

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stoneywood House
Centre ID:	OSV-0005521
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	MCC Children's Services Limited
Provider Nominee:	Stephen McCaul
Lead inspector:	Maureen Burns Rees
Support inspector(s):	Julie Pryce
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, 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:
07 March 2017 10:00	07 March 2017 17:30
08 March 2017 10:00	08 March 2017 17:00

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

Background to the inspection:

This was an 18 outcome inspection carried out to inform a registration decision. It was the first inspection of the centre by HIQA. The centre had previously been registered with Tusla, the Child and Family Agency. Further to a review of the service in September 2016, the provider in discussion with Tusla, determined that the service provided was primarily related to the disability of the children living in the centre. Hence, the provider applied for registration with HIQA.

How we gathered our evidence:

As part of the inspection, the inspectors spoke with and spent time with the three children living in the centre. Although a number of these children were non-verbal and unable to tell the inspector about their views of the service, the inspectors observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the service manager/ provider nominee, the person in charge, a shift coordinator, social care worker and residential support worker. The inspectors reviewed care practices and documentation such as support plans, medical records, accident logs, policies and procedures and staff files.

Description of the service:

The service provided was described in the providers statement of purpose, dated September 2016. The centre was located in a rural setting within a short drive to a local village. It provided a long stay residential service for children in the age range of 9 to 18 years with intellectual and or physical disability in the mild to profound range, including those with additional needs. The centre catered for a maximum of three children.

MMC Organisation, the proposed registered provider, is a limited private company. The provider had considerable experience in providing residential services for children in statutory care in a number of locations across the country. At the time of writing, the provider did not have any other disability centre in operation.

Overall judgement of our findings:

Overall, inspectors found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. The person in charge had worked within the service for more than 10 years in a number of roles from support worker to team leader. He had taken up the position of manager in this centre almost two years ago. He demonstrated adequate knowledge and competence to participate in the management of the centre. In addition, he was dedicated and passionate about the children in his care and respected by the staff team.

Good practice was identified in areas such as:

- There were arrangements in place to support children to maintain positive relationships with families, representatives and friends and to develop some links with the community. (Outcome 3);
- Arrangements were in place to support and facilitate residents to have opportunities for new experiences, social participation and education. (Outcome 10);
- Arrangements were in place to support residents on an individual basis to achieve and enjoy the best possible health. (Outcome 11);
- Overall the facilities and services in the centre reflected those stated in the

statement of purpose. (Outcome 18);

Some areas of non compliance with the regulations and the national standards were identified These included:

- Placement agreements in place for the children did not fully meet the requirements of regulation 24 (Outcome 4);
- Improvements were required in relation to the risk management policy, risk assessments for children and recording practices for fire drills. (Outcome 7);
- The behaviour support plan in place for one of the children was not adequate. The restrictive practice policy and intimate care plans in place required some revision to provide greater detail to guide staff. (Outcome 8);
- Significant improvements were required in relation to medication management practices and systems to review and monitor medication management (Outcome 12);
- The statement of purpose did not contain all of the information as required by schedule 1 of the regulations (Outcome 13);
- There were some management systems in place to ensure that the service provided was safe and effective. However, regulatory requirements in relation to the monitoring of the centre required improvement (Outcome 14).

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:

Overall, inspectors found that children's rights were upheld. However, arrangements for keeping residents personal monies safe through appropriate practices and record keeping required some improvement. .

There was a residents' information guide which was in a user friendly format and included information on children's rights. The inspectors found that the admission process was focused on children's rights and needs. The personal placement plans included a section identifying children's understanding of their rights and recording actions required to meet their needs. The person in charge demonstrated a satisfactory knowledge of service users' rights and his responsibility to uphold them. There was evidence that service users rights were discussed at regular intervals at service users meetings. Each of the children living in the centre had an identified advocate external to the centre. In addition, an identified key worker was assigned to each of the children who advocated on their behalf.

There was evidence that service users and their families were consulted with regarding the service provided. Each of the children's bedrooms had recently been redecorated and children had chosen paint colour for their individual bedrooms and each chosen a cartoon character for inclusion in a art mural on the play room wall. Children's feedback was requested on a monthly basis and recorded on 'young person feedback sheet'.

