there overnight varied and inspectors found this was tailored to each child's needs. Inspectors found that some children visited for a meal or an activity on a few occasions, and others moved quickly to stay overnight as this worked better for them.

The statement of purpose did not adequately outline how the service operated a respite and long term service alongside each other and the length of some placements meant that procedures were not sufficiently robust and that discharges were not effective. Two children were living in the centre on a full time basis. They had been admitted to the centre on an emergency basis. However, they had no onward identified placement and remained there. One child had lived in the centre for over three years. The senior managers interviewed by inspectors demonstrated that there had been a range of interventions put in place to address this issue but none had been effective.

Contracts of care were not in place for the provision of care to children. Inspectors found that there were no contracts or agreements in place on children's files. The respite service was funded as part of the organisations wider funding from the Health Service Executive (HSE). Service level agreements were in place between the HSE and Ability West. However, families were also asked for nominal contributions to their child's stay in the centre, which was provided. The absence of a contract of care meant that families were not provided with transparent information on the service they could expect or the specific services provided to children. It also meant that there was inadequate accountability for the organisation when receiving charges and/or contributions.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children's needs were not comprehensively assessed or planned for in the centre and the planning in place was focussed on educational aspects of care. The involvement of families in planning care was not adequately reflected. However, children received good quality daily care in the centre and children were supported to develop skills and achieve during their time in the centre.

Children's needs were not comprehensively assessed, but some aspects of their needs such as their intimate care and educational needs were assessed by a multi-disciplinary team. Inspectors examined the care files for a number of children and found that only some of their needs were assessed appropriately. Assessments were in place to identify intimate care needs, educational needs, communication needs and some health needs. However, inspectors found that these assessments varied in their detail. Overall, inspectors found that assessments were inadequate and did not assess the social, emotional, spiritual and all health needs of the children. The views and wishes of parents and children were also not adequately reflected in the assessments in place. Interviews with staff demonstrated that the team could describe the children's needs well, and were informed about the care and support they required. However, this was not reflected in comprehensive assessments. This meant that children's needs may be unidentified and necessary supports may not be put in place to meet these needs.

Personal plans were not implemented for children in the centre and the educational plans that were in place did not identify goals and aspirations for children in all aspects of their lives. Plans also did not adequately reflect or promote the wishes and views of children and families. The inspectors found from records and interviews that the respite centre operated as an extension of the schools attended by children and implemented the same goal setting plans that had been developed in school. The children's educational plans were examined by inspectors and found to be detailed and reflected each child's goals and achievements in limited areas such as education, mobility and some aspects of health and relationships. However, these plans did not reflect goals or describe the progress in areas such as all aspects of health, social, activities of daily living, safety, diet, transport, communication, routines and spirituality. The views of children and families were also not adequately reflected in educational plans. These plans were reviewed by a multi disciplinary team on an annual basis. However, the content of these plans did not meet the requirements of the Regulations and did not adequately provide effective planning or review for children in all areas of need for their stays in the respite service. This meant that there were several aspects of children's lives that were not planned for, and this may mean that staff may not deliver appropriate care and there may be missed opportunities for children to develop skills and achieve their full potential.

Statutory care plans were not in place for one child in care. Inspectors found that one young person was in the care of the Child and Family Agency (CFA) and while they had an allocated social worker and were reported to have a care plan completed, the centre did not have a copy of this plan. Inspectors interviewed the young person's social worker in Ability West and they advised that this issue was being followed up on by the organisation.

Systems were in place to support effective transitions for children. The centre had a procedure regarding the discharge and/or transition of children. This was examined by inspectors and outlined that transitions to and from the centre should be planned effectively by the multi disciplinary team in school, and involve the child and their family. The procedure reflected that transitions or moves should be taken at the child's pace, and should involve staff in the respite service and in the new setting. The centre manager informed inspectors that one young person would be transitioning to an identified adult service in the months following the inspection. S/he stated that the team would support this young person in moving to their new placement by accompanying them during transition visits and working with them once they had moved . Multi disciplinary meetings to develop this transition plan had not yet commenced and the plan was not yet in place. The nature of respite care meant that children were transitioning frequently between home and the centre frequently. However, in respect of significant moves away from the centre, there had been no transitions or discharges from the centre in the year prior to this inspection. Inspectors were informed that three children were due to transition to adult services in the coming year.

Children were supported and encouraged to develop some life skills and achieve some independence skills. However, these were not fully reflected in each child's plan. Records such as daily logs showed that staff supported the children to develop independence skills in areas such as self care, mobility, cooking and other household tasks. One child was being given structured opportunities to plan their routine when staying in the centre. Another child was being supported to address their fear of using certain areas in the community. Inspectors observed the children baking, planning routines and completing specific tasks during the inspection. However, none of these pieces of work undertaken by the staff team formed part of the plans in place in the centre and were not identified as goals for children. As such, inspectors found that there was a range of programmes in place for individual children, but these had not been formalised. This meant that they may not be implemented consistently and this may reduce their effectiveness and fail to achieve lasting positive outcomes for children.

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):

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

Findings:

The layout, location and design of the centre was suited to meet its stated purpose and the needs of children.

The centre was a bungalow, which was located on the outskirts of a town in the West of Ireland. Shops, schools, public transport and community facilities were located a short drive away. The centre had been purpose built to accommodate children with restricted mobility and there was a ramped area at the front of the property to allow access. The design and layout of the centre was in line with the description contained in the statement of purpose and inspectors found there was sufficient heat, light and ventilation throughout the property.

The centre was homely and well maintained and there was sufficient space for children. There were six bedrooms for children's use. Bedrooms were spacious and two bedrooms shared a bathroom designed for children with restricted mobility. Other accommodation comprised of a kitchen, dining room, utility room, three toilet/bathrooms, an office, and two sitting rooms. All areas of the centre were clean, and the sitting rooms and bedrooms were furnished and decorated with child friendly colours and motifs. There was sufficient communal space for the children. Both sitting rooms were well furnished and the kitchen and utility room were well equipped. Inspectors observed the children accessing all parts of the centre.

There was a large garden to the rear of the property, which was secure and accessible. The garden contained play equipment which was used by children. There was no clinical waste produced by the service but domestic waste services were in place.

A range of equipment was appropriate to the needs of the children and was maintained in good working order. Some children required assistive equipment, and the property was adapted to accommodate this. Adaptations included hand rails, widened door frames and a tracking hoist system. Inspectors examined records which showed that all equipment was serviced regularly by a specialist contractor. The front door was secure and accessed by keys and an electronic entry system.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

The health and safety of the young people, visitors and staff was not adequately promoted in all areas. Although there were policies and procedures and good practice in place in regards to health and safety and fire precaution measures, the risk management procedure in place was not adequate.

The centre had a number of systems in place to address some aspects of health and safety. Inspectors found that the health and safety statement and supporting policies for the centre provided sufficient guidance for staff. The statement was up-to-date and outlined the responsibilities and duties of the Chief Executive Officer (CEO) and various entities within the organisation. The statement was signed by the CEO and referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. However, the procedures relating to local hazards and how they were addressed or mitigated were not sufficiently detailed to guide staff. Inspectors found there was a detailed health and safety procedure which addressed areas such as accident reporting, food safety, electrical appliance safety, manual handling, security, infection control, sporting and risk based activities, clinical waste disposal, first aid and disability awareness.

