

**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 St John of God Community Services Ltd
Centre ID:	ORG-0003234
Centre county:	Dublin 24
Email address:	Niamh.cooney2@sjog.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Ltd
Provider Nominee:	Bernadette Shevlin
Person in charge:	Niamh Cooney
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 June 2014 09:00 To: 05 June 2014 18:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This monitoring inspection was announced and took place over one day. As part of the monitoring inspection the inspector met with three children, parents, staff members, clinical nurse manager 1 (CNM 1) and the person in charge (Clinical Nurse Manager 2). The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

The centre provided a respite service to children with high medical and palliative care needs. The centre accepted referrals from new born to 16 years of age for both male and female. The centre could accommodate up to five children depending on their support needs. The centre was open from 08.:0 Monday to 17:00 on Thursday, inclusive.

Three children were availing of respite in the centre at the time of inspection, each of whom had a severe to profound intellectual and physical disability. This necessitated a high level of assistance and supervision from staff. Two registered staff nurses were rostered on duty 24/7 to meet the needs of the children availing of the service.

The inspector found that the service was safe and that children received a child-entred quality service which was delivered by a committed and experienced team of staff. The children’s communication needs were promoted through the use of a range of communication aids. Health needs of the children were regularly reviewed and met. While evidence of good practice was found across all outcomes, areas of non compliances with the Regulations and the National Standards were identified. These included:

- children's personal plans did not comply with all of the requirements as outlined in the Regulations;
- two of the staff had not attended training in Children First: National Guidelines for the protection and welfare of children, 2011 (Children First, 2011);
- The centre did not have an approved risk management policy in place as required by the regulations;
- Staff supervision and professional development arrangements were not adequate;
- The statement of purpose did not meet all of the requirements of the regulations.

These non compliances are outlined in detail within the body of this report and included in the action plan at the end of the report.

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

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were systems in place to assess children's individual needs and choices. However, assessments in relation to social care and participational needs were not always adequate. The inspector reviewed a sample of individual child profile sheets 'all about me' which were completed by the person in charge in consultation with the child and their family prior to the child availing of respite in the centre. These included detailed assessments of children's individual health and personal care needs, likes and dislikes. There was documentary evidence that a subsequent assessment to reflect changes in need and circumstances on at least an annual basis as required by the Regulations was undertaken through the care planning process. These assessments were based on the activities of daily living framework which included nutrition, breathing, communication, cleansing, elimination, control of body temperature, sleeping, sexuality, mobility and play. The inspector found that there was no policy in place to guide staff on the assessment and management of personal and social care needs. The inspector found that information in relation to children's social interests were limited.

Each child had a written personal plan which reflected children's individual assessed needs and outlined the supports in place to maximise the child's personal development. However, there was limited evidence available to show that the child's representatives were involved in the development of personal plans or that plans adequately focused on children's social care needs and outcomes. The inspector reviewed a sample of children's personal care plans and found that they had a nursing care focus, which was necessary given the children's care needs and outlined preferred routines and the supports required. The inspector found that children's communication needs were assessed and promoted within individual care plans. The centre had a timetable of activities which

were undertaken in the centre. These included; art, massage, music, sensory play and drama. The majority of these activities were provided by external professionals. The inspector found that the care plans contained information about children's likes and dislikes but the information about children's interests was inadequate. There were limited opportunities for children to try new experiences or to participate in community outings while availing of the respite service. The inspector accepts that this may be a challenge for some of the children given their healthcare needs but considers that opportunities to maximise their personal development may have been missed. There was no documentary evidence that care plans had been developed with the participation of each child or their representative as required by the Regulations.

Care plans were regularly reviewed and took into account the effectiveness of the plan, changes in circumstances and new developments. However, there was limited documentary evidence available to show that children's representatives were formally involved in the review process or that reviews had a multidisciplinary input as per the requirements of the Regulations.