There were procedures in place for managing complaints. There was a compliant procedure in place, dated October 2016, which included details of the appeal process. There was a user-friendly version of the complaint procedure on display in the centre.

There was a complaint register in place although no complaints had been recorded in the previous 12 month period. There was an information leaflet for families which included information regarding the complaint process.

There were arrangements in place to promote service users being treated with dignity and respect. Each of the children living in the centre had their own bedroom. There was ample space in the centre for the children to have time on their own, or to have private contact with family and significant others as required. There was an intimate care policy, dated January 2017 to guide staff in the provision of intimate care.

There was a personal property, finances and possessions policy in place, dated October 2016 which promoted service users' rights. There was a secure press in the staff office which was used to store service users' pocket money within individual envelopes. However, inspectors found that record keeping practices in relation to pocket money was not adequate so as to ensure that it was kept safe. For example, an adequate account was not maintained of items money was spent on.

The children living in the centre were provided with opportunities to participate in activities within the centre and the local community. These included swimming, horse riding for one child, walks in local parks, cinema and theatre groups. One of the young people had recently attended a local youth group but subsequently decided he didn't want to maintain membership. The inspectors observed information on various local events on display on the centres notice board. The children were also involved in activities organised by their respective schools. Records were maintained of activities that children participated in.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Overall, the service had put some systems and processes in place to support and assist the children living in the centre to communicate effectively. However, some improvements were required in terms of providing appropriate training to staff to meet the communication needs of the children living in the centre.

There was a communication policy in place, dated January 2017, and a provision of

information policy, dated January 2017. There was evidence that childrens' communication needs and support requirements were assessed through the admission process. The personal placement plans included a section on the individual communication needs and support requirements for children living in the centre. This provided some detail to guide staff about children's communication needs and support requirements. There was also a user friendly document 'About me' which outlined how each of the children communicated.

Two of the three children living in the centre had communication needs and support requirements. Staff interviewed had a good knowledge of same. A number of communication aids were being used to meet the diverse needs of the children. These included, picture reference cards for diet, activities, daily routines and journey destinations and limited sign language. However, training had only been provided for a small number of the staff team at the time of inspection.

The children had access to a speech and language therapist. The inspectors observed that children had access to a number of televisions, and internet access and a radio was available in the centre.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

There were arrangements in place to support children to maintain positive relationships with families, representatives and friends and to develop some links with the community.

There was ample space in the centre for children to meet with their respective families or representatives in private. The service had a visitor policy in place, dated February 2017. There was a visitors log in place and records maintained of family contact. The centre had a car which was used by staff to facilitate children to meet family members or representatives and friends.

Children living in the centre accessed a number of local amenities. These included a local theatre, shops, restaurants, pet farm, animal sanctuary and fairs.

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 to the centre were in line with the centres statement of purpose. However, placement agreements in place for the children did not fully meet the requirements of regulation 24.

There was a policy and procedures in place for admissions, including transfers and discharges, dated January 2017. There was a separate policy for the temporary absence of residents, dated March 2017. There was evidence that the admission process considered the wishes, needs and safety of the individual and the safety of other residents living in the centre. The inspectors reviewed compatibility and impact assessments which had been completed as part of the admission process for the most recent admission.

Placement agreements were on file for each of the children living in the centre which had been signed by the child's family or representative. However, it did not adequately refer to the terms under which the child would reside in the centre, the services to be provided or the arrangements for fees.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Overall children's well being and welfare was maintained by a high standard of evidenced-based care and support. However, improvements were required in relation to the personal plans in place.

Each child's health, personal and social care needs had been assessed and were being monitored. A personal placement plan and personal placement support plan was in place for each of the children which reflected their assessed needs, individual wishes and preferences. There was evidence that children or their representative were consulted with in formulating the plan. There was also significant involvement of allied services including psychology, occupational therapy and speech and language therapy. There was evidence that priority goals were set and monitored for children on a regular basis. However, the inspectors identified that in some cases goals set were not always specific or measureable. The inspectors also identified occasions whereby recommendations of the multidisciplinary team, involved in the children's care, were not always reflected in the personal placement plan and or support plans.