Quarterly and annual visual health and safety checks were carried out by the centre manager and health and safety manager respectively. Reports were produced and from these action plans and controls were produced in relation to risk and safety which were presented to the senior management team. This was reflected in minutes of senior management meetings examined by inspectors. Progress on actions from these reports were monitored through an electronic quality management system which alerted relevant individuals to completed tasks. The most recent safety audits were examined by inspectors and found to have identified deficits and risks, and put in place actions and controls to address these.

Staff in the centre were trained in a range of safety practices. Inspectors examined staff training records and found that training had been provided to staff in manual handling, first aid, food safety, hand hygiene, and infection control, and training records examined by inspectors showed that these were up to date for all staff .

While the centre had systems in place for the identification, monitoring and management of risk, the risk management procedure did not comply with regulation 26 and did not provide sufficient guidance for day to day practice. It also did not adequately cross reference the relevant sections of other policies such as the health and safety policy. For example it did not provide sufficient guidance on hazard identification and assessment of risk throughout the designated centre, and how to put measures in place to control identified risks. In addition it did not adequately describe the measures and arrangements in place to control accidental injury to residents, visitors or staff, aggression and violence, self harm or the arrangements in the event of a child going missing. Staff completed incident report forms following accidents, incidents or near misses, and these were reported through the electronic quality management system. The centre manager reviewed all of the completed forms and the regional director of services and health and safety manager also reviewed the report. They then identified and implemented measures to manage or mitigate the risk and were notified via the system when this was completed. Examples of responses to identified risks included increased secure storage and limited access to dangerous substances and increased

staffing for the duration of some children's stay. Hazards and repairs were reported to a maintenance department, and records showed that these were attended to promptly. The risk management procedure did not describe the system in place for the investigation of and learning from serious incidents. However, this was referenced in the health and safety procedure. The procedure described that data on accidents/incidents was provided on a regular basis by the health and safety manager to the senior management team, the board of directors for review of accident/incident data and trends. Inspectors saw evidence of these reports in the senior management team minutes, however the procedure did not adequately describe how the service investigated and learned from serious events and incidents.

The management of risk for individual children was effective. The inspectors found that a number of risk assessments had been completed for individual children. Several had been completed regarding the environment and the children. Those examined by inspectors identified the risks, outlined control measures to address these and scheduled review dates. Risk assessments were in place for issues such as access to the kitchen area, the use of the garden, using transport and peer interaction. In addition, individual risk assessments were in place for children regarding risks of falls, self injurious behaviour and the management of medical conditions.

The centre had a risk register which recorded a number of risks in the service and the controls in place to address these. The risk register was up to date and inspectors found that the register reflected where risks had increased or been reduced. It outlined specific risks in relation to the children such as use of restrictive practices, medical conditions, behaviour which challenged the staff team and peers, self harm, access to hazardous substances, adverse incidents and events, medical emergencies, safeguarding concerns and mobility challenges. A tool was used to score risks and determine if they were low, moderate or high, and this scoring was reflected on the register. All risks on the register had controls in place and were categorised and scored as low to medium risk. Additional key risks such as fire, reduced staffing, interruption of services, hazards and accidents were also included on the register, with details of measures in place to control these risks. The centre manager was responsible for the maintenance of the register which was stored as a printout and within the shared electronic quality system, and was accessible to the senior management team and health and safety manager. The external line manager of the service informed inspectors that s/he examined the risk register from time to time. Inspectors found that this was not reflected on the printed or electronic register and that greater evidence of the oversight of the register was needed.

There were good systems in place for the prevention and control of infection. Inspectors found that all areas were clean and hygienic. Staff were observed implementing safe food hygiene practices when cooking meals and colour coded equipment was in place to support this. Inspectors examined temperature checks of the fridge and freezer, and found these were maintained and up-to-date, and that food was stored appropriately. There was a cleaning schedule in place for tasks and records examined showed that tasks in the schedule were marked as completed on a regular basis. Colour coded cleaning equipment was also in use in the centre, and inspectors found that these were stored appropriately. Degradable laundry bags were in place to manage any soiled linen or clothing. Inspectors observed that there were sufficient hand washing facilities in the

centre and sanitising hand gel was available in key areas throughout the centre. Pictorial signage was also on display to promote good hand hygiene practices.

An emergency plan was in place for the centre which was detailed and instructive. The plan outlined the response and arrangements in place in the event of emergencies or unforeseen events such as staff absences, outbreaks of illnesses, communication or utility outages. Guidance was included for staff to follow in the event of an emergency. Contact details for a specific team of managers identified to respond to critical incidents were also included. The plan also outlined an evacuation plan to be followed in the event of an emergency in the centre. A place of safety outside the centre was identified should an emergency evacuation be required, and alternative accommodation was required elsewhere.

There were adequate precautions in place against the risk of fire. There were adequate fire extinguishers and alarm points at strategic points throughout the centre. All fire extinguishers had been checked and approved for use by an external contractor in the year prior to the inspection and the alarm system was serviced quarterly by an external contractor. A review of staff training records showed that all staff had received up-to-date fire safety training and staff that spoke to inspectors knew what to do in the event of a fire. Other records in place in the centre included a fire register, daily inspection records of fire exits, weekly and monthly inspections of fire extinguishers/fire alarms/emergency call systems/emergency lighting. Inspectors observed that fire instructions were prominently displayed throughout the centre and there were useful pictorial versions of the fire procedure on display for the children. Two children required equipment to support them to be evacuated safely in the event of a fire. Inspectors found that this was in place and records showed that staff had been instructed in its use. There were sufficient staff on duty at night to support children in the event of an evacuation. All children attending the service had personal emergency egress plans to be used in the event of a fire, and these were updated annually (or more frequently if the child's circumstances changed). Inspectors found that a sufficient number (five) of fire drills had been undertaken in the 12 months prior to the inspection, and these involved both staff and children at different times of day. All children had experienced at least one evacuation across these five fire drills. The record of each drill was reviewed by the centre manager and forwarded to the health and safety manager. Inspectors found that any deficits or suggestions highlighted by these reviews were attended to in a timely way and carried forward for learning to subsequent drills.

The vehicles in use for children were shared with a school within the organisation. These vehicles were driven by dedicated drivers and were maintained by the transport manager of the organisation. Inspectors found that vehicles contained the required up-to-date tax, insurance and NCT.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect children and behaviour management plans were robust and effective. However, there was insufficient oversight of restrictive practices.

There were systems in place in the centre to safeguard children and protect them from the risk of abuse including robust recruitments practices, higher staff ratios for some children and protocols around personal care and contact with children. There was a policy in place which reflected the Children First: National Guidance for the Protection and Welfare of Children (2011). However, while the policy was based on 2011 guidance, it required updating as it referenced Children First (1999). The social work manager in the organisation was the designated person to receive and report incidents of suspected abuse, and staff were aware of the role. A photograph of the designated person along with their contact details was displayed prominently in a communal area in the centre. The policy in relation to abuse outlined the types and impact of abuse and the procedure to follow in the event of a disclosure of alleged abuse. The policy also detailed and guided staff in good safeguarding practices. The policy referred staff to Children First (2011) and their obligations under that guidance. Inspectors observed that a copy of the guidance was also held in the centre. Staff training records showed that staff had attended updated Children First (2011) training. Staff who spoke with inspectors demonstrated a good understanding of safeguarding practice and their obligations if they had a concern about children. Staff also demonstrated a good awareness of abuse as it pertained to children with a disability. Team meeting minutes and supervision records reflected that the centre manager provided guidance and instruction to staff around the management of children's safety. Incidents of alleged abuse were appropriately investigated and managed in line with the centre's policies and Children First (2011). The children were unable to tell inspectors about how safe they felt in the centre. However, inspectors observed children seeking and receiving staff reassurance during the inspection and the children were calm and assured when in the presence of staff.

