Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0003255
Centre county:	Laois
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	G.A.L.R.O. Limited
Provider Nominee:	Joe Sheahan
Lead inspector:	Eva Boyle
Support inspector(s):	Una Coloe
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, 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:
23 January 2015 09:00	24 January 2015 18:30

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

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

Summary of findings from this inspection

This was an 18 outcome inspection, carried out for the purpose of registration. It was the third inspection of the centre. As part of the process, inspectors reviewed policies, records, spoke to parents, members of staff, management team and observed the delivery of the service. Children's interaction with staff was observed throughout the two days of inspection as the majority of children present did not communicate verbally. One child spoke with inspectors. Nine questionnaires were returned from family members. The centre was located in a dormer bungalow in a town in Co. Laois.

The service provided respite care to 38 children. GALRO was the provider of the service and had applied to register the centre as a respite service for five children

from 0 - 18 years of age with a diagnosis of autism, or a learning disability, or co-morbidity who may be at a time of crisis, and/or exhibit behaviour that challenged. The provider was a limited company with two directors. Inspectors met with one of the directors as part of the registration process and found that s/he had a good knowledge of his/her responsibilities as the provider.

Since the last inspection, inspectors found that the centre had made significant progress in medication management and some progress in relation to care planning, staff training and the introduction of a number of management systems. However, inspectors found that risk management systems were not sufficiently robust as they identified a number of serious risks on the first day of the inspection including very hot water and radiators which posed a risk of burning children. The provider attended to these issues over the course of the inspection and on day 2 inspectors found that the temperatures were within norms.

These and other deficits are outlined in this report and in the action plan submitted by the provider.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
Staff treated the children with respect and promoted their dignity. Inspectors observed staff speaking kindly and warmly to the children. During the inspection, staff supervised the children from a distance, respected their dignity and safety, and also their wish to be alone. Children were able to exercise choices where practical, which were recorded in the notes of their daily care diary.

There was some direct consultation with children. Some children had been consulted and their views were clearly outlined in their personal plans. A suggestions box was available in the centre, but it was unclear what steps the staff team had taken to promote this with the children.

The complaints process was not robust and did not meet the requirements of the legislation. Not all complaints were acknowledged as a complaint. Inspectors found that some feedback provided by parents had not been considered as a complaint and another complaint made by a parent was not in the complaints log and there was no section in the log to record the outcome of the complaint or the complainant's satisfaction. No member of the team had any complaints management training and this meant that potential opportunities to hear, address and learn from complaints may not have been taken. An administrator outside of the centre was the appointed complaints manager. However, there was no evidence that this person visited the centre to complete or ensure the complaints log was completed in full. In addition there was no nominated person to oversee that s/he had completed all the requirements of the regulations. The complaints process did not include an appeals process. Parents were not aware of who the complaints manager was as they told inspectors that they would speak to the team leader and or area manager if they had a complaint.

The complaints process was not prominently displayed in the centre. There was one poster in the kitchen, which used pictures and words to explain how to make a complaint but the language used was not child friendly and it did not include all parts of the complaints process. There was also a children's version of the complaints policy, which used pictures to help children to understand it but again the language was difficult for children to comprehend.

Children were aware of their right to choice but had limited understanding of other rights including freedom of movement or to complain. Information on children's rights was not displayed in the centre at the start of the inspection. The team leader told inspectors that this information had been displayed in each of the children's bedrooms, but the children had taken it down. However, a child-friendly poster on children's rights was displayed in the kitchen during the course of the inspection. Children were aware of their right to have choices about food and activities. Pictures were used to give children choice in these areas. Information was included in the children's complaints procedure about advocacy services in the centre. Inspectors found that staff advocated on specific issues relating to children such as their need for adult respite services in the future.

The privacy and dignity of each resident was respected and promoted by the staff team. Inspectors saw staff being respectful in their interaction with children. Personal care practices were good and inspectors observed that children's bedroom and bathroom doors were closed in order to ensure children's dignity and privacy. Children were provided with space whenever they wished to spend time on their own, such as to listen to music. Inspectors observed children choosing to spend time in their bedrooms or sitting on a bean bag listening to music. Staff were respectful of this and inspectors observed staff checking in with children at appropriate intervals.

There were some measures in place to protect resident's belongings. However, there was no effective system in place to manage children's monies or clothing. All children's personal items, such as clothing and music systems, were documented in an inventory which was completed when children were admitted on their respite stay. Each child had their own wardrobe in their bedroom. Their personal items could be locked into these wardrobes. Inspectors found that there had been issues with incorrect clothing going home and subsequently a new system had recently commenced using a colour coded system. How effective this was yet to be determined. Staff told inspectors that some children did their own laundry if they wished. Some children brought pocket money into the centre and it was stored in individual envelopes in the centre's safe. If a child spent money, staff placed a receipt for the item into the child's envelope. Both the envelope of money and the receipts were returned to the child's parents. However, the centre did not keep records of money being brought into the centre by the children. Therefore, there was a potential that the current system of managing children's money could be open to dispute.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Children were assisted to communicate by the staff team through exchanging pictures and in using a method of sign language. However, the quality of the assessments of children's communication needs varied. Children accessed the centre's telephone to contact family members and the staff team regularly updated parents. The majority of staff had not received training in the two main communication methods used by children who did not communicate verbally.

The centre had a communications policy but it was inadequate. The policy did not refer to how children's communication needs were assessed or referenced how staff were trained to meet specific communication needs of children who attend the centre.