There were processes in place to review children's personal support plans with the involvement of the multidisciplinary team and children's representatives.

It was evident that the children engaged in a good range of activities in the community. A number of the children were involved in swimming and one of the children in horse riding. Each child had a weekly activity schedule in place. Children's wishes and preference for social activities were well supported.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre was in line with the statement of purpose. However, improvements were required in relation to the recreational facilities provided in the outdoor area.

The centre was a two storey detached house on extensive grounds. The ground floor level was used to accommodate the children living in the centre. Overall, there was adequate private and communal accommodation available. Each of the children had their own bedroom which had recently been painted in the colour choice of the individual children. Overall, the rooms were of a suitable size and layout for the needs of the children. The centre was observed to be clean and tidy. There was sufficient lighting and heating. There were sufficient furnishings, fixtures and fittings in place. There was a suitable outdoor area which was wheelchair accessible. However, there was no play equipment or facilities in the outdoor area for children to play with.

Overall children had access to appropriate equipment which promoted their independence and comfort. The equipment was fit for purpose and was appropriately used, maintained and serviced.

Judgment:

Substantially 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:

Overall, the health and safety of children and staff were promoted. However, improvements were required in relation to the risk management policy, risk assessments for children and recording practices for fire drills.

There was a risk management policy, dated January 2017. However, it did not clearly cover all of the matters set out in Regulation 26, including the identification and management of risks, the measures in place to control identified risks, arrangements for the identification, recording, investigation and learning from serious incidents and arrangements to ensure that risk control measures are proportional to the risks identified, and that any adverse impact such measures might have on the residents quality of life have been considered.

There was a safety statement in place with written risk assessments pertaining to the

environment and work practices. The inspectors reviewed a sample of individual risk assessments for the children living in the centre but found that a small number of identified hazards and risks had not been appropriately assessed or risk rated. In addition, measures to control and manage the risks identified were not explicit.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. A register of accidents and significant events was maintained. This included a space to record details of actions taken to prevent a reoccurrence. The inspectors reviewed staff team meeting minutes and staff supervision records which showed that specific incidents were discussed with learning agreed. There was limited evidence that trends of incidents were reviewed by the management team. This meant that opportunities for learning to improve services and prevent incidences may have been missed.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place, dated February 2017. The inspectors observed that all areas were clean and in a good state of repair. Each of the children's bedrooms and the play room had recently been repainted. There was a cleaning schedule in place and records were maintained of tasks undertaken. This was monitored by the person in charge. Colour coded cleaning equipment was used in the centre and securely stored. . The inspectors observed that there were sufficient facilities for hand hygiene available and suitable hand towels were in use in the centre. Posters were appropriately displayed. Staff spoken with were knowledgeable about best practice requirements in this area.

There were adequate precautions in place against the risk of fire. There was a fire safety management policy in place, dated October 2016. Fire equipment and fire alarms were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspectors were familiar with the fire evacuation procedures. However, training records showed that two staff required fire training. The inspectors reviewed records of fire drills undertaken which had occurred on a regular basis. However, inspectors noted that records were not maintained of the time the fire drill was undertaken or of the staff involved in the fire drill. In addition, it was not clear if a fire drill had been undertaken under night time conditions.

Staff spoken with, were knowledgeable about manual handling requirements. Training records showed that staff had attended manual handling training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, the behaviour support plan in place for one of the children was not wholly adequate. The restrictive practice policy and intimate care plans in place required some revision to provide greater detail to guide staff.

The centre had a policy and procedure for the protection of children from abuse and neglect, dated January 2017 which was in line with Children First, National guidance for the protection and welfare of children, 2011. There had been a small number of allegations or suspicions of abuse in the previous 12 month period which had been dealt with appropriately. Inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. A picture and the contact details for the designated liaison person (as per Children First, 2011) was on display in the centre. Training records showed that staff had attended appropriate safeguarding training.