There was effective oversight of the safety of care provided in the centre by senior managers. The designated person met with inspectors and described the process by which they received and processed concerns or allegations. The designated person also told inspectors that s/he met with the Chief Executive Officer (CEO) of Ability West on a six weekly basis to discuss all concerns reported to the designated person and to monitor their outcome. Inspectors examined the minutes of these meetings and found

that there were clear actions and good accountability within these to ensure child protection concerns were monitored and progressed in a timely way. The CEO informed inspectors that s/he had oversight of all child protection concerns in the centre via these meetings and updates provided by the designated person. Two concerns were reported to the Child and Family Agency (the Agency) in line with Children First (2011) reporting procedures in relation to the suitability of a placement for one child and their status. The Agency found that this issue did not meet the threshold for abuse. However, meetings had been held between senior managers of both organisations regarding the concerns and senior managers informed inspectors that they would continue to pursue their concerns regarding this issue with the Agency.

The centre manager and senior management team monitored systems in the centre to ensure that the care delivered was safe. A quality management system was in place which recorded all incidents, accidents and events in the centre on a shared electronic drive which alerted senior managers to these events. Actions from these events were identified and followed up on. In addition, there was a programme of continuous professional development and supervision for staff in the centre to ensure they were accountable and kept up to date with best practice. Shift leaders on duty reported into the centre manager, and the centre manager reviewed records and logs regularly and followed up on any areas of concern. There was policy in place to support disclosure of poor practice for staff and those interviewed were aware of their obligations in this regard. Inspectors found that the CEO of the organisation had acted upon recent adverse media coverage of residential services for people with disabilities. S/he had written to all parents and staff members providing assurances about the services provided to children and requesting that any parents or staff with concerns about the care standards in the organisation should contact him/her. A number of contact details were provided to support this.

Intimate care plans were in place for all children and these detailed the support that staff needed to provide for each child when attending to their personal care on a daily basis which meant that children's needs were met consistently and in accordance with their preferences. There was an organisational policy in place for the provision of intimate and personal care. Inspectors found that bathrooms in the centre afforded staff and children the space, comfort and privacy needed to meet their intimate care needs. Daily logs examined by inspectors discreetly reflected the personal care and support provided to the children. One parent told inspectors that their child's needs were met sensitively by staff during their stay, and they knew this by their child's wellbeing and demeanour when going to and returning from the centre.

Inspectors observed staff supporting children effectively and attending to their care needs during the inspection. Some children had individual risk assessments in relation to their safety and these were examined by inspectors and found to be of a good quality. These assessments identified risks in relation to mobility, behaviour that challenged staff and peers, limited awareness of danger, ingesting toxic substances, and vulnerability due to complex needs. Actions were in place to control these risks such as reduced numbers of children on respite, one to one staff support, observation and monitoring of changes in children's wellbeing, and environmental restrictions to hazardous areas or substances. Documents examined, observation and staff interviews showed that daily practices were in place to safeguard children, such as staffing ratios, monitoring young

people inside and outside the centre, an awareness of where children and staff were throughout the day and clearly outlined routines for some children.

Children were treated with respect. Inspectors observed staff being attuned to the children's needs and engaging with them in a warm and respectful manner. All parents who provided views as part of the inspection felt that staff cared for their children and provided them with a good standard of safe care. Parents also felt that they were kept informed of any incidents, accidents or significant events regarding their children.

Children were provided with supports and interventions to promote a positive approach to managing behaviour that challenged. The centre had a policy in relation to behaviour support which identified the model of behaviour management, the roles and responsibilities of staff, and the schedule of interventions that should be used to respond to children and support them safely. It also identified practices that should not be used. Inspectors examined records of staff training and found that all staff had been trained in a positive behaviour support model which included training in the use of physical interventions where children's safety was compromised. Not all children using the respite service displayed behaviour that challenged. The centre manager told inspectors that behaviour management plans were developed by the school for children that required them. The development of these plans involved the multi disciplinary team, respite staff and families. Inspectors examined one of these plans and found that it was detailed and clearly described the interventions and responses that were needed to support the child in managing behaviour that challenged the team. Rewards and incentives were also in place for some children and this was reported to be effective in supporting them to regulate some behaviour which challenged. Therapeutic support was also available for children within the multi disciplinary team in the organisation and inspectors found evidence of this input in some children's care files. Inspectors observed staff monitoring children's moods and implementing a child's behaviour management plan effectively during the inspection. Staff identified signs of potentially escalated behaviour in a timely way, and provided reassurance and de-escalation techniques which supported the child to engage in an alternative activity. This yielded positive results for the child and the staff team.

Restrictive practices were not adequately recorded or reported and the oversight of restrictive practices was not sufficiently robust. However, it was unclear if restrictive practices such as environmental restrictions were notified to parents. Restrictive practices were guided by a policy which outlined the types of restrictive practices that may be used and the circumstances for their use. The policy also outlined unacceptable forms of restrictive practices. Inspectors found that restrictive practices were reported and recorded. However, the centre manager did not maintain a log of restrictive practices in the centre. These practices were notified to a recently developed rights committee. The rights committee's purpose was to receive information on restrictive practices and determine how they may impede on children's rights and if the restriction was appropriate. Inspectors found that restrictive practices were also submitted as standalone events through the organisations incident reporting system. In this system they were reviewed by the external line manager and the centre manager. However, the absence of a log meant that although there was oversight by the centre manager in relation to individual practices, there was no central record that could be reviewed to identify trends or patterns. Inspectors examined the individual restrictions reported and

found that all were environmental restrictions, Four restrictive practices had been sent to the rights committee for consideration. However, the response to these was not timely. The committee had not responded to any of the reported restrictions at the time of the inspection. In one case the committee had not provided a response to the centre in over 12 weeks.

The restrictions used by the staff team were in response to assessed safety risks and the children's vulnerability. Examples included the use of bed rails for a small number of children and the locking of cupboards or doors (to restrict access) for short periods where staff stepped away from the area. The front door was also operated by an electronic keypad system, to ensure children did not leave the centre without staff supervision. This was based on risk assessments for children around their vulnerability and safety awareness in relation to road and personal safety. All of the environmental restrictions with the exception of the access to the building were implemented during specific children's stays only and were based on risk assessments for those children.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Notifications had been made to the Authority. However, environmental restrictions had not been notified in quarterly returns as required by Regulations.

Individual notifications of changes in the person in charge and notifiable events involving children were submitted to the Authority within the required timelines. Six monthly returns had also been submitted to the Authority. However, inspectors found from interviews and a review of incident reports that environmental restrictions were in use in the centre and these had not been included in quarterly returns to the Authority. The centre manager was asked to submit all outstanding notifications.

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):

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

Findings:

Children's opportunities for education, engagement with peers and social experiences in the community were well supported by the centre and access to education was valued by the service.

The centre had an education policy which outlined the service commitment regarding access to education for children, and the policy was compliant with legislation. All of the children attending the centre for respite care were engaged in full time education, and inspectors found there was a commitment by the staff team to promote and maintain this in children's lives. The children attended schools run by the organisation locally, and were provided with transport to and from school. There were strong links between schools and the centre and this was reflected in the communication records seen by inspectors and by the implementation of parts of the school's educational plan.