The centre did not have a policy or procedure in place that guided staff if and when a child was temporarily transferring or transitioning to another service or to hospital. However, there was documentary evidence that a transfer summary sheet was completed should a child require transfer to hospital. Inspectors noted that the document included relevant information on aspects of the children's care but did not necessarily detail their emotional needs and preferences. The person in charge reported that planned supports for the transitioning of older children to adult services once they reached 16 years were put in place and agreed with children's families or representatives as required.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

While the health and safety of children and staff was promoted, the provider did not have an approved risk management policy in place as required by the Regulations. The inspector found that the provider was in the process of developing a draft risk management policy but this had not yet been finalised or approved. The centre had a number of policies and procedures in place relating to health and safety. The inspector reviewed the centres safety statement, dated March 2014. Many of the requirements of the risk management policy as set out in the Regulations were contained in the safety

statement, though not all of the specific risks identified in the Regulations had been included. For example, the risk of accidental injury to resident, visitor or staff. The inspector found through document review that risk assessments of the environment and some work practices had been undertaken by the person in charge and the clinical nurse manager. The inspector noted that the risk was not always clearly stated. The inspector reviewed individual risk assessments in children's files for specific risks, for example manual handling. The inspector found that there were measures in place to manage and control risks identified but noted in a small number of the sample reviewed that the name of a person responsible or a timeline for meeting an action proposed was not always recorded. The centre had a risk register in place. A small number of staff had received training in undertaking risk assessments.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children availing of respite services. The provider had a serious incident management policy and procedure, dated November 2013. The inspector found, through interview with staff and review of documentation that incidents and accidents were recorded and reported to the providers safety officer and person in charge in a timely manner. The inspector reviewed a log of the number of accidents and incidents reported in the preceding 12 month period. The inspector found that there were only four incidents reported in the preceding four month period. The person in charge and staff told the inspector that they felt there was a good culture in the centre for reporting incidents. There was documentary evidence that actions had been taken as a result of learning attained from specific incidents. The person in charge told the inspector that there was no formal process in place to identify or review trends of incidents or accidents but that she regularly reviewed all incidents and implemented practice changes were appropriate.

The provider had procedures in place for the prevention and control of healthcare associated infections. The inspector reviewed the provider's infection control policy and procedure dated August 2013. The inspector spoke with staff and found that they were familiar with infection control arrangements. The inspector observed that the house was clean and that there were adequate facilities and equipment for hand washing available for staff. This included elbow tap sinks in each of the children's bedrooms and care areas with appropriate signage regarding the correct hand washing technique. However, the inspector noted that none of the staff team had received refresher hand hygiene training. The inspector noted that the centre had access to waste disposal facilities, including clinical waste disposal. It was noted that clinical waste was locked in appropriate an storage container at the rear of the centre but that this was not duly locked in a secure holding area.

There were adequate precautions in place against the risk of fire. The inspector observed that suitable fire equipment was available. There was documentary evidence that fire equipment, fire alarms and emergency lighting were serviced at regular intervals by an external company. The inspector found that there were adequate means of escape and that all fire exits were unobstructed. The centres fire evacuation procedure was prominently displayed in the centre. Each child had an individualised evacuation plan which adequately accounted for the care needs and cognitive understanding of the children. Staff who spoke with inspectors were familiar with the fire evacuation procedures. There was documentary evidence that all staff had attended

fire safety training in the preceding year. There was documentary evidence that fire drills were undertaken on a regular basis which included a night time fire drill and involved the children who were availing of the respite service on the day of the fire drill.

There was documentary evidence to show that all staff had attended manual handling training. Staff spoken with, were knowledgeable about manual handling requirements. The inspector reviewed comprehensive manual handling risk assessments in a sample of children's files reviewed. Specific manual handling requirements were detailed in children's care plans. A range of manual handling aids were available for use in the centre. This included overhead hoists in a number of the children's rooms and care areas.

There were emergency plans in place to guide staff in the event of a natural disaster, dated May 2014. Staff spoken with, were aware of emergency on call arrangements in place. The inspector reviewed the centres on call procedure.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were measures in place to safeguard the children living in the centre and protect them from the risk of abuse. However, evidence to demonstrate that these measures were implemented consistently and managed in line with the providers policy, Children First: National Guidelines for the Protection and Welfare of Children, 2011 (Children First, 2011) and legislation were not robust.

The provider had a policy and procedure in place for safeguarding vulnerable people, dated October 2013, which referenced Children First, 2011. The inspector noted that the responsibilities of the designated person for care and protection were detailed in the policy. Staff who spoke with the inspector were aware of who the designated person was and of their contact details. The person in charge told inspectors that there were no concerns, suspicions or allegation of abuse or neglect reported in the preceding two year period. Staff who spoke with the inspector were knowledgeable about the providers

policy, about what constituted abuse and how they would respond to any suspicions of abuse which was in line with the national guidance. Training records reviewed showed that two members of staff had not received Children First, 2011 training, but were scheduled to attend same in June 2014.