There was an intimate care policy in place, dated January 2017. The inspectors reviewed intimate care plans in place but found that the level of detail recorded was not always sufficient to guide staff in relation to the provision of intimate care to the children.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a policy for the provision of behavioural support, dated January 2017. The children had access to a psychologist and behavioural specialist. Staff had received training in the technique adopted by the centre to manage behaviours that challenge. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. There were a low number of incidents of behaviour that challenged displayed by children in the centre. However, inspectors noted that the behaviour support plan in place for one of the children did not adequately provide guidance for staff regarding the behaviour displayed by this child, as recorded in incident report records. This meant that staff might not use a consistent or appropriate approach to support the child to manage their behaviour.

There was evidence that restrictive practices in use in the centre were monitored and

there were oversight arrangements in place. There was a restrictive practice register in place. There was evidence of discussions with parents regarding the use of a specific restraints for individual children. There was a restrictive practice policy in place, dated February 2017. However, the level of detail provided regarding the monitoring and review of restrictive practices in place were not adequate.

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:

A record of all incidents occurring in the centre was maintained. The person in charge and staff interviewed were knowledgeable about incidents which were required to be notified to the Chief Inspector and the required timeframes for same in accordance with the regulatory requirements. There was a policy in place to guide staff on notification requirements to HIQA, dated January 2017.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Arrangements were in place to support and facilitate service users to have opportunities for new experiences, social participation and education.

Each of the children living in the centre were in full time education. Two of the children were attending the same school but it was a considerable distance from the centre. The impact of this had been suitably assessed. There was an education, training and development policy in place, dated February 2017. Each of the children's education and development needs were fully assessed on admission and at regular intervals thereafter. Individual educational support plans were in place to meet the assessed needs of the children. There was evidence that there was good communication and a close working relationship with the children's schools.

Children living in the centre were engaged in a number of activities, within the centre and also within the local community. These included swimming, pet farm, animal sanctuary, local farm, forest park, cinema, shops and restaurants.

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:

Arrangements were in place to support service users on an individual basis to achieve and enjoy the best possible health.

A comprehensive assessment of the children's health needs had been undertaken as part of the pre admission process in consultation with the service users and their families or advocates. The personal placement plans included information relating to the service users' health needs and care requirements. Records of contacts with the general practitioners (GPs) and other members of the multidisciplinary team involved with the children were maintained. Each of the children had their own GP and a number of other therapeutic supports. These included: speech and language therapy, occupational therapy, physiotherapy and psychology. Information was available in the centre regarding children's specific conditions to guide staff.

There were arrangements in place for those children who were able and or wanted to, to be involved in choosing and assisting in preparing meals in the centre. The centre had an equipped kitchen and a dining area with adequate seating to allow meal times to be a social occasion. The service had a nutritional management policy, dated January 2017. The inspectors reviewed weekly menu planners with picture choices of menu

options.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were some systems in place for the safe management and administration of medications. However, significant improvements were required in relation to medication management practices and systems to review and monitor safety.

There was a medication policy and procedure in place, dated February 2017. All medications were stored in a secure cupboard. There were no chemical restraints used in the centre. Staff interviewed had a fair knowledge of appropriate medication management practices. Six members of the staff team, including the person in charge had completed training in the safe administration of medications. A number of other staff had yet to complete same. It was reported that a competency assessment was completed on completion of training but there were no subsequent assessments of competency.

The inspectors reviewed a sample of prescription and administration sheets and found a number of omissions. These included: that some medications were not administered at the time prescribed on four different occasions over the preceding three week period; the time was not always recorded; amount recorded but not the specific dose; maximum dose not recorded for some 'as required' or PRN medications; and dose of some medications were not legible.

Arrangements for control of medication stock and procedures for the handling and disposal of unused and out of date medications were not adequate. The inspectors noted that a new stock sheet for medication management had recently been introduced. However, on the day of inspection, there was an excessive quantity of certain drugs in the centre, which were used on an infrequent basis. Records showed that medications were accounted for, when collected from pharmacy but there were no subsequent checks regarding the medication stocks in place.