Children's teachers and school support staff had frequent contact with staff and this was recorded on each child's file. Children had written communication records that moved between home and school and the centre to ensure there was consistent communication between them. Records examined by inspectors showed that school staff led the multi disciplinary assessments and reviews for the children. As this was a respite service, children's families were primarily involved with school events such as parent teacher events and concerts. However, the staff team did attend these events for the children who lived in the centre full time.

Children were supported and encouraged to engage in social activities, events and to participate in the local community. The centre's statement of purpose and function stated that one objective of the service was to provide children with recreational and social experiences. Inspectors found that children had opportunities to mix with peers, have fun, and engage in new experiences. All children had planned activities for their stay, devised from consultation with parents, the staff team and from choices made by the children. These plans were displayed in various pictorial formats, and were accessible to the children. Children went to the beach, shopping, swimming and for meals out. Inside the centre children enjoyed arts and crafts, baking, computer games, DVD's, listening to music and play. Children's engagement in all of these activities was reflected in records seen by inspectors and children were observed engaging in baking, sensory play and going for a walk during the inspection. Inspectors observed the two children in the centre enjoying the activities they were engaged in and making their own choices about routines and time spent with staff and alone. One parent told inspectors they felt the staff team knew their child's interests well and always provided stimulating activities for him/her to participate in when they stayed in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The centre had some systems in place to implement the necessary care to meet children's healthcare needs during their respite stays. However, in the absence of personal plans, insufficient health information was in place for children. A varied and nutritious diet was available in the centre.

Some aspects of children's health needs were identified and met in the centre. However, the systems in place to ensure all health needs would be met were inadequate. The centre manager told inspectors that the children attending the centre were in receipt of Ability West multi-disciplinary services. Children did not have a personal plan and the centre was guided by the child's educational plan which was informed by the multi disciplinary team. Inspectors found from an examination of educational plans that children's health needs were identified by various disciplines and some actions were in place to meet these needs. However, these were not described in adequate detail, but included epilepsy and swallow care plans; and dietary/gastronomy/mobility guidelines. For the children living in the centre full time, the staff team did not have timely information or involvement in healthcare appointments which were managed by families. Records of appointments and correspondence were in place on children's files. However, some information was missing, for example, the outcome of some medical consultations were not fully known to the team despite having sought this information. Inspectors found that where staff were not involved in appointments it meant there was a considerable risk that not all health needs would be identified, addressed and treated for children in the centre.

Children had good access to a range of healthcare professionals. The managers and staff told inspectors that children could attend their own general practitioner (GP) while they accessed the service, and there was also a GP identified to deal with any healthcare needs or emergencies that may arise. Inspectors found that some children had input from occupational therapy, speech and language therapy and physiotherapy at school and at home. Parents that spoke to inspectors said that they found that staff managed children's health needs well and had contacted them whenever their children were unwell.

A balanced and varied diet was provided to the children and a range of snacks were available throughout the day. A policy was in place to support staff to ensure that children's nutrition was of a good standard. Inspectors observed children choosing the meals they wanted. The menu was decided by children and staff for each respite stay and was displayed in the kitchen. A folder containing photographs of meal options was available for children to help them decide what they wanted, and inspectors found that this contained a wide range of healthy and nutritious options. Photographs of the types of food in each cupboard were also in place in the kitchen. There was a range of drinks and healthy snacks available at all times for children in the dining area and inspectors observed children accessing these. There was a selection of fresh and dried food stored appropriately in the centre, which corresponded to the meal options recorded. Inspectors found that given the dependency levels of both children, meals were mostly cooked by staff members but children were supported to make light snacks and bake in the centre to promote the development of independence skills and autonomy. The food eaten by children was recorded in a log and inspectors examined this and found that the food provided was varied, nutritious and well balanced. Children were observed during a meal time and this showed that it was a positive and engaging event, with support provided by staff discreetly and respectfully. Children that required assistance in eating and drinking had this recorded in their intimate care plans and this aspect of care was supported by clear guidance in the nutrition policy.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The medication management system in place was unsafe. There was a medication management policy in place which facilitated staff to transcribe medication onto the centre's prescription sheet. However, no medical practitioner signed the prescription sheet.

The procedure for prescribing medication was not adequately robust. The centre had written policies and procedures related to the administration, prescribing, storage, disposal and transfer of medicines. Inspectors found that this suite of policies and procedures provided some guidance in relation to medication management. However, transcribing practices were not in line with An Bord Altranais Guidance to Nurses and

Midwives on Medication Management, as transcribed orders were not co-signed by the prescribing doctor or a registered nurse prescriber within a designated timeframe and the practice of transcribing was not subject to audit. The practice meant that staff could inaccurately interpret or record the GP's prescription onto the prescription sheet and this posed a risk to children.

There was an effective system in place for the reconciliation of medication during children's stays. Medication was supplied in its original packaging by families when children came to stay in the centre. Families were contacted prior to each stay to determine if the child's prescription had changed. All medicines were counted on arrival in the centre and the number was verified with families. When the child left the centre, medication was counted again, reconciled and returned home. Inspectors observed that all medication was stored in a secure, locked cabinet. However, the cabinet was located in a communal area, which was not fully secure. Inspectors observed that medication in the locked cabinet was in date and clearly identified the person it was prescribed to. The keys to access the medication cabinet were held securely by the shift leader on duty. Administration sheets were in place for each child and these were found to be up to date, in line with the centre's procedures. A number of administration records were examined and these showed that two staff administered and signed for medication and the exact times of administration were in place on each administration sheet.

All staff had received accredited training in the administration of medicines and had had two competency assessments carried out by medication trainers every two years to ensure their skills remained effective. A sample of staff files and the training records in the centre showed that these assessments had been carried out by the centre manager and were up to date. There were procedures in place to manage the storage and administration of controlled drugs in the centre. However, there were no controlled drugs in use in the centre at the time of the inspection.

There was a system in place for recording, reporting and reviewing medication and there was an error reporting system in place. The centre manager informed the inspector there had been no errors in the administration of medication in the year prior to the inspection. The centre manager undertook daily visual medication checks and quarterly audits, examining the administration, storage and disposal of medicines. The most recent audits were examined and found to cover a range of aspects of the medication management system.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a written statement of purpose and function for the centre which described some of the facilities and supports in place for children and contained some of the information as required by Schedule 1 of the Regulations. However, the purpose of the service was not adequately defined, or reflective of the service, and a number of deficits were identified.

Inspectors examined the statement and found that it described the age range, dependency level and gender of children it catered for, and it also described the ethos of the organisation and the services provided. The statement described the facilities in the centre and local area, the layout of the premises and the key policies and procedures of the centre. It also contained the staffing compliment, management arrangements for the centre and the organisational structure.

The age range of children catered for in the statement was too broad (up to 18 years if in full time education) and the centre did not have suitable facilities for babies or pre-school children. The centre manager informed inspectors that these children would not be suitable to attend the centre and the age range would be reviewed.

The statement did not adequately describe the service in place and the arrangements to deliver the service. For example, the statement described that it was a respite care service and also described that children may be admitted for longer term stays in the event of an emergency. Two children had been admitted in an emergency situation. However, they remained there and were living full time in the centre at the time of the inspection, one for over three years. In addition to these children, other children continued to attend the centre periodically for respite care. The statement did not clearly identify the different supports, service and facilities provided to these two cohorts of children or how a long term home for children could operate effectively alongside a respite service for other children. Inspectors also found there was not adequate consideration of the impact of children coming in and out of the two children's home and there had been no discernible measures adopted to ensure that the impact of this was minimised or negated.