Although it was evident that children were treated with respect and warmth, there were limited formal processes in place to monitor or review practices. The inspector found that staff had a good understanding of the importance of promoting the safety and respect of children. The inspector observed that staff members interacted with children in a respectful, warm and dignified manner. The provider had an 'intimate and personal care policy' in place but it had not been reviewed since 2009. This meant that the guidance in place for staff, may not reflect current best practice in this sensitive area. The inspector reviewed care plans which dealt with aspects relating to the provision of intimate care for children. However, the inspector noted that formal intimate care plans specific to each child had not been put in place as proposed in the provider's intimate and personal care policy. This meant that staff did not have access to a detailed plan to ensure that privacy was respected and to protect children from any risk associated with the delivery of intimate care. The person in charge told the inspector that formal processes to monitor or formally review safeguarding practices had not been developed. This meant that the provider could not be assured that safe and respectful care which met the needs of each child was being provided. The inspector observed that the centres laundry and access supplies storage room was accessed through the main bathroom. The person in charge reported that staff would not access the room if the bathroom was being used by a child.

The person in charge confirmed that none of the children availing of the respite service presented with behaviour that challenged, hence behavioural support interventions were not used. The provider had a policy on behaviours that challenge, dated October 2009. The inspector observed that children were provided with emotional support by staff as they attended to their health care needs. Staff told the inspector that physical or chemical restraint was not used in the centre. The inspector observed that a number of restrictive devices were used for children's protection. For example wheel chair lap belts, chest straps and bed/ cot sides. There was limited documentary evidence on file to show that this had been discussed with the individual children's family or representatives or that the usage of the restrictive device had been formally reviewed.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were systems in place to support staff in relation to medication management. The inspector reviewed the providers policy on person centred medication management, dated October 2013 which outlined requirements regarding the transfer of medications between services and children's individual homes. A local centre specific medication transcribing policy, dated, March 2014 was also in place. The inspector reviewed medication prescription and administration records and found that they each had photographic identification in place. The inspector noted that there were a limited number of time slots and space on medication prescribing and administration sheets for the recording of drugs prescribed and administered at certain times. The person in charge provided the inspector with a copy of a new draft prescription sheet which had not yet been approved or implemented but provided a greater number of time slots for medication administration. A registered staff nurse was rostered on each shift and responsible to administer medications. Nursing staff to whom the inspector spoke demonstrated an understanding of appropriate medication management and adherence to An Bord Altranais guidance on medication management and regulatory requirements. The inspectors observed that medications were all stored securely in a locked cupboard and that the medication keys were held by the staff nurse on duty. A drug fridge was also available.

The system in place to review and monitor safe medication management practices was not robust. The inspector reviewed medication error report forms which were reported to the person in charge. There was documentary evidence that errors were reviewed and that actions were taken to prevent reoccurrence. The person in charge told the inspector that further to an informal review of medication errors that a new procedure had been implemented whereby two members of staff were now required to sign off on the administration of all medications. This was verified through document review and interview with staff. The person in charge confirmed to the inspector that medication management practices in place or trends in relation to medication errors were not formally reviewed or monitored. This meant that opportunities for learning how to improve services may have been missed. There was documentary evidence to show that an audit of medication management practices in the centre was scheduled to occur in July 2014. A medication audit template had been developed and was reviewed by the inspector. The inspector reviewed admission and discharge checklists which recorded medication received to the centre with the child on admission and the amount sent out with the child on discharge.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

A written statement of purpose had recently been developed and was dated May 2014. However, the statement did not comply with a number of the requirements outlined in the Regulations.