The system in place to review and monitor safe medication management practices was not adequate. The majority of prescriptions in the centre were being transcribed which

is a high risk activity with the potential for inadvertent mistakes in transcription, omissions or duplication of medicines. Transcribing practices were not always in line with best practice in this area. For example, there was not a requirement for two staff members to sign off on transcribed prescriptions. Audits of medication practices in the centre were not being undertaken on a regular basis. In line HIQA's medicines management guidance, the practice of transcribing should be subject to regular audit.

Judgment:

Non Compliant - Major

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 statement of purpose in place, dated September 2016 which accurately described the service being provided. It was also available in a format that was accessible for the children living in the centre.

However, the statement of purpose did not contained all of the information as required by schedule 1 of the regulations. Inspectors found that the following were not specified: the age range of children living in the centre, specific care needs, size of rooms in the centre, arrangements for contact between a child in care and his/her TUSLA social worker, arrangements for supervision of therapeutic techniques used and procedures for emergency admissions. Details regarding the development and review of individual personal placement plans were not adequate.

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 were management systems in place to ensure that the service provided was safe and effective. However, improvements were required regarding monitoring arrangements in the centre.

The role of the person in charge was a full time position and he did not hold responsibility for any other centre. There was a clear governance and reporting structure in place which provided clear lines of accountability and responsibility. Inspectors found that significant work had been undertaken by the provider for registration and to meet the requirements of the disability regulations.

The centre was managed by a suitably experienced and skilled person in charge. The person in charge reported to a service manager who in turn reported to the director of service. The person in charge had worked within the service for more than 10 years and had been manager in the centre for almost two years. He was supported by three shift coordinators. Staff interviewed told the inspectors that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with him. The person in charge was knowledgeable about the requirements of the regulations and standards. He also had a clear insight into the support needs and plans for the children living in the centre.

It was proposed that the providers auditing team would undertake six monthly unannounced visits in the centre once registered and that the service manager would complete an annual review of the quality and safety of care and support in the centre as per the regulatory requirements. It was proposed that the views of relatives and their families would be elicited and used to inform the annual review. There was evidence that the providers auditing team had undertaken some audits in the centre and that actions had been taken to address issues identified. However, it was noted that audits undertaken were not monitoring compliance against the disability regulation and or standards but rather for residential services for children in care.

On call arrangements were in place and staff were aware of these and the contact details.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the

designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable arrangements in place for managing the designated centre in the absence of the person in charge.

At the time of inspection, the service manager was the identified person to deputise for the person in charge during times of extended absence. In addition there were three senior staff members assigned as shift coordinators in the centre, with one rostered on each shift. The inspectors found that the service manager and two of the shift coordinators interviewed were knowledgeable about requirements to notify the Authority of any absence of the person in charge in accordance with regulatory requirements.

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:

Overall the facilities and services in the centre reflected those stated in the statement of purpose.

There was evidence to show that there were sufficient financial resources in place to support service users to achieve their individual plans and to meet their needs. The centre had its own budget allocation which was controlled by the person in charge. The inspector noted that there were a good supply of toys, games, books and arts and craft materials for the children use in the centre. Each of the children's bed rooms and the play room in the centre had recently been redecorated and refurbished. Staff told the inspectors that they felt the centre was well resourced and that should an item be identified as required it would be attained within a short timeframe.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix in place to meet the assessed needs of children. However, there was one staff vacancy at the time of inspection and there were a small number of staff who required refresher training..

The skill mix, numbers and qualifications of staff were suitable to meet the assessed needs and support requirements of the children. The majority of the staff team had attained a suitable qualification with the exception of one member of the team who was in the process of completing same. All staff spoken with demonstrated a very good knowledge of the children's support requirements and competency in their roles. There were actual and planned staff rosters in place which had been appropriately recorded.

Training records showed that the majority of staff were up-to-date with mandatory training requirements. However, there were a small number of staff who required training in fire safety, safe administration of medications and communication.

Staff supervision arrangements had recently been put in place. Supervision records reviewed were of a good quality and deemed would improve practice and accountability. Team meetings were held monthly and the records indicated that these focused on care needs and planning for the children.

There was a recruitment and selection policy in place, dated January 2017. The inspectors reviewed a sample of four personnel files and found that the majority of the regulatory requirements as outlined in schedule 2 of the regulations, regarding staff documentation were met. However, the employment history in one of the sample of four staff files reviewed was not available.