The quality of the assessments of children's communication needs varied. Some children's communication needs were clearly assessed by staff, and included good quality information in relation to the child's ability to communicate. In addition, copies of speech and language therapist's reports were held on their files. However, for other children the quality of the assessment of their communication needs were not adequate. Each child had a section in their personal plan called a communication passport, and the purpose of this was to provide information on how a child communicated. It also provided guidance to staff on how to communicate with the child. Four communication passports were reviewed by inspectors, two of which clearly described the children's communication needs. Clear and concise information was provided to assist staff to effectively communicate with the specific children. However, the third communication passport did not outline when staff should use specific communication methods with the child, and the fourth passport was not completed. Therefore, not all staff may be aware of how to effectively communicate with specific children. Despite this, staff on duty were aware of the communication needs of the children and told inspectors of the specific ways that they could effectively communicate with children. Inspectors observed a child taking staff by the hand and leading them to the kitchen sink, to communicate that they wanted a drink of water.

Children were facilitated to communicate with visual aids such as pictures but the centre had no assistive technology in place for children. The team leader outlined that some children who required assistive technology brought their own hand held computers to the centre and used these to communicate with staff. The centre had pictures displayed throughout the centre to assist children in areas such as their choice of meals, personal hygiene and fire safety. A collection of other pictures were available in the centre to assist children to communicate other messages to staff. Parents referred to their

children bringing in specific pictures that they used to communicate to the centre. Inspectors did not observe the exchange of pictures during the inspection so it was difficult to determine the effectiveness of the communication method.

The majority of staff had not received training in communicating with children through the exchange of pictures. This was the main method of communication in use with children who could not verbally communicate. Two members of staff had received training in a method of sign language. However, given the low number of staff trained in this communication method, it was unclear how this sign language method could be used effectively with children. The area manager told inspectors that further training was planned for the staff team in communication methods, but no date was provided to inspectors. Therefore, in the absence of training, there was a risk that staff may not have been proficient in exchanging pictures with children to communicate and this may have impacted on the quality of communication between staff and children.

Children had access to a telephone and television, but only children who had their own computer could access the internet. Minutes of management meetings reviewed identified that there were some future plans to introduce hand held devices but they were not in place at the time of the inspection.

Judgment:
Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Children were supported to develop and maintain personal relationships and were encouraged to participate in the local community.

The staff team promoted positive relationships between children and their families. As children usually spent time on respite stays over a weekend periods, family members generally did not visit the children. Inspectors met with a parent and grandparent who were leaving their child in for respite and observed good interaction between the staff team and the family. Records showed that staff contacted parents twice daily in relation to the children either by telephone call or by text message while they stayed in the centre. Children were given the opportunity to speak to their parents on the telephone during their stay. Inspectors found that staff contacted parents in relation to children prior to the child attending for respite to establish if there was any new information on

the child. Inspectors found that parents were consulted in the assessment process, and in personal planning, and their views were taken on board by the staff team.

The centre had suitable facilities for facilitating a private space for children to have visitors and there were no restrictions on family visits. Staff outlined that they were open to family members calling into the centre while children were on respite, but that it generally did not occur. Parents told inspectors that they were kept well informed by the centre's staff. The centre had a policy in regard to contact with family and it outlined that the centre could facilitate contact with family members inside the centre or at a suitable public venue.

Friends did not routinely visit the centre, as children attended the centre for short periods of respite. However, the team leader told inspectors that s/he had arranged that children who were friends attended the centre at the same time, but inspectors found that it was children's parents who identified with whom their child was friendly prior to admission. Staff were also aware that children had made friends with children who attended respite and facilitated that they were in the same group attending respite.

Children were involved in activities in the local community but many of the children who availed of the respite service were from other communities. Children participated in activities in the local community such as swimming, shopping, going on walks and going to the park. These activities were both individual and group activities. One child told inspectors that he/she liked going swimming and going out for lunch when on respite. One child attended swimming while all of the children went shopping during the inspection. Parents told inspectors that they were pleased with the level of activities that children participated in.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Children's admissions were in line with the statement of purpose, but care agreements were not in line with the Regulations. The admissions process considered the needs and safety of the individual child being admitted and the safety of other children living in the centre.

Children's admissions were in line with the statement of purpose and were timely. The centre had an admissions policy which was not comprehensive, it referenced the process for planned and emergency admissions, but the process regarding children transferring to other residential or respite services was not outlined. As part of the admissions process, the area manager and/or team leader visited the child in their family home. An assessment of their needs was completed by the area manager or team leader and in some of these assessments children's wishes were outlined. The assessment was considered in deciding if a respite placement in the centre was suitable for the child. As part of the admissions process, parents and the child visited the centre and a record of this was kept on the child's file. Inspectors found that there were some children who were referred to the service by the Health Service Executive and their admission did not proceed as they were not an appropriate referral. For example, a child with a physical disability who required assistive equipment such as the use of hoists in their care was not admitted to the centre, as the area manager made the decision that the centre did not have the appropriate equipment to provide the level of physical assistance that was needed to care for the child. Some emergency admissions were accepted by the centre. The team leader or area manager as part of the admission process spoke with the referring social worker, parents and accessed professional reports where possible, prior to accepting a referral. The director of the service told inspectors that he/she made the final decision on whether a child was admitted to the centre and this was in line with the centre's admission policy. Minutes of the management meeting and team meetings discussed the profile of children that were due for admission, assessed if a new child's needs were compatible with children who were availing of respite, and made the decision on whether a new admission was appropriate to introduce to existing groups of children currently attending the service. Inspectors found that the mix of children who attended respite together was appropriate.

Children were discharged from the service in a timely manner where appropriate. However, no children had been formally discharged from the service since the last inspection.

There were written agreements between the provider and the child's parent, but they were not in line with the requirements of Regulation 24 (4). The agreement did not adequately outline the services provided for the resident and where appropriate the fees to be charged. Inspectors reviewed a sample of agreements, and found that not all were signed by both the provider and the child's parent or guardian. No child had signed the agreement for respite care.