The inspector reviewed the statement of purpose and found that it did not adequately detail the following: facilities which were to be provided to meet children's care needs; arrangements made for the supervision of therapeutic techniques used in the centre, arrangements for children to engage in social activities, hobbies and leisure interests, arrangements for children to access education and training; arrangements made for dealing with reviews and development of a child's personal plan; arrangements for consultation with, and participation of, residents in the operation of the designated centre and arrangements made for residents to attend religious services of their choice. There was no evidence that a copy of the updated statement of purpose had been made available to the children's families.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Management systems in place to ensure that the service provided is safe, consistent and appropriate to the children's needs were not adequate as there was no formal quality assurance system in place to monitor or review the quality of services provided for the children living in the centre. Staff told the inspector that they were encouraged to report any concerns they might have and that actions would be taken to address same. The inspector found that a limited number of audits of the safety of the service had been undertaken. For example, audit of personal plans undertaken in October 2013. There

was documentary evidence that actions had been taken to address issues identified in these audits. The inspector found no evidence that the provider had undertaken unannounced visits to the centre every six months and produced a written report as to the safety and quality of care and support provided as required by the Regulations. However, the inspector reviewed documentary evidence which showed that an unannounced audit had been scheduled for June 2014 which it was proposed would be undertaken by two members of the quality team. An annual review of the quality and safety of care and support in the centre had not been undertaken as required by the Regulations.

There was a clear management structure in place that identified the lines of authority and accountability. Staff who spoke with inspectors had a clear understanding of their roles and responsibilities.

The centre was managed by a suitably skilled and experienced person. Each of the staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. The inspector found that the person in charge was knowledgeable about the requirements of the Regulations and Standards and had a clear knowledge about the support needs and plans for children availing of respite services in the centre. Records showed that the person in charge had completed a course regarding her role but had not completed formal management training. The inspector noted that the person in charge had a full time post and was engaged in the governance, operational management and administration of the centre on a daily basis. The person in charge reported to the director of service/chief executive officer. She was supported by a clinical nurse manager (CNM 1). The inspector found, through interview with staff, that in the absence of the person in charge, the CNM1, or senior staff nurse on duty was responsible. There were on call arrangements in place 24/7 and the inspector reviewed a written procedure in place regarding same.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were effective recruitment procedures in place. The person in charge told the

inspector that all recruitment procedures were managed centrally by the provider. The inspector reviewed the provider's recruitment and selection policy and procedure dated September 2014. The inspector reviewed a sample of four staff files and found that they contained the required documents as outlined in schedule 2 of the Regulations, with the exception of one staff file which did not have the 2014 registration status of a staff nurse on file.

There was no formal system in place to measure and match children's dependency levels with staffing levels. The person in charge told the inspector that she considered that the current staffing levels were sufficient to meet the needs of children but that it had not been formally established. Inspectors reviewed the staff roster which showed that the centre had two nurse managers (this included the person in charge), two staff nurses, seven bank staff nurses and one care assistant whole time equivalents. The inspector found through interview with staff that the same bank staff were possible was used. This meant that the children had continuity in their care givers. Rosters reviewed showed that two staff nurses as a minimum were rostered on duty for each shift.

A training programme was in place for staff which was coordinated by the organisations training department. However, a formal training needs analysis had not been undertaken to establish training requirement for staff in order to assist them to care for children with complex needs. The person in charge confirmed to inspectors that all staff were up to date with mandatory training. This was verified through review of training records. The inspector noted that copies of the Standards and Regulations were available in the centre. Staff to whom inspectors spoke were familiar with the standards and the Regulations.

Formal supervision between the person in charge with staff and the director of service with the person in charge were not undertaken on a regular basis. This meant that the staff performance was not being formally monitored in order to address any deficits that might exist and to improve practice and accountability. The centre did not have a supervision policy or a template for undertaking supervision. The inspector reviewed records of performance development reviews which had recently been introduced for some staff. These records showed that staff development was discussed but the care of the children availing of the service was not always discussed and defined actions were not always recorded.

There were no volunteers working in the centre at the time of inspection. The provider had a policy in place on volunteering, dated June 2013, which outlined arrangements to ensure that volunteers would receive appropriate supervision and vetting appropriate to their role.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during 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 St John of God Community Services Ltd
Centre ID:	ORG-0003234
Date of Inspection:	05 June 2014
Date of response:	14 July 2014

Requirements

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

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 in relation to social care and participational needs were not always adequate.