There were no volunteers working in the centre and none planned.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

Overall, arrangements were proposed to meet regulatory requirements in relation to records and documentation. However, improvements were required in relation to the management of policies and procedures in place.

The provider had a record retention and destruction of records policy in place. The inspector found that records were kept securely but were easily retrievable. Records were maintained in respect of each child as required by schedule 3 and 4 of the regulations. A copy of the statement of purpose and information guide for service users was available in the centre.

All of the policies and procedures as required by Schedule 5 of the regulations had been put in place. The person in charge had a good knowledge of the policies in place and how they were applied in practice. However, a number of duplicate policies were in place which contained different information. This had the potential to cause confusion for staff and meant that practices across the centre might not be consistent and could vary depending on which policy staff were adhering to.

The provider had a contract of insurance against injury to service users, staff and visitors. The inspector reviewed the statement of liability which was deemed adequate.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Maureen Burns Rees
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 MCC Children's Services Limited
Centre ID:	OSV-0005521
Date of Inspection:	07 and 8th March 2017
Date of response:	12 April 2017

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:

Inspectors found that record keeping practices in relation to pocket money was not adequate so as to ensure that it was kept safe. For example, an adequate account was not maintained of items money was spent on.

1. Action Required:

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

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:

A new system has been introduced for each young persons monies to record all money received and all money spent. The spreadsheets will be overseen by the PIC on a monthly basis to ensure appropriate practice in this area.

Proposed Timescale: 12/04/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Training had only been provided for a small number of the staff team regarding the communication needs and support requirements of the children.

2. Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

Training dates for the staff team have been scheduled

Proposed Timescale: 05/12/2017

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 placement agreement in place for children did not adequately refer to the terms under which the child would reside in the centre, the services to be provided or the arrangements for fees

3. Action Required:

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

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

The Placement Agreement booklet will be revised to include a contract for the provision of service. It will also include the following information :

- A, The terms under which the child will reside in the centre.
- B, The services to be provided.
- C, it will state clearly that there are no fees for the family.

Proposed Timescale: 21/04/2017

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:

Personal goals set for children were not always specific or measureable.

Recommendations of the multidisciplinary team, involved in the children's care, were not always reflected in children's personal placement plans and or support plans.

4. Action Required:

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

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

The Placement Plans will be renamed 'Personal Plans' and reviewed to ensure that specific goals are clearly identified and that these are SMART: Specific, Measurable, Achievable, Realistic and Timely.

The PIC will review all needs identified are accurately reflected in the Personal Plans.

Proposed Timescale: 28/04/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was a suitable outdoor area which was wheelchair accessible. However, there was no play equipment or facilities in the outdoor area for children to play with.

5. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-

appropriate play and recreational facilities.

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

Suitable outdoor play equipment will be sourced and put in place for all children residing in the centre to enjoy. This equipment will be accessible for the children and their specific needs will be taken into account when selecting it. Suppliers of wheelchair accessible garden play equipment will be identified and suitable equipment purchased.

A suitable garden bench will also be sourced to allow the children to enjoy lunch and BBQ's in the garden during the summer months.

Proposed Timescale: 31/05/2017

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:

A small number of identified hazards and risks for individual children had not been appropriately assessed or risk rated. In addition, measures to control and manage the risks identified were not explicit.

There was not sufficient evidence that trends of incidents were reviewed by the management team.

6. Action Required:

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

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

A risk scoring system will be introduced to aid in the assessment, evaluation and treatment of risk in relation to the individual child. This will clearly state the following:

- A, Description of the risk.
- B, Name of Person responsible for risk.
- C, Likelihood, impact and rating of the risk.
- D, Summary of current measures in place.
- E, Summary of planned actions to further reduce risk.

The identified risks will then be ranked and reviewed regularly. Reviews will take place to clearly assess trends in incidents and identify measures to reduce the potential escalation of incidents and to reduce reoccurring incidents. These reviews will be adequately documented.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the arrangements to ensure that risk control measures are proportional to the risks identified, and that any adverse impact such measures might have on the residents quality of life have been considered.