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

Findings:
The needs of children were assessed. However, the quality of the assessments varied and they were not routinely updated by staff. Personal plans were in place for children but many were draft plans which were awaiting the holding of a review meeting in order for them to be discussed and agreed.

Children's needs were assessed by staff but the quality of the assessments varied. The team leader and or area manager met with parents as part of the admission process and completed a standard assessment template. The assessment included social, emotional, behavioural, medical and educational needs. The level of detail recorded in these forms varied, some were very detailed while others were less so. Therefore, there was no consistency in the quality of assessment on each child. Children's assessed needs formed the basis on which personal plans were devised, therefore a comprehensive assessment was key in order for the staff team to draw up a comprehensive personal plan. Some professional reports were held on children's files such as psychological or occupational therapy reports. Assessments of children were not routinely updated and the absence of comprehensive updated assessments meant that all of the children's needs had not been assessed to inform their personal plan. Children's needs change greatly as they get older and develop, so regular updated assessments are key to ensure that all children's needs are appropriately identified.

A new template for personal plans had been implemented since the last inspection but the quality of the personal plans varied. Inspectors reviewed a sample of three personal plans. In some, the plan for the child in relation to their needs in health, behaviours, education, social including communication skills, intimate care, transport needs, family were clearly described. While inspectors found in other plans that there was insufficient detail in relation to each aspect of a child's care. This lack of information meant that staff may not have sufficient information to adequately provide care for all children based on the contents of the personal plan. Parents had contributed to the personal plans and some children had contributed, where appropriate. Many of the personal plans were in draft as staff were endeavouring to arrange review meetings in order for the personal plan to be discussed and agreed on. However, this delay in the process meant that there was a possibility that some goals that the child was working on in other settings such as school was not incorporated into the child's personal plan.

Not all children had child friendly copies of their personal plans. The team leader told inspectors that some children had assisted in putting their personal plan together by

putting photographs into the plan. Inspectors found that the completed children's version had included the views of children and some children had signed their name to their plans. However, other children's own version of their plan was incomplete or not completed by staff. Inspectors found that this was due to a combination of some children's ability to engage in the process and for other children, staff had not yet engaged them in completing the plan.

Staff members regularly reviewed children's personal plans, but regular multi-disciplinary reviews were not taking place as per the requirements of Regulation 5. The review of personal plans was an action that was identified in the last inspection review, and the provider had actioned that all reviews would be completed by the end of December 2014. Four multi-disciplinary personal care review meetings were held since the last inspection. Inspectors reviewed emails inviting multi-disciplinary teams to attend review meetings, but despite this, the reviews were not consistently occurring. The team leader told inspectors that a social worker had agreed to arrange review meetings for all of the children that s/he had referred to the service on one specific day. The team leader and area manager had attended multi-disciplinary meetings in other organisations as a means of reviewing current care plans. This process was also important as some children attended two respite services, and it ensured that children's needs were being planned for in a consistent way. Inspectors reviewed a care plan review that went ahead where no member of the child's multi-disciplinary team attended, despite being invited, but the parent of the child and care staff attended. The plan was signed but it was not optimal as the child had involvement with members of a multi-disciplinary team and they had not directly contributed to the plan.

Children and their families had not received copies of personal plans. Therefore parents may not have been aware of all aspects of their child's personal plan. Goals were identified on all plans, some goals were clearly broken down, while other goals were quite broad. For example, a goal was to promote and support a child's life skills.

Children received some preparation work for adulthood. Some personal plans had specific goals for children in developing their life skills such as learning to use public transport which would also promoted the independence of the child. Practical skills such as making their bed, the management of money, laundry and helping with chores were identified by staff as tasks that children participated in, but these were not consistently documented in their personal plans as part of the programme for preparation for adulthood.

Children were not prepared for their transfer to adult services. There were no formal systems in place in relation to the transfer of children to adult services. Children attended the service for specific periods of respite. The team leader explained to inspectors that some children attended other respite services in addition to this service, and that there were two young people who were sixteen and seventeen years old. A meeting was scheduled for the week after the inspection for one sixteen year old, and the two agencies involved in the young person's care were attending. The team leader and a young person's parent told inspectors that transitions would be on the agenda. The director told inspectors that they would facilitate any assessments required for young people who were transitioning to another service, and referenced that they had been involved in moving specific children and young people onto their own full time

residential centres in the past.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The design and layout of the centre was in line with the statement of purpose and met the needs of the residents. The centre was homely and well maintained and had been recently painted using child friendly stencilling throughout the centre. There was suitable heating, lighting and ventilation. The centre had sufficient and comfortable furnishings and fittings. The layout of the kitchen and dining room was open plan. There was sufficient space for young people to have private space with visitors as there were two sitting rooms in the centre. The kitchen was appropriately equipped with cooking facilities. Five spacious bedrooms were on the ground floor. There were adequate toilets, bathrooms and showers to meet the needs of residents on the ground floor. On the second level, there was a bathroom and a bedroom. The bedroom was used as an office and also had facilities for staff to sleep over. A stair guard was fitted at the end of the stairs so that children could not access the upper level.

There was suitable space outside for children to play. There was a large enclosed back garden, with a surrounding wall and there were gates at both sides of the house to prevent children accessing the front of the house and the road. In addition, there was a sensory room available to children which was external to the centre.

Some children who came to the centre on respite used a wheelchair.The centre was accessible for children who used a wheelchair. The team leader outlined that wheelchairs were stored under the stairs, and there was sufficient space there. The children who used wheelchairs did not use them on a full time basis. As children attended the service for respite, no records of maintenance of these were held within the centre.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The health and safety of the children, visitors and staff was not adequately promoted. Although there were policies and procedures in place in regard to health and safety and fire precaution measures, the inspectors identified a number of hazards and risks during the inspection. This indicated that the risk management systems in place were not adequate. Arrangements were put in place by the team leader to mitigate against these risks over the course of the inspection.