In addition, the specific needs of children that the centre could cater for were described, however these descriptions were very specific to the children using the service and that detail could be identifiable. Inspectors also found that the statement did not adequately describe:

- the contact details of the complaints officer
- the sizes of rooms in the centre
- the arrangements in place for children to meet their social worker
- the arrangements in place to consult with children and families
- the arrangements in place to facilitate access to school
- the arrangements in place for the supervision of therapeutic techniques

The statement was undated and therefore the arrangements for its review were unclear. It was written in plain English and inspectors found it would be accessible to families, their representatives and professionals. However, it was less accessible to children. Key information from the statement of purpose was also contained within a service user guide, which contained some pictures and text.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure and systems in place to ensure the centre operated safely. The centre was managed by a suitably qualified and experienced person and there was good oversight of the operation of the centre by the senior management team. However, improvements were needed in some aspects of quality assurance and in meeting standards and Regulations.

There was a clear and effective management structure in place with defined lines of authority. Staff spoken with were clear about their reporting relationship and what they were accountable for. All staff reported to the centre manager. The manager reported to the area services manager who reported to the director of client services. The director of client services reported to the CEO. The area services manager was responsible for providing oversight and monitoring of all residential services within the Ability West organisation. Inspectors found that the reporting lines and accountability arrangements were clear to the CEO, senior management team and on to the Board.

The centre manager was suitably skilled, qualified and experienced for their role. They were the nominated person in charge, who worked in the centre full time and demonstrated a good standard of knowledge regarding their statutory responsibilities, the legislation. They were clear about his/her role and responsibilities and the reporting structure within the organisation. S/he had worked in residential disability services for a number of years and in management roles for 13 years. The centre manager

demonstrated considerable knowledge about the children and participated in some shifts weekly which was reflected in the duty roster. They had undertaken a range of training within and external to the service to ensure they had ongoing continuous professional development. The centre manager provided strong leadership for the staff team, and staff informed the inspector they were clear about their roles, and the expectations of providing good quality care to the young people from the centre manager. Staff described the centre manager as committed to the wellbeing of the children, and was supportive to them as staff members. The centre manager provided oversight of day-to-day practice issues and led practice when on shift. The inspector found there was a qualified shift leader or the centre manager on each day and night shift. The regional director of services deputised for the centre manager in their absence. The picture of the centre manager was on display in the centre and children were observed reacting warmly to her/him during the inspection. All parents that provided their views to inspectors were aware that the centre manager was the person in charge.

There was no formal on call system in place for the centre. The centre manager and area services manager informed inspectors that they were accessible to staff at all times. Staff informed inspectors that they had accessed managers when they needed to and that they responded to calls in a timely way. However, inspectors found that this persistent availability was not sustainable long term and a more formal system was needed.

Overall, there were some good management systems in place to ensure that the care provided to children was effective and of a good standard but these required further development in order to ensure that the service provided was consistent and effectively managed and monitored. There was good communication between the manager and staff. The manager effectively communicated with the staff team through team meetings, day to day interactions and guidance, and supervision. There were monthly team meetings which addressed the children's needs, centre issues and policy developments. Deficits and actions identified either from events or observations by the centre manager or during the quality assurance audits were shared with staff in staff meetings and through communication log in place for staff.

Monthly centre managers meeting were held with the area services manager and the centre manager informed inspectors that he/she attended these and found them useful in sharing peer learning and developing a consistent approach across services. Issues such as staffing and training, respite co-ordination, HIQA inspections, policy changes, senior management team directives and finance were discussed at this forum. The CEO met with the senior management team at least three times per month. The minutes of these meetings reflected that senior managers updated the CEO regarding each service regarding issues such as staffing, budgets, properties, risks, significant events, child and adult protection, training needs and the wellbeing of residents in services. These minutes also reflected that most resident's progress and wellbeing was discussed and updated from meeting to meeting. Good oversight was reflected in interviews with the CEO and other senior managers who all had an in depth knowledge of the operation of centre and the children who stayed there. All members of the senior management team interviewed by inspectors had a good understanding of the regulations and the requirements of the provider.

A range of policies and procedures were in place to guide staff in the operation of the centre. Staff demonstrated a good working knowledge of procedures and informed inspectors that these guided them in their work. Records seen by inspectors showed there was accountable decision making in the centre, and also showed that the centre manager responded to issues in a timely way. Budgets were in place for the centre and the centre worked to an agreed operational plan. However, there were deficits identified in risk management, personal planning, needs assessment, consultation and annual reports which needed to be addressed. There was no service plan in place for the centre which meant that the overall planning for the service with consideration of the provision of long term and respite placements was not robust or effective.

There was some good oversight and monitoring of the quality and safety of the service provided to children. However, this monitoring did not identify all of the deficits within the centre in respect of the Regulations. The centre manager informed inspectors that s/he undertook daily and weekly audits of records and systems such as health and safety records, fire records, children's finances and daily care records. However, inspectors found that the centre manager did not always note when they had reviewed logs and care records. S/he also reviewed incidents and significant events and reported these through an electronic quality reporting system to the regional director of services. The external line manager was alerted to all reports relating to the centre via this system and completed their own review and analysis of the event. They then supported the manager to take any actions necessary from this analysis. The electronic system was accessible to all senior managers for each centre and reports could be run on incidents and events to aid analysis. There were six monthly audits undertaken by a group of managers external to the centre examining the quality of care provided, financial records, medication administration and risks and safety issues in the centre. These audits produced action plans for the centre manager to address and these actions were followed up on subsequent visits and through supervision. In addition, members of the Board visited the centre annually to meet children, staff, and to examine the care provided in brief. All of these audits and visits were unannounced. The regional director informed inspectors that they called to the service unannounced every two to three weeks and this was reflected in the visitor's record. Overall, inspectors found there were clear follow up procedures in place to ensure actions were completed where deficits were identified. However, the provider had not yet undertaken an annual report on the quality and safety of the care provided. In addition, deficits in compliance with Regulations needed to be more clearly reflected in audit reports and the annual review of quality and safety of care and support in the centre and subsequent report had been not been completed in line with Regulations and there had been no consultation with children or their families.

The Board were kept informed about the quality and safety of the care and support provided at the centre via monthly reports which were presented at Board meetings by the CEO. These reports informed the Board about areas such as the health and safety of the centre, staffing considerations, significant events and any concerns regarding the placement of individual children attending the service. In addition the Board were appraised regarding organisational issues, policies and procedures which impacted on all services.

There were arrangements in place for staff to exercise their professional accountability if

they had concerns about the service. There was a protected disclosure policy in place that supported staff to raise concerns in relation to the centre and children. The staff interviewed by inspectors were aware of their obligations in line with this policy. Staff supervision and staff meetings were in place and staff told inspectors they would raise concerns through these forums. Staff informed inspectors that the centre manager was open and approachable, and they felt able to raise concerns with him/her. They also identified senior managers outside the centre that they could raise concerns with if they could not address concerns with the centre manager.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the centre manager the area services manager was the designated person to manage the centre. The centre manager had not been absent for 28 days or more since November 2013, and therefore no notifications had been made to the Authority in this regard. Inspectors found through interviews that the centre manager and the area manager of services were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

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

Findings:

The centre was resourced to ensure that the children were cared for effectively and in accordance with the statement of purpose and function.