7. 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 Risk Management Policy will be updated to also include clear measures that are in place within the centre to ensure measures to reduce risk are proportionate and that any negative impact they may have has been taken into account. The fact that not all risk can be removed and that 'measured' risk is a necessary component for the growth and development of the child will be stated. Acknowledging this reflects clear consideration for maintaining the safety of the child but also considering their autonomy.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover arrangements for the identification, recording, investigation and learning from serious incidents.

8. 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 Risk Management Policy will be updated to provide clear guidelines on:

- A, The identification of serious incidents.
- B, The recording of serious incidents.
- C, Investigation of serious incidents.
- D, Learning from serious incidents.

It will clearly state that the review of serious incidents will take place every fortnight at team meetings and a managerial SEN Review meeting will take place at least every 3

months, depending on the frequency and seriousness of incidents. The more frequent and serious incidents become, the more frequent the review of such will become. The minutes of these reviews will clearly outline the learning gained and new measures to be introduced within the centre to help manage the risk.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the measures and actions to control self harm.

9. 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 Risk Management Policy will be updated to incorporate the measures in place to manage self harm. This is currently a separate policy. A consultant will review the policy and assist with ensuring that it meets the requirements.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the measures and actions to control aggression and violence.

10. 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:

Again the Management of Aggressive Behaviour Policy was separate to the Risk Management Policy. This will be amalgamated with the Risk Management Policy to create the one document. A consultant will review the policy and assist with ensuring that it meets the requirements.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

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

11. 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 Risk Management Policy will be updated to incorporate the required measures and actions in place to reduce the risk of accidental injury to residents, visitors or staff. This is currently a separate policy and will now be amalgamated with the Risk Management policy. A consultant will review the policy and assist with ensuring that it meets the requirements.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the measures in place to control the unexpected absence of any resident.

12. 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 Risk Management Policy will be updated to incorporate the required measures and actions in place to control the risk of unexpected absence of a resident. This is currently a separate policy. A consultant will review the policy and assist with ensuring that it meets the requirements.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the measures in place to control identified risks.

13. 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:

As previously stated the Risk Management Policy will be reviewed to ensure that it adequately outlines the measures in place to control identified risk and that includes all requirements listed under regulation 26 (1). A consultant will review the policy and assist with ensuring that it meets the requirements.

Proposed Timescale: 14/05/2017

Theme: Effective Services

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

The risk management policy did not clearly cover the identification and management of risks.

14. 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 Risk Management Policy will be reviewed to ensure that it adequately covers the identification and management of risk. A consultant will be brought in to assist with the review of the policy. This will then be discussed with the staff team to ensure they have an understanding of the requirements.

The HSE Risk Matrix scoring system will be implemented in assessing all potential risks relating to each individual child.

Proposed Timescale: 12/05/2017

Theme: Effective Services

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

Records were not maintained of the time the fire drill was undertaken or of the staff involved in the fire drill. In addition, it was not clear if a fire drill had been undertaken under night time conditions.

15. Action Required:

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

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

A new template has been devised to include a more detailed log of the events of the fire drill. Information gathered includes:

- A, Date & time.
- B, Name of person carrying out fire drill and names of staff involved.
- C, Names of children who took part in the fire drill.
- D, Effectiveness of PEEP's.
- E, Comments of events/learning gained.
- F, Duration.

A night time drill also took place on March 31st.

Proposed Timescale: 12/04/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The level of detail provided regarding the monitoring and review of restrictive practices in place were not adequate.

16. Action Required:

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

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

The PIC has added a section to his weekly audit checklist to ensure that he reviews the current restrictive practices on a weekly basis. Restrictive practices will also be a standing agenda item on each fortnightly team meeting to ensure the involvement of the team in the review of such practices.

Proposed Timescale: 12/04/2017

Theme: Safe Services

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

The behaviour support plan in place for one of the children did not adequately provide guidance for staff regarding the behaviour displayed by this child, as recorded in the incident report records.

17. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is

challenging and to support residents to manage their behaviour.

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

The ICMP (Individual Crisis Management Plan) for the child in question has been updated to adequately cover actions to be taken for the management of physical aggression.