The risk management system was not effective and did not lead to all risks being identified, reduced or eliminated. The centre had an organisational health and safety statement with supporting documentation on local hazards and risks. Inspectors observed a number of safety measures which had been put in place such as installation of some window restrictors and sharp knives and chemicals being locked away. The health and safety officer had completed an environmental risk assessment in September 2014. However, risk assessments had not identified a number of hazards and risks that inspectors identified on the first day of inspection including very hot water in the taps, very hot radiators and some windows on the ground floor were not risk assessed. The temperature in the taps was recorded as 49 degrees and the radiators were 52.5 degrees. This was higher than accepted norms and posed a risk of burning or scalding the children. The team leader made arrangements for these risks to be mitigated against during the course of the inspection, and hot water and radiators were measured to be 43 degrees at the end of the inspection.

Team leaders and the manager completed some weekly health and safety checks in relation to the cleaning, the working environment, hazards checks in the centre and externally, in order to ensure that these systems were operating appropriately. While staff had completed risk assessments for individual young people the quality of these varied, some risk assessments were very detailed and identified the risks and gave clear guidance to staff, while others were not.

There were forms in place for the recording of accidents, incidents and near misses, but none had been completed. Inspectors found records where children had hit their peers or had hit staff but these incidents were only records in the care diary. No records of slips or trips were recorded as incidents.

There was a risk management policy in place, but it was not fully compliant with

regulation 26. The policy adequately described the centre's procedure for the arrangements in place for the review and management of a serious incident. However, it did not provide sufficient guidance on hazard identification and assessment of risk throughout the centre or how to put measures in place to control identified risks or the identifying and recording of incidents and adverse events. The policy referenced relevant policies that related to risk such as safeguarding and missing children. The risk management policy did not adequately describe the measures and arrangements in place to control accidental injury to residents, visitors or staff; aggression and violence and self-harm but this was outlined in the health and safety procedures or specific policies.

A risk register was in the process of being introduced. However, the risk register was incomplete and required further development to be operational. The risks recorded on the risk register did not match the requirements of the policy as not all the identified risks were significant risks within the centre. However, inspectors found that not all of the risks outlined in the risk register were high risk. The team leader and the area manager told inspectors the risk register was new and the team leader was scheduled for further training in risk management the week after the inspection.

Policies in relation to areas such as food safety, manual handling, infection control, first aid were available to staff. But some policies such as the food preparation policy did not provide sufficient information to guide staff in completing safe practices in all areas of food preparation. Inspectors examined a selection of staff training records and these reflected that the majority of staff had undertaken mandatory first aid and food safety training. There was guidance in the centre in relation to products such as detergents which could be hazardous to children and staff.

There were adequate precautions in place against the risk of infection. Inspectors found that the centre was clean. A colour coded cleaning system was used to clean different areas of the house and staff told inspectors about how the cleaning system operated. A cleaning rota was in place. Pedal operated bins were located throughout the centre. Signage in regard to hand hygiene practices were displayed at sinks. Hand gels were available within the centre. Personal protective equipment such as gloves were available to staff. No clinical waste was created. There had been no reported incidents of outbreaks of infection.

There were measures in place to prevent or respond to fire. Fire retardant furnishings and bedding were used in the centre as a fire prevention measure. The centre had a serviced alarm (which was sounded during the inspection) and fire equipment had been serviced in January 2015. Regular fire drills had taken place including after dark and another had taken place at night. All staff had received fire safety training in the last 12 months. Weekly and monthly fire checks were undertaken in line with good practice but there was no record of a daily check. There were adequate means of escape and fire exits were unobstructed. Prominently displayed procedures, including child friendly pictures were in place for the safe evacuation of residents and staff in the event of a fire. The majority of children who attended the centre had their own comprehensive emergency evacuation plan, which outlined key information such as how to communicate with the child and guidance about evacuating each individual child. Emergency information in regard to each child was also held securely by the area

manager in his/ her office and arrangements were in place for staff to access this information if staff had to evacuate the building. There was an emergency plan and arrangements were in place for children and staff to evacuate to a building in Maynooth in the event of a fire. Inspectors found that staff had good knowledge of the emergency arrangements.

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

Findings:
There were measures in place to safeguard young people. All staff had been trained in safeguarding and in Children First (2011). Intimate care plans were not always consistent in the level of information that they contained, and staff may not have had sufficient guidance to care for the intimate care needs of some children. Restrictive practices were used in the centre, such as locked doors, but the practice was not always dependent on the level of risk.

There were some safeguarding measures within the centre. Staff members treated residents with respect and warmth and were observed by inspectors as being attentive to the needs of the children. Some safeguarding measures such as risk assessments on individual children, completion of staff vetting and absence management plans were in place in the event that a child went missing.

The quality of intimate care plans varied, but staff had good knowledge in how to care for individual children's intimate needs. Intimate care plans were in place which was a safeguarding measure in itself, but there was no consistency in regard to how the plans were recorded. Training had been provided to six staff members in the provision of intimate care. The centre had a policy in relation to the provision of intimate care, but it was not comprehensive. It provided some guidance to staff on showering, bathing and washing. However, additional guidance on areas not covered in the policy such as brushing teeth and toileting was available for staff in an intimate care folder. Inspectors

reviewed a sample of intimate care plans and found that while the template for the plan was good,but the level of detail in the plans varied. For example in one personal plan, inspectors found that good guidance was provided to staff in relation to assisting a child with showering. The process of prompting the child when showering was clearly described. While in a second intimate care plan that was reviewed, a child required full assistance with dressing themselves, but no specific plan was outlined in how best to provide the child with this assistance.The absence of consistent intimate care plans meant that staff, did not have sufficient guidance in relation to the provision of intimate to each of the residents in a safe way. Staff told inspectors that they discussed the importance of safeguarding and respecting children's privacy when providing intimate care, and this was referenced in the minutes of team meetings.