The centre was adequately resourced and systems were in place to support the effective delivery of care to the children. The service provider had a service level agreement in place with the disability service within the Health Service Executive for a range of services including this respite service. Funding from the Child and Family Agency was negotiated annually by the CEO and senior managers, and inspectors found that service level agreements were signed and up to date. Senior management meeting minutes reflected cuts in funding and the initiatives put in place by the organisation in response to these. The centre's dedicated budget was resourced from that funding and records were maintained of the budgetary income and expenditure across the year, which was examined by inspectors. The statement of purpose reflected the services and facilities provided by the centre. Financial records reflected that the centre manager was accountable for his/her budget and had control and oversight of the expenditure in the centre. The centre manager informed inspectors that they reconciled the accounts at the end of each month and provided a monthly report on expenditure to the area services manager who reported to the finance department of the organisation. Records reflected that checks were undertaken periodically by the centre manager and area services manager, and no misadministration of monies were identified.

Inspectors found that children's routines and personal/material needs were met jointly by families and by the provider, and there were sufficient resources in place to fund children to implement their routines. For example, children brought small sums of pocket money with them during their stays in the centre and this was used for treats and some activities. Children also brought their own toiletries and toys from home to use during their stay. However, other activities and events were resourced by the provider. Children were facilitated to access the community and engage in social activities and events. Inspectors observed that the two children living in the centre were provided with toys, furniture and decor for their bedrooms, and they used their own funds to purchase clothes, electronic equipment and other goods.

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:

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

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

Findings:

There were sufficient numbers of staff in place with the appropriate qualifications, skills and experience to meet the needs of the children attending the centre at the time of inspection. There was a mix of qualified and unqualified staff, and all had good levels of experience in the field of social care.

There were sufficient numbers and skill mix of staff in the centre and there was some evidence that staffing numbers were increased in response to children's needs. There were five core staff employed in the centre and six relief staff who worked a number of shifts. The team comprised of a centre manager, five qualified social care workers, and six care assistants who were unqualified. The relief staff on the roster had been working in the centre for a variety of hours over a number of years and knew the children well. The centre had a planned and an actual roster which were examined by inspectors. The roster showed that there were sufficient staff on duty in the centre. The staff on duty during the inspection presented as skilled and competent in meeting the needs of the children. Staff also demonstrated a good understanding of the needs and wishes of the children and children were observed by inspectors seeking staff reassurance and support with ease.

The actual roster showed that there was a qualified member of staff on at all times and the qualified staff member was the identified shift leader. The number of staff on duty varied to the number of children attending the centre. Inspectors found there were a minimum of two staff on duty while both children were in the centre full time. At times of increased respite usage, the numbers of staff on duty increased to three staff during the day and remained at two per night. The roster reflected that the ratio of qualified to unqualified staff on each shift was 1:1 or 1:2 (for some days) and the centre manager based the roster on these ratios.

There good regular training in place and a commitment to the professional development of staff. However, a training needs analysis had not been undertaken. There was a range of training and continuous professional development available to support staff to care for the children effectively. There was a training programme in place for 2014 and 2015, and this had been informed by mandatory training requirements and areas identified by staff through supervision. The centre manager informed inspectors that training planned was informed by the needs of the children, the training needs identified in supervision and updates in mandatory training. However, a formal training needs analysis had not been undertaken by the centre manager to determine planned training based on the needs of the children. The centre manager told inspectors that training planned for 2015 included mandatory training such as first aid, manual handling and food safety. Further training in the chosen sign language used by children , behaviour support interventions, developing communication passports and in a picture exchange communication system was also reported to be planned for staff as children accessing the service had complex cognitive and communication needs. Evidence of training

attended was held on the staff files and inspectors found that the evidence of continuing professional development for each staff member was recorded to a good standard. Inspectors found that staff had attended a range of mandatory and needs led training such as training in safety procedures, the model of behaviour support, a range of communication methods and infection control.

All staff demonstrated knowledge of key policies and procedures related to the care and protection of children. Training records showed that several staff had attended a one day workshop on the national standards and Regulations, and the staff interviewed were aware of the requirements of these in relation to their roles.

There was effective formal supervision in place that made staff accountable and supported them in their roles. Staff received formal supervision and this was supported by a policy and procedures. The supervision policy reflected that staff should be supervised no less than five times annually and that staff were accountable in their roles. The centre manager carried out all supervision and inspectors found that the policy was implemented in this regard. The centre manager had received training in providing supervision to staff. Inspectors examined a number of staff supervision records and found that these were instructive and addressed areas such as individual children's needs, training needs and care practices with staff. Staff interviewed by inspectors confirmed that they received supervision and could also approach the centre manager at any time with queries or concerns.

Recruitment procedures in the centre were effective and robust, and there were good systems in place to support safe recruitment practices. The recruitment of staff was managed centrally, by the human resources department of the organisation. The centre manager informed inspectors that he/she had input into the recruitment process and was involved in shortlisting candidates and interviews. The centre manager and external line manager told inspectors that any vacant posts that arose could be recruited via the relief staff panel. The inspector examined four permanent and relief staff files and found that all of the required checks, vetting and documentation were in place. Two written references were sought for each staff member and those viewed were all verified and satisfactory. Files reviewed held evidence of qualifications, contracts of employment and employment histories. These reflected that all staff had considerable experience in social care services. There were no agency staff used by the centre. All staff files and copies of agency staff vetting and checks were held by the centre manager in a secure cabinet in the centre.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The centre maintained records, and had recording systems and procedures in place to support the provision of a residential service to children. However, there were some deficits identified.

Records were of a good quality and were found, in the most part, to be in accordance with Schedules 3, 4 and 5 of the Regulations. Inspectors found that most records maintained in the centre were complete, accurate and up to date. Inspectors examined a wide range of care records for both children. These showed that all information required in respect of each child were in place. For example, records included photographs of children, medical details, next of kin details, and correspondence relating to each child. Records of incidents, risk assessments and interventions were maintained and other reports and correspondence from schools and other health services were in place. Children and families could access their records and this was supported by procedures.

Inspectors found that the centre maintained other records in accordance with Schedule 4 of the regulations. However, there were some deficits. Records were maintained in relation to the care and support provided to children, and in relation to the running of and upkeep of the centre. Reports from checks and assessments in relation to fire were maintained, and checks/servicing by external contractors were also sought and retained by the centre. Some deficits in records related to complaints and contracts of care.

Inspectors found that the centre had a suite of operational policies in place which guided practice in the centre and wider organisation. However, some policies did not meet the requirements of the Regulations. Organisational policies were tailored to the local needs of the centre and these referenced relevant legislation and guidance. Staff that spoke to inspectors confirmed that policies and procedures were available to them on site and that these were discussed periodically at staff meetings. Policies and procedures examined by inspectors were subject to version control, and reviews of these were reflected in the version history of documents. Policies and procedures were also cross referenced where a number of policies were related. The majority of policies were found to be in date and less than three years old. However, the child protection policy referenced out of date guidance. In addition, the risk management policy, personal plans and the statement of purpose did not comply with the Regulations.

A resident's guide to the centre was in place for children and it contained text and pictures describing the centre and what children could expect when staying there. This

was on display in the centre.

The centre was adequately insured against accidents or injury to children, staff and visitors and a copy of the up-to-date insurance was on display in the centre.