Proposed Timescale: 12/04/2017

Theme: Safe Services

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

Intimate care plans in place but found that the level of detail recorded was not always sufficient to guide staff in relation to the provision of intimate care to the children.

18. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

The Placement Plans within the centre will be renamed 'Personal Plans' to be in line with HIQA terminology. A dedicated section will be added for Intimate Care which will record all needs under this area and the actions to be taken to best meet them. As previously stated the staff team will also be trained in the area of Intimate Care.

Proposed Timescale: 28/04/2017

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:

A number of staff had yet to complete training in the safe administration of medicines.

There were a number of omissions on prescription and administration sheets reviewed. These included:

- that some medications were not administered at the time prescribed,
- the time was not always recorded, amount was recorded but not the specific dose,
- maximum dose not recorded for some 'as required' or PRN medications and dose of some medications were not legible.

Arrangements for control of medication stock and procedures for the handling and disposal of unused and out of date medications were not adequate.

Transcribing practices were not always in line with best practice in this area.

Audits of medication practices in the centre were not being undertaken on a regular basis.

19. 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:

There are four staff requiring training in Medication dispensing (SAMS) and training has been identified for them on April 12th. Training will also take place for the staff team in which they will be assessed for competency in administering medication by a qualified and experienced nurse. The Medication Management Policy will also be reviewed with the team and the Nurse present to ensure a full understanding of requirements stated within it in terms of practice. As mentioned above this will include the following areas:

- A, Times for administering medications.
- B, Accurate completion of Kardex.
- C, Sufficient transcribing practices, if necessary to do.
- D, Stock control measures.
- E, Disposal of Medications.
- F, Importance of recording dose of medications, including maximum dose for PRN medications.

Proposed Timescale: 13/04/2017

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 contained all of the information as required by schedule 1 of the regulations. The following was not specified:

- the age range of children living in the centre,
- specific care needs, size of rooms in the centre,
- arrangements for contact between a child in care and his/her TUSLA social worker,
- arrangements for supervision of therapeutic techniques used and procedures for emergency admissions.

Details regarding the development and review of individual personal placement plans were not adequate.

20. Action Required:

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

Disabilities) Regulations 2013.

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

The Statement of Purpose will be reviewed to ensure that it covers all necessary areas outlined in Schedule 1, as stated above.

Proposed Timescale: 28/04/2017

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:

It was noted that audits undertaken were not monitoring compliance against the disability regulation and or standards.

21. Action Required:

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

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

The providers Quality Assurance team will update their systems to ensure that they reflect the requirements outlined in the National Standards for Residential Services for Children with Disabilities, along with other relevant documentation such as The Assessment and Judgement Frameworks, and the Health Act (2007).

The Registered Provider and PICs of centres have met with the quality assurance team and discussed all relevant documentation as stated above. All future internal audits that take place will be conducted against the HIQA Standards.

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was one staff vacancy at the time of inspection.

22. Action Required:

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

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

The staff vacancy has been filled and centre now has a complete team.

Proposed Timescale: 12/04/2017

Theme: Responsive Workforce

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

The employment history in one of the sample of four staff files reviewed was not available.

23. Action Required:

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

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

The employment history gap of the staff member identified as been rectified. A note is now added to his personnel folder to reflect this. Interview procedures have been reviewed to ensure that gaps in employment history do not pass the interview stage and that explanations are provided for same.

Proposed Timescale: 12/04/2017

Theme: Responsive Workforce

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

There were a small number of staff who required training in fire safety, safe administration of medications and communication.

24. 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:

Fire training is scheduled to take place at the centre on May 17th.

Remaining staff to be trained in SAMS April 12th.

Dates have been identified for remaining staff to be trained in Communication Systems.

Lamh training has been sourced for the staff team.

Proposed Timescale: 05/12/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

A number of duplicate policies were in place which contained different information. This had the potential to cause confusion for staff and meant that practices across the centre might not be consistent and could vary depending on which policy staff were adhering to.

25. 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:

Both sets of policies will be amalgamated, with any duplicated policies removed.

Proposed Timescale: 31/05/2017