Children were safe. All staff had been trained in safeguarding and child protection but the centre's policy on child protection was not adequate. Inspectors found from speaking with staff that they were aware of the different types of abuse and were clear on the reporting processes that they had to follow if they observed or were informed of alleged abuse by a child. The centre had a policy on child protection and safeguarding which was not comprehensive and did not entirely reflect Children First: National Guidance for the Protection and Welfare of Children (2011). The policy did not reference or outline the role of the designated liaison person and there was insufficient information provided in relation to the steps to be taken in the event of staff having concerns in relation to a child. The process in relation to investigating allegations against staff members was not sufficiently described. Therefore, the policy did not provide staff or management with sufficient guidance in the event that they had child protection or welfare concerns.

Up to date recording regarding a child protection referral was not maintained by the team leader or designated liaison person. The area manager was the designated liaison person and staff were aware of this. However, the manager had not received any additional training in regard to this role, but told inspectors of their responsibilities under Children First (2011). One child protection concern was appropriately referred to the Child and Family Agency but had not been notified to the Authority. However, there were no further records on file in regard to this referral or the team leader following up on the outcome of the referral. Despite this, the team leader told inspectors that s/he and the area manager had attended a meeting with the assigned social worker in which the referral was discussed. However, this meeting should have been recorded on the child's file in line with good practice.

The majority of children in the centre did not present with behaviour that challenged, but the quality of behavioural support plans was not consistent. There was a policy in place for the provision of behavioural support. This outlined that the staff team used a model of positive behavioural support when dealing with children who had behaviour that challenged. Staff told inspectors that it was a restraint-free centre and that staff used de-escalation techniques when required to manage a child whose behaviour challenged. Behaviour support plans were incorporated into the personal plan document. However, the quality of behaviour support plans varied. Inspectors found that triggers of behaviour that challenged were identified and were well described. However, the quality of guidance in terms of how to manage a child's behaviour was not always clearly described so therefore staff may not respond to children's behaviour that challenged in a

consistent way.

The system of reviewing individual incidents of children's behaviour that challenged was inadequate. Incident reports were not always completed in relation to specific behavioural incidences. Inspectors found a number of behavioural incidences that were recorded in children's care diaries. However, no incident report was completed consistently in relation to incidences such as children hitting staff and other children, urinating and exhibiting sexualised behaviour in the centre. The process of the team leader reviewing these incidences had not been completed. Therefore, there was no overall review to identify if there were identified triggers to these episodes or trends in regard to children's behaviours. Therefore it was unclear how the staff and team leader planned to work with specific children on their behaviours when incidents were not routinely reviewed. The team leader told inspectors that they consulted with the organisation's psychologist in regard to children's behaviour if required, but there was no evidence of this in the sample of children's files that were reviewed.

Restrictive practices were employed in the centre but it was not evident that the least restrictive practice was employed on all occasions. However, environmental restrictions such as locking of external doors were employed in the centre. A log of restrictive practice was maintained by the team leader. The centre had a policy on restrictive practices, but it was not comprehensive. It did not provide sufficient information on the assessment, approval and review of restrictive practices or refer to evidence based practice. Inspectors found that the external doors were locked regardless of what the level of risk was for individual children absconding from the centre. It was not clear that the staff team had considered how the locking of doors had impinged on the children's rights to free movement. All staff had received training on restrictive practices and were clear on what restrictive practices were. The team leader and area manager told inspectors that a rights committee had recently been established, and part of the remit of this committee would be to review restrictive practices, but this process was not referenced in the restrictive practice policy.

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):

Findings:
Not all notifications had been submitted to the Authority within the required timelines

since the last inspection. Quarterly and six monthly returns had been submitted to the Authority since the last inspection which outlined restrictive practices within the required timeframes. Records of all incidents and accidents in the centre were not maintained. Inspectors found that a notification of an allegation of abuse should have been notified to the Authority and there was a delay in this form being forwarded to the Authority post inspection.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Children had opportunities for new experiences, social participation and education. There was a range of social activities that children were engaged in while they were on respite. Staff facilitated children's attendance at school when required.

Children were engaged in social activities both internally in the centre and also in the community. Children had opportunities for play in the back garden, swings and a trampoline with safety netting was available. Inspectors observed children engaging in art work. There was a range of appropriately aged games and activities available. The sensory room was frequently used by children during their respite stay. Activities such as swimming, bowling, listening to music, going to the park and cooking were incorporated into children's time at the centre. Children went shopping in the local town and a child was supported to go swimming during the inspection. Parents told inspectors that they were happy with the level of activities that their children participated in during their respite stays.

Children's participation in education was not consistently outlined in children's assessments or personal plans. The centre had an education policy which outlined that if children were on respite during the school term that the staff team would facilitate children's attendance at school. In some children's files, there were copies of educational assessment reports, information about their individual educational plan and the school that the child attended. The minutes of multi-disciplinary meetings where children's educational needs were reviewed were held on some children's files. However, this information was not available for other children. Therefore, it was not always possible to establish the arrangements in relation to children's education or to establish

if elements of children's individual educational plans were incorporated into their personal plans in the centre. The team leader told inspectors that occasionally some children would be collected from school on a Friday evening by staff members and that there would be a handover between staff and the teacher. This exchange of information was important in order for school and residential staff to have exchanged key information on the child's care.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Children were supported on an individual basis to achieve and enjoy good physical health. Staff assessed the medical needs of children. A varied and healthy diet was provided to children during their respite stay. The staff team did not routinely refer children to allied health professionals, but reports on children's progress at respite were sent to the social worker who had referred the child for respite.