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:

Orla Murphy
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 Ability West
Centre ID:	OSV-0004064
Date of Inspection:	28 January 2015
Date of response:	07 June 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:

Children and families were not formally consulted with in the centre.

Action Required:

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

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:

As noted in report, children are consulted on a daily basis regarding choice of activities, meals etc, utilising appropriate communication. We will continue to do this, and record this in daily log notes.

We have put in place a separate consultation log, which will record the consultation process and the outcomes and the methodology used to facilitate children's rights to choose.

A formal review will take place for each child annually, led by the respite service, which will include Multi-Disciplinary, Education and Family/Guardian/Child input. This formal review will inform a personal plan for each child, based on needs and goals for their time in Beech Services.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

No formal arrangements were in place with advocacy services and while children did have information regarding advocacy, their needs and understanding meant that they would not be likely to access this independently.

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.

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

Families will be made aware of independent advocacy services available to them. Information regarding advocacy services is now also included in Individual Contracts of Care. Children will continue to be encouraged to make choices in the service; we will continue to liaise with organisations Social Work department, to advocate for the children attending the service.

Proposed Timescale: 30/03/2015

Theme: Individualised Supports and Care

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

Finances for one child were paid into an organisational bank account as the child did not have their own account.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an

account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

All monies related to this child have been withdrawn from Organisation's bank account and returned to the child's family. Any future contributions from parents have been requested in cash to cover such things as outings, this process is included in the new Contract of Care. Bank Account will be set up in this child's own name when he/she becomes eligible to open an account (age 16).

Proposed Timescale: 05/02/2015

Theme: Individualised Supports and Care

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

The complaints log did not record whether complainants were satisfied with the outcome of complaints.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

Complaints Log now records if complainants are satisfied with outcome of complaints, instead of heretofore where it was recorded whether complaint was resolved or not.

Proposed Timescale: 05/02/2015

Theme: Individualised Supports and Care

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

One definitive person who was not involved in the matters the subject of a complaint was not nominated to deal with complaints by or on behalf of residents.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

A Complaints Procedure is now in place locally whereby a named staff member has been nominated to deal with complaints by or on behalf of children/families/guardians. Information with regard to this will be displayed in the centre.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

It was not clear that all children and families had been made aware of the complaints procedure as soon as was practicable after admission.

Action Required:

Under Regulation 34 (1) (b) you are required to: Ensure that each resident and their family are made aware of the complaints procedure as soon as is practicable after admission.

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

The Organisation's Complaints Policy and Procedure has been reviewed and approved by the Policy Advisory Group on the 25 March 2015; this was brought forward to the Board of Directors for approval on 30th March 2015 and was approved. Following this, the updated Policy and Procedure will be circulated in an easy read version to all families and children attending this service.

Proposed Timescale: 30/04/2015

Theme: Individualised Supports and Care

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

The complaints procedure was not fully accessible for families as it was cumbersome and confusing.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The Organisation's Complaints Policy and Procedure has been reviewed and approved by the Policy Advisory Group on the 25 March 2015; this was brought forward to the Board of Directors for approval on 30th March 2015 and was approved. Following this, the updated Policy and Procedure will be circulated in an easy read version to all families and children attending this service.

Proposed Timescale: 30/04/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Communication guides were not in place for all children.

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:

Children attending Beech Services will have communication passports in place as required, or communication profiles as advised by Speech & Language Therapy Department. Currently individual client profiles outlining communication needs and methodology for each child are in place.

Proposed Timescale: 30/04/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The organisation had not agreed, in writing the terms on which that resident shall reside in the designated centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A new Contract of Care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract will be distributed to all residents/family members availing of respite in Beech services, a schedule will be maintained regarding return of signed contracts.

Proposed Timescale: 01/04/2015

Theme: Effective Services

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

There were no agreements in place for the provision of services including the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Action Required:

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

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

A new Contract of Care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract will be distributed to all residents/family members availing of respite in Beech services, a schedule will be maintained regarding return of signed contracts.

Proposed Timescale: 01/04/2015

Theme: Effective Services

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

There were no agreements in place and therefore the provider could not ensure that agreements for the provision of services provided for, and was consistent with, the resident's assessed needs and the statement of purpose.

Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

a) A new contract of care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract will be distributed to all residents/family members availing of respite in Beech Services, a schedule will be maintained regarding return of signed contracts.

(b)The Statement of Purpose will be amended to include the placements and assessed needs of two children in long term crisis placement. The Statement of Purpose will be amended to reflect the needs of the two children within a specific timeframe, i.e. one resident will be leaving the service once he/she will finish school in 2015. The remaining resident will reach 18 years and will leave the service in 2017 at which time Beech Services will revert to a children's respite service only.

Proposed Timescale: 01/04/2015

Theme: Effective Services

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

The placement of children on a long term basis in a respite service was not adequately represented in the centre's statement of purpose and function.

Action Required:

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

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

(a) A new Contract of Care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract will be distributed to all residents/family members availing of respite in Beech Services, a schedule will be maintained regarding return of signed contracts.

(b) The Statement of Purpose will be amended to include the placements and assessed needs of two children in long term crisis placement. The Statement of Purpose will be amended to reflect the needs of the two children within a specific timeframe, i.e. one resident will be leaving the service once he/she will finish school in 2015. The remaining resident will reach 18 years and will leave the service in 2017 at which time Beech Services will revert to a children's respite service only.

Proposed Timescale: 01/04/2015

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:

Assessments were not carried out to reflect changes in need as required or no less than annually.

Action Required:

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

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

Assessments were carried out and recorded in Q4 2014, on a Multi-Disciplinary basis which included input from Beech Services, and Parents/Guardians.

A re-assessment will be completed on all service users which will include input from the Multi-Disciplinary Team and parents/guardians. This re-assessment will ensure that Personal Care Plans will be in easy accessible format for service users and their parents/guardians.

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:

Personal plan reviews were not conducted in a manner that ensured 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.

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:

Personal plans have been developed for each child with input from Multi-Disciplinary Team and Family. These reviews will be completed every 6 months.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Personal plans were not amended in accordance with any changes recommended following a review.

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

(a) Personal plans are now in place for each child, which ensures maximum participation of each child attending Beech Services. (b) These plans will be reviewed by as outlined above.

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:

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had not been carried out.

Action Required:

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

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

Beech Services will ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of any proposed resident will be carried out prior to admission, in line with Ability West admission procedure.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Arrangements to meet the assessed needs of each resident had not been put in place.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Arrangements are in place to meet the current needs of the children. Staffing levels, assistive equipment, aids and appliances are in place to meet current needs.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

There were no personal plans in place for residents.

Plans did not reflect the resident's needs as assessed in accordance with Regulation 5(1).

Plans did not outline the supports required to maximise the resident's personal

development in accordance with his or her wishes.

Plans were not developed through a person centred approach with the maximum participation of each resident, and where appropriate his or her representative, in accordance with the residents wishes, age and the nature of his or her disability.

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:

Personal plans are now in place for the children which outline the supports required to ensure the child's personal development is met in Beech Services in accordance with his or her wishes.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Residents' personal plans were not made available in an accessible format to the residents and, where appropriate, their representatives.

Action Required:

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

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

Personal plans have been developed for the children, in an accessible format, which are available to children, their families and to staff team.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Residents' personal plans had not been reviewed annually or more frequently where there was a change in needs or circumstances.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Personal plans have been developed for each child, and these will all be reviewed on an annual basis and more frequently, if required.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

There had been no multi disciplinary reviews of personal plans.