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:

The person in charge will ensure that:

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

1. Social care and participational needs of each child will be reviewed with representatives and updated in all personal plans.
2. Social care goals will be in place for all children and form part of the admission process for all respite visits.
3. A local operational procedure to support and guide staff in assessing and developing personal plans incorporating social care needs will be developed.
4. The person in charge will ensure that all staff are inducted into the local operational procedure and that it is implemented into practice

1. July 7th to September 30th 2014.
2. Will commence from July 7th 2014 & continue as part of all admissions.
3. 30th September
4. 30th November

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

There was limited evidence available to show that the child's representatives were involved in the development of personal plans.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, 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:

1. Amend the local operational admission process to ensure representatives are involved in the development of all personal plans for each respite stay.
2. Prepare a schedule of personal planning meetings in conjunction with representatives to ensure participation in the review and development of personal plans. Meetings will commence with representatives once this schedule is agreed.

1. July 18th 2014
2. Schedule will be prepared for July 31st 2014

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

There was limited evidence available to show that that plans adequately focused on children's social care needs and outcomes.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

The person in charge will:

1. A social care section will be added to each personal plan to ensure each child's social care needs and outcomes are addressed in conjunction with representatives.
2. A local operational procedure to support and guide staff in assessing and developing personal plans incorporating social care needs will be developed.
3. The person in charge will ensure that all staff are inducted into the local operational procedure and that it is implemented into practice

1. July 7th 2014 to September 30th 2014.
2. 30th September
3. 30th November

Proposed Timescale: 30/11/2014**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was limited documentary evidence available to show that children's representatives were formally involved in the review process.

Action Required:

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

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

The person in charge will:

1. Prepare a schedule of personal planning review meetings in conjunction with representatives to ensure formal participation in the review process.
2. A personal planning review template will be prepared to demonstrate participation of representatives in the review of personal plans.
3. Review meetings will commence with representatives once the schedule is agreed.

1. July 31st 2014
2. July 31st 2014
3. 5th of August 2014 to December 19th 2014.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

There was limited documentary evidence available to show that reviews had a multidisciplinary input as per the requirements of the Regulations.

Action Required:

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

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

The person in charge will:

1. Compile and send a letter to members of external multidisciplinary teams supporting the children with consent of parents / guardians to gather all required information in preparing for review of personal plans.
2. Compile and send a Letter with consent of parents and guardians to all children's primary service's requesting that the child's keyworker from their respite service attend any of the child's review meetings with multidisciplinary teams when scheduled.
3. Seek written consent in relation to (1) and (2) above from all families.

1. Letter will be circulated by 30th September 2014.
2. Letter will be circulated by 30th September 2014.
3. 31st August 2014

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The centre did not have a policy or procedure in place that guided staff if and when a child was temporarily transferring or transitioning to another service or to hospital.

Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The person in charge will:

1. Prepare a local operational procedure to guide staff if and when a child is temporarily transferred or transitioning to another service or hospital.
2. The person in charge will ensure that all staff are inducted into the local operational procedure and that it is implemented into practice

1. August 31st 2014
2. 30th September 2014

Proposed Timescale: 30/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The provider did not have an approved risk management policy in place which detailed arrangements for hazard identification and assessment of risk throughout the 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 person in charge will:

1. Ensure that the draft risk management policy in place is approved and signed off by the Director of Service.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place, which details 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 person in charge will:

1. Ensure that the draft risk management policy in place is approved and signed off by the director of service.
2. Review the Safety Statement to ensure it details the measures and actions in place to control the risks identified.

1. July 31st 2014
2. July 31st 2014

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place, which detailed arrangements in place for the identification, recording and investigation and learning from, serious incidents or adverse events involving children.

Action Required:

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

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

The person in charge will:

Ensure that the approved risk management policy detailing the arrangements in place for the identification, recording and investigation and learning from, serious incidents or adverse events involving children is approved and signed off by the director of service.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place, which detailed arrangements to ensure that risk control measures are proportionate to the risks identified and that any adverse impact that such measures might have on the quality of a child's 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 person in charge will:

Review all risk assessments present in each child's personal plan to ensure that the 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.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place, which detailed the measures and actions in place to control the unexplained absence of a child.

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 person in charge:

Draft risk management policy to be amended to include measures and actions to control the unexplained absence of a resident, policy to be approved and signed by the director of service.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place, which detailed the measures and actions in place to control accidental injury to a child, visitor 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 person in charge:

Amend the draft risk management policy to include the measures and actions to control accidental injury to residents, visitors or staff.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place which detailed 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 person in charge:

Amend the draft risk management policy to ensure the inclusion of measures and actions to control aggression and violence. Policy to be approved and signed off by the Director of service.