The medical needs of the children were assessed by the staff team. Parents provided information in regard to immunisations, allergies, medical diagnoses such as epilepsy, medications, elimination information and sleep patterns which was held on children's files. Therefore, staff members had access to the full medical history of children which was key information in order to ensure that all of the children's medical needs were identified and met.

The contact details of children's general practitioners (GP) and out of hours medical services were readily available to staff if a child needed to attend a GP. As the children attended the centre for respite mainly at weekends and during mid-term breaks, the team leader told inspectors that parents took their children to routine medical appointments and updated staff on medical information prior to the next respite period. Parents signed consent forms in order for staff to access emergency medical treatment if they were uncontactable. Some children who attended the centre had specific medical needs such as a diagnosis of epilepsy, or required peg feeding, or administration of a specific medication, and majority of the staff team had received training in these specific areas in order to be able to meet the needs of the children.

The majority of children had access to allied health care services which reflected their

different care needs. The team leader outlined that a psychologist employed by the provider was accessible to staff when required. The provider told inspectors that the services of a behaviour support specialist were available to the staff and children. However, staff did not appear to be aware of the role of the behaviour support therapist and the statement of purpose did not refer to the services of a behavioural support specialist. At the end of each period of respite, a report was forwarded by the team leader to the child's social worker or disability services manager with a summary of the child's stay.

Varied and healthy dietary options were provided to children, but the monitoring of residents' nutritional intake was not adequately recorded. Inspectors observed fresh healthy food in the centre. Specific dietary requirements were also catered for, such as children who were gluten intolerant. The centre had a policy on monitoring and documenting nutritional intake, but it was not comprehensive. Inspectors found that children had a choice of three options for each meal and healthy snacks such as fruit were available. Parents and children were consulted by staff about food preferences. Some children were involved in cooking and this was reflected in their personal plans. Inspectors observed children having their dinner and found that children and staff had their meal together and it was a sociable event. Staff supported children who required assistance at meal time. Inspectors reviewed children's daily logs and found that there was a variation in how children's food intake was recorded. In some daily logs, there was a description of what the child ate during the day and observations were made about the quantity. While in other records, it just referenced that they had their individual meals but no additional detail was provided. There were a small number of children in the centre who had a limited diet and staff had made efforts to encourage them to try different food options However, there was no input or referral recorded in children's files in regard to requesting the input of a dietitian. Therefore, staff may have been able to access additional advice and guidance in order to encourage children to consume a wider range of foods.

Judgment:
Substantially Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Medication management practices had improved since the last inspection. Children were

protected by the policies and procedures in place which supported staff to manage medication effectively. All staff had up to date training in the safe administration of medication. The centre had an organisational policy for the management, prescription and administration of medication, but it did not refer to covert administration of medication.

There were appropriate processes in place for the handling of medicines which were in accordance with current guidelines and legislation. Inspectors observed staff receiving a child's medication from their parent. Staff recorded each medication, the quantity of incoming medication and this record was reconciled when the child was discharged home. All medications were stored in a locked medication cabinet and appropriate locked storage facilities were in place in relation to controlled medications. A medication fridge was also available with a lockable facility.

All medications stored in the centre had an appropriate prescription sheet on the day of the inspection. All sampled prescription sheets had the resident's name and address, a photo of the resident, their date of birth, GP's name, name of the medication, dose, route of administration, time of administration and there was a GP's signature for each medication. As required medications (PRN) maximum dosage was recorded on prescription sheet, but not all PRN medications were labelled by the pharmacist. Inspectors found one prescription sheet, where it was recorded that medication would be taken in the child's yoghurt and this was signed off by the GP. The inspector queried this prescription sheet with the team leader. The team leader followed up on this matter after the inspection and informed the inspector the parent had written this direction on the prescription sheet and it was subsequently signed off by the GP. The centre's medication management policy did not provide guidance in relation to covert administration of medication.

Administration sheets were completed in full. Inspectors reviewed a sample of administration and prescription sheets. The medications listed on the administration sheet were identified on the prescription sheet and the times of administration matched the prescription sheet. Inspectors found one discrepancy where a cream had been signed off on the prescription sheet by the GP but it was not a medical cream and staff had discontinued filling it in on the administration sheet. Two staff signatures were in place for each administration and all staff members had signed off on a signature sheet. Therefore, the administration of medication was traceable.

There was a controlled drugs register in place and staff consistently adhered to the requirements of the policy. Controlled drugs were monitored twice daily at the change of shift and also upon the child's admission and discharge as per the policy. Two members of staff consistently signed the drugs register. No controlled drugs were in the centre during the inspection.

There were systems in place in relation to drug errors. No drug errors of administration of medication in the centre were identified by inspectors.

All staff had received training in the safe administration of medication. The team leader told inspectors that s/he had received additional guidance in regard to competency assessments from a nurse that was employed by the organisation. Staff had completed

competency assessments in regard to their ability to administer medication. A staff member told inspectors that they felt that the training course on the safe administration of medication was not enough, but the team leader had provided additional support to them after the training and that they were confident after the additional input. The team leader told inspectors that a nurse employed by the organisation had completed a medication audit, but s/he had not received the outcome. There was no ongoing system of audit in relation to medication in place.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The centre had a statement of purpose However, the admissions criteria was very broad and was not matched by a skilled and competent staff team with the ability to care for such a range of both developmental and care needs of the children that the admission criteria identified. The statement of purpose had been reviewed and was dated 28 January 2015.