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:

Personal plans have been developed for each child with input from Multi-Disciplinary Team and Family.

Proposed Timescale: 05/02/2015

Theme: Effective Services

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

Families and children were not involved in the review of personal plans.

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:

Personal plans have been developed for each child with input from Multi-Disciplinary Team and Family. These reviews will completed every 6 months

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:

Personal plans did not review assess the effectiveness of each plan and take into account changes in circumstances and new developments

Action Required:

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

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

Personal plans will be reviewed for effectiveness, taking into account changes in resident's circumstances and any new developments.

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:

The recommendations arising out of each personal plan review were not recorded and did not include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

Each personal plan review will be recorded and will include any proposed changes to the personal plan. The rationale for any such proposed changes and the names of those responsible for pursuing objectives contained in the plan within the agreed timescales will be included.

Proposed Timescale: 30/06/2015

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:

The risk management policy did not include hazard identification and assessment of risks throughout the designated centre.

Action Required:

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

centre.

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

The Quality and Compliance Manager will review and update current Risk Management Policy and Procedure to ensure it includes hazard identification and assessment of risks throughout the designated centre. The updated draft Policy and Procedure will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy and Procedure to ensure it includes the measures and actions in place to control the risks identified throughout the designated centre. The updated draft Policy and Procedure will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy and Procedure ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident. The updated draft

Policy and Procedure will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy and Procedure Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff. The updated draft Policy and Procedure will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy and Procedure: Ensure that The Risk Management Policy includes the measures and actions in place to control aggression and violence.

The updated draft Policy and Procedure will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure policy includes the measures and actions in place to control self-harm. The updated policy will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the Risk Management Policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The updated policy will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Theme: Effective Services

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

The risk management policy did include arrangements to ensure that risk control measures were proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that risk control measures were proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered. The updated policy will be presented to Policy Advisory Group on 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval by the 18th May 2015.

Proposed Timescale: 20/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The oversight of the use and effectiveness of restrictive procedures was not robust as the centre did not maintain a record of all restrictive practices.

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:

A contemporaneous log of restrictive practices is now maintained, in addition to the internal QMIS recording system

Proposed Timescale: 05/02/2015

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:

All restrictive practices were not notified to the Authority on a quarterly basis.

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 restrictive practices are notified to Authority on a quarterly basis. The Organisation has now developed a methodology to ensure compliance with notifiables.

Proposed Timescale: 05/02/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

No personal plans were in place and the health information and needs of some children were not adequately recorded.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

Personal Plans are developed for each child, Medical Consultants and families have been requested to forward health information and any updates to the service in a timely manner.

Proposed Timescale: 05/02/2015

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:

Prescribing practices were not safe as the centre's prescription sheets were not signed by two staff.

The location of the medication cabinet was not adequately secure.

Action Required:

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

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

(a) Medication Cabinet has been relocated into the locked office.

(b) A comprehensive review of the Medication Policy and Procedure is taking place at an Organisation level, this revised document will be submitted to the Policy Advisory Group on the 7th May 2015 and thereafter will be on the agenda of the Board meeting for approval on 18th May 2015.

Proposed Timescale: 18/05/2015

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 contain the information set out in Schedule 1 of the Health Act 2007.

The statement did not adequately reflect the service in place regarding long term placements and respite care.

The description of needs catered for in the statement of purpose were too specific to the children currently receiving a service.

Action Required:

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

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

Statement of Purpose has been amended to reflect current service provision.

Proposed Timescale: 01/04/2015

Theme: Leadership, Governance and Management

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

The statement of purpose was undated and reviews were not evident.

Action Required:

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

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

Statement of Purpose is dated and is a controlled document

Proposed Timescale: 01/04/2015

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 service was not compliant with a number of regulations and this had not been identified by internal quality assurance systems.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

A new provider led audit tool has been developed in line with HIQA judgement framework; this audit tool will be used to monitor compliance with regulations. An unannounced provider led audit is scheduled to occur before the 16/06/2015

Proposed Timescale: 16/06/2015

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre had not been undertaken.

Action Required:

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

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

(a) A new provider led audit tool has been developed in line with the HIQA judgement framework; this audit tool will be used to monitor compliance with regulation 23 (1) (d) and ensure that there is a review of the quality and safety of care and support in

accordance with standards and regulations. This will be overseen by the Quality and Compliance Manager and a report will be published of findings which will act as a catalyst for development of the service.

(b) An Unannounced Audit will be completed by 16/06/2015

Proposed Timescale: 16/06/2015

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre had not provided for consultation with residents and their representatives.

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:

(a) A survey has been developed to obtain the views of residents and their representatives on the quality and safety of care and support in the designated centre. This will be overseen by the Quality and Compliance Manager and a report will be published of findings which will act as a catalyst for development of the service.

(b) The survey will be issued by 01/06/2015 and a report will be completed thereafter.

(c) The Lead Manager for quality and compliance will meet the Service User Council to obtain the views on the quality and safety of care and support in the designated centre. Their views will be taken into account in the final report.

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:

A copy of the annual review of the quality and safety of care and support in the designated centre was not available to residents or to the chief inspector.

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:

The Manager for Quality and Compliance will complete a report as required Under Regulation 23 (1) (f) and as outlined above. This report will be available to residents

and, if requested, to the chief inspector. The findings of which will act as a catalyst for development of the service within Ability West.

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:

There was no service plan in place for 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:

- Improve communication with all service users, by ensuring all service users have an up-to-date passports as required. Liaise with SLT Dep and communication champions as necessary.
- Ensure the children enjoy their stay, by increase the amount of social outings and community activities.
- Ensure that children are respected and treated as individuals, by promoting awareness and on the job mentoring of staff.
- Continue to build positive relationships with schools, family and friends by promoting an open door policy.

This plan will be reviewed by the PPM and the PIC to ensure goals are been achieved. This will also monitored on as a part of the Provider Led Audit.

Proposed Timescale: 01/11/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

A training needs analysis had not been undertaken to ensure the training provided was appropriate to meet the needs of residents.

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:

Training needs analysis will be completed based on children's assessed needs. All

training will be recorded in staff training.

Proposed Timescale: 07/05/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The child protection policy did not reference the most up-to-date Children First (2011) guidance .

Action Required:

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

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

The Child Protection Policy references the most up-to-date Children First (2011) guidance.

Proposed Timescale: 09/12/2014

Theme: Use of Information

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

Some policies did not meet the requirements of the Regulations as set out in Schedule 5.

Action Required:

Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.

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

(a) A Complaints Procedure is now in place locally whereby a named staff member has been nominated to deal with complaints by or on behalf of children/families/guardians. Information with regard to this will be displayed in the centre.

(b) The Quality and Compliance manager will review and update current Risk Management Policy. The updated draft Policy will be presented to Policy Advisory Group on 7th May 2015 for approval and thereafter on the agenda of Board meeting on 18th May 2015.

(c) A new Contract of Care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract will be distributed to all residents/family members availing of respite in Beech services, a schedule will be maintained regarding return of signed contracts.

Proposed Timescale: 28/03/2015

Theme: Use of Information

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

All records as required by Schedule 3, such as an assessment and personal plan were not in place for each child.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

Personal plans are now in place for each child, re-assessments will take place and led by Beech Services for all children by June 2015.

Proposed Timescale: 05/02/2015