Proposed Timescale: 31/07/2014

Theme: Effective Services

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

The provider did not have an approved risk management policy in place which detailed 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 person in charge:

Amend Draft risk management policy to include measures and actions to control self harm. Policy to be approved and signed off by the director of service

Proposed Timescale: 31/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was limited documentary evidence on file to show that this had been discussed with the individual children's family or representatives or that the usage of the restrictive device had been formally reviewed.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

The person in charge will:

1. Amend the admission/discharge check list to ensure all restrictive devices for children's protection are discussed and reviewed on admission and discharge at each episode of respite.
2. Formal consent will be in place for each child as required for all restrictive devices in place for children's protection

1. 31st of July 2014
2. 31st of July 2014

Proposed Timescale: 31/07/2014

Theme: Safe Services

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

Although it was evident that children were treated with respect and warmth, there were limited formal processes in place to monitor or review practices.

Action Required:

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

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

The person in charge will ensure that:

1. A revised intimate care plan will be in place for each child to demonstrate the review and monitoring of such supports.
2. All intimate care plans will be reviewed & signed off by representatives.

Proposed Timescale: 31/08/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The system in place to review and monitor safe medication management practices was not robust.

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:

The person in charge will:

1. Devise a local operational procedure (s) for receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely and to ensure the robust review and monitoring of safe medication practices.
2. Shall ensure that all staff are inducted into the revised operational procedures, that they are implemented into practice and audited.

1. 30th August 2014
2. 30th November 2014

Proposed Timescale: 30/11/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not adequately detail the following: facilities which were to be provided to meet children's care needs; arrangements made for the supervision of therapeutic techniques used in the centre, arrangements for children to engage in social activities, hobbies and leisure interests, arrangements for children to access education and training; arrangements made for dealing with reviews and development of a child's personal plan; arrangements for consultation with, and participation of, residents in the operation of the designated centre and arrangements made for residents to attend religious services of their choice.

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 Person in Charge will:

1. Update the statement of purpose and function in line with regulation 3 (1)

Proposed Timescale: 15/08/2014

Theme: Leadership, Governance and Management

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

There was no evidence that a copy of the updated statement of purpose had been made available to the children's families.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The person in charge will:

Send a copy of the statement of purpose and function to all families/representatives once updated.

Proposed Timescale: 29/08/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the centre had not been undertaken as required by the Regulations.

Action Required:

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

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

The registered provider has made arrangements for an internal quality audit against all the regulations to be completed as scheduled.

Proposed Timescale: 30/06/2014

Theme: Leadership, Governance and Management

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

The inspector found no evidence that the provider had undertaken unannounced visits to the centre every six months and produced a written report as to the safety and quality of care and support provided as required by the Regulations. However, the inspector reviewed documentary evidence which showed that an unannounced audit had been scheduled for June 2014 which it was proposed would be undertaken by two members of the quality team.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

1. The Quality and Safety Programme Department have completed an unannounced baseline regulation/standards audit since this inspection.
2. The action plan is currently being compiled by 2 quality advisors with the person in charge.

1. Completed
2. 18th July 2014

Proposed Timescale: 18/07/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no formal system in place to measure and match children's dependency levels with staffing levels.

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 registered provider will:

1. Identify a system of formally measuring and matching children's dependency levels with staffing levels that is suitable for a community based children's centre based respite service
2. Implement this system into practice
3. Review children's dependency levels on an ongoing basis using the system agreed and identified

1. 30th September 2014
2. 30th October 2014
3. With effect from 30th October 2014

Proposed Timescale: 30/10/2014

Theme: Responsive Workforce

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

A formal training needs analysis had not been undertaken to establish training requirement for staff in order to assist them to care for children with complex needs.

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:

The person in charge will:

Ensure training needs analysis is undertaken in conjunction with the Human Resources Department to establish additional training requirements for staff in order to assist them to support children with complex needs.

Proposed Timescale: 19/09/2014

Theme: Responsive Workforce

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

Formal supervision between the person in charge with staff and the director of service with the person in charge were not undertaken on a regular basis.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The person in charge will:

1. In conjunction with the Director of Services agree a schedule of formal supervision involving:

- The person in charge and frontline staff.
- The person in charge and Director of Services.

2. A local operational procedure on supervision arrangements will be developed and implemented into practice.

Proposed Timescale: 30/11/2014