The statement of purpose outlined the aims, objectives and ethos of the designated centre. It outlined the facilities and services which were to be provided for residents. The arrangements for respecting children's dignity were appropriately outlined. The statement of purpose outlined that the service provided care to meet the needs of children with intellectual disability, autism, challenging behaviour, children in crisis and children with co-morbid diagnosis from 0-18 years, but the dependency levels that the staff team provided care for, or the services provided for this group of children were not outlined. The children's files reviewed by inspectors and the children in the centre on the days of the inspection, corresponded with the profile of children that was outlined in the statement of purpose.

The statement of purpose outlined the organisational structure of the centre, the arrangements for residents to engage in social activities, hobbies and leisure interests, education and for attendance at religious services. The arrangements for children to have private consultations with their families, fire precautions and emergency procedures, the staffing team and their whole time equivalents were adequately

described.

The following requirements were not provided in the statement of purpose
- the dimensions of rooms including sensory room were not included, but a good description was provided for each room.
- the specific therapeutic techniques used in the designated centre and the arrangements made for their supervision
- the arrangements for reviews of care plans as per the requirements of the regulations
-the arrangements for children to meet with their social worker

A resident's guide was available to children and it contained the information required by Regulation 20. However, the language in the guide was not child friendly. Copies of the statement of purpose had been provided to the parents of children who attended the service. Parents told inspectors that they had received the statement of purpose at the end of 2014.

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

Findings:
New management systems had been put in place since the last inspection, but further development was required in order for these systems to be effective. For instance, risk management and quality assurance mechanisms did not identify risks that this inspection identified.

There was a management structure in place with clear lines of authority. Staff who spoke with inspectors were clear about their reporting relationship and for what they were accountable. All staff reported to the team leader. The team leader reported to an area manager who reported to the director. Inspectors found that while each of these positions had clear lines of authority, the accountability for the service was with the

director of the service. The team leader told inspectors that his/her main dealings were with the area manager but that s/he also had contact with the director and could request additional resources such as petty cash directly from the director if required. Records reviewed recorded that the director completed five unannounced visits to the centre between September 2014 and January 2015, and the team leader was present for these visits. Inspectors met with the director of the service as part of the inspection and found that s/he had a good understanding of the day-to-day operational issues that arose in the centre and had a good understanding of the regulations.

The team leader, who was the nominated person in charge, was suitability qualified in child care and was employed on a full-time basis in the centre since August 2014. S/he had a good knowledge of the regulations and his/her statutory responsibilities. In an action plan for the previous report, the team leader was to commence supervisory management training in January 2015, but this had not commenced at the time of the inspection. Inspectors found that many changes had been made in the centre since the last inspection but further work was required in order to meet the requirements of the regulations. The team leader had good knowledge of the young people living in the centre. The area manager supervised the team leader. Inspectors reviewed the records of supervision sessions and found that matters such as work practice, professional development, support, engagement and other issues were discussed. However, no specific actions were identified. Therefore, it was not possible to assess how the area manager held the team leader to account.

There were appropriate deputising arrangements in place for the manager. A lead member of staff had responsibility when the manager was not on duty and a nominated person was identified from within the organisation to take over the role of person in charge if the team leader was absent for an extended period of time. Inspectors met with the nominated person and found that they were suitably qualified, had good knowledge of the regulations and were aware of the responsibilities of a person in charge.

The on- call system was not sustainable. An on-call system was in place with the team leader and or area manager available to staff outside of normal working hours. The sustainability of this arrangement was queried by inspectors on previous inspections. The area manager told inspectors that the system was working, that they did not receive calls regularly. Staff told inspectors that the team leader was always available out of hours. The rota indicated who was on call out of hours and staff told inspectors that there they were in a position to contact either the team leader or area manager out of hours. The director of the service told inspectors that the on-call system was working well and felt that there was no need to change the system.

Management systems had improved but required further development to become robust. Some new management systems were in operation in the centre since the last inspection, but further developments were required in the areas of quality assurance and risk management. There was good communication between the team leader and staff. The team leader effectively communicated with staff through team meetings, day-to-day interactions and guidance, and follow-up by email and hardcopy memos that were handed out to staff. There were monthly team meetings with a standing agenda which included reviewing the minutes of the previous meeting, specific topics such as

the Authority, admissions to the centre and children. The centre was discussed monthly by the management team and inspectors reviewed minutes of the management meeting from June to December 2014. The minutes recorded decision making in relation to the centre and decisions in regard to the overall organisation that impacted on the centre. For example, issues such as risk management, the establishment of a rights committee and financial audit for centres and discussion around weekend spot checks on centres were recorded. The team leader communicated any relevant decisions or developments to the staff team. The director, two area managers, human resource manager and complaints officer consistently attended management meetings. A decision was recorded in December 2014 that team leaders would attend management meetings three times per year. The minutes stated that the team leader of the centre attended the December 2014 meeting. This was a positive development as it was a mechanism for the team leader to report directly on the centre to the director.

Other management systems in place included policies and procedures for staff. These were in place to guide staff, but there were limited systems in place to monitor their implementation. Staff demonstrated a good working knowledge of policies and procedures and inspectors found that a team meeting in September 2014 focused on the presentation of new policies and changes in policies were discussed. Staff members had to sign that they read the policy, but not all staff members had completed this for each policy. Staff told inspectors that they felt that there was good communication within the centre and that the team leader communicated well with them.

Performance management systems had been introduced since the last inspection. Inspectors reviewed a sample of three staff appraisals that were completed in January 2015 and found that they required further detail in order to be more comprehensive. The appraisals reviewed the staff members ability in areas such as communication, problem solving, responsibility, time management and quality of work. The rational for the staff member's level of competence was not specifically outlined in regard to each area as the template had tick boxes. Areas for improvement and training needs were identified.

Risk management systems were not effective as they had not identified a number of risks within the centre. Inspectors could not identify any formal financial planning arrangements during the inspection for the centre.

While there was some monitoring of the quality and safety of the service, this monitoring did not identify all of the deficiencies in the service. One six-monthly audit of the quality of care was completed in September 2014 by the director and was made available to inspectors. Fourteen outcomes were reviewed and identified specific deficiencies were identified. In addition, inspectors reviewed an annual review of quality and safety of care and support in the centre which had been completed in October 2014 in line with Regulation 23 (1)(d). Many of the areas identified as requiring improvement during the course of this inspection were identified in this internal report. The director told inspectors that all deficiencies identified in the annual report had been implemented. However, this was not the case. For example, the internal report outlined that there were gaps in some information, the day service or other service provider was not recorded on personal plans and not all personal plans were signed. Inspectors found all of these deficiencies in the sample of personal plans reviewed. Inspectors reviewed

copies of an additional audit of eighteen outcomes from August, September and November 2014 and January 2015 which were signed off by the director, area manager and team leader.These audits were a standard template which had specific requirements outlined under each of the 18 outcomes. Records of these tools documented the progress made in the implementation of some tasks under each outcome. However,this process had not included all deficiencies from the annual review of quality nor time frames provided by the management team to the Authority on action plans. In addition, time limits were not recorded in the comments section on completion dates for identified tasks. Therefore, it was not clear that it was an effective mechanism to ensure that all identified deficiencies from all audit mechanisms and action plans were completed within defined timescales.

There were arrangements in place for staff to exercise their professional accountability if they had concerns about the service but not all staff were aware of the process. There was a protected disclosure policy in place for staff to raise concerns in relation to the running of the service. A staff member told inspectors that that they had no concerns in relation to the service but if they had they would contact the child's social worker and were not aware of an internal protected disclosure policy.

There was a service level agreement in place with the Health Service Executive (HSE) 2014. However, it was only signed by the director of the service and no signature on behalf of the HSE was on the document. The director told inspectors that s/he was following up with the HSE on the 2015 service level agreement.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
There were suitable arrangements in place for the management of the centre in the absence of the person in charge. The team leader had not been absent for a period of 28 days or more since November 2013 and therefore, no notifications had been made to the Authority in this regard. Inspectors found through interviews that the team leader and director were aware of the requirement that the Authority had to be notified in the event of this occurring. A nominated person was identified from within the organisation to take over the role of person in charge in the event of this occurring. Inspectors met

the nominated person and found that they had a good knowledge of the role of the person in charge and their statutory responsibilities.

Judgment:
Compliant

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

Theme:
Use of Resources

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

Findings:
The management of existing resources was adequate. While the centre did not have a designated budget there were sufficient financial resources in place to deliver care and support in line with the statement of purpose.

The centre did not have a designated annual budget for the running of the centre. Sufficient petty cash was provided over each period of respite and the petty cash amount was dependant on the number of children attending the centre. The team leader reviewed and reconciled the petty cash weekly and returned copies of receipts and records to the area manager. The director outlined to inspectors that as the current service was not running on a full time basis that the petty cash amounts in the centre were dependent on the number of children utilising the service during specific respite periods. The annual review of quality and safety identified in October 2014 outlined that there was no evidence of guidelines to explain the budgetary arrangements for the centre and that this needed to be addressed. However, inspectors did not find that there was any guidance in respect of current arrangements. In addition, it was unclear what informed decisions and choices were made around the way resources were utilised by those accountable as there were no service plan, operational plans or any other reports available.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and

recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There were sufficient staff to meet the assessed needs of residents. The staff team consisted of core staff and additional staff were rostered to work from across the organisation. Staff supervision had been introduced into the centre since the last inspection, but the quality of supervision varied. Some gaps remained in staff's mandatory training and continuous professional development.

There were sufficient qualified staff rostered to work in the centre. Inspectors reviewed rosters and found that two to four staff were rostered to work during the day, dependant on the number of children who were in the centre. At night, one member of staff was on sleepover while the second staff member was awake. Inspectors found that there were occasions when staff members worked up to 36 hours but this included sleeping time. An additional resource of a night steward was available if staff required further assistance at night. The night steward was a shared resource between the centre and other centres within the organisation. The team leader maintained a planned and actual roster, so the person in charge was able to trace all changes to the roster. The service was not operational on a full time basis and the core staff team were supplemented at times by additional staff from other centres within the organisation. Fourteen staff were identified as working in the centre, but these were not working on a full time basis. Parents told inspectors that they were satisfied that there was continuity of staff working in the centre and noted that specific members of staff had worked for a number of years in the centre. Inspectors reviewed the rotas of three respite periods, and noted that there was a core group of 9 staff who were rostered to work two weekends and one week long period of respite. Therefore, the team leader endeavoured to ensure that there was consistency in the staff rota.

Staff files meet the requirements of schedule 2. There was a recruitment policy in place which was in line with good practice and provided some safeguards for children. Four staff files were reviewed. Inspectors found that all staff had been vetted by An Garda Síochána, full employment histories, and appropriate references were in place. All of the four staff files reviewed contained copies of staff member's qualifications. However, inspectors found during the course of the inspection that one member of staff on duty did not hold a qualification but was in the process of studying for a degree in social care.

Staff received formal supervision but the quality of supervision varied. Formal supervision had been introduced by the team leader in August 2014. The centre had a supervision policy which was adequate. Standard supervision contracts and templates were used for recording issues that were discussed. The following matters were discussed at supervision; agreed goals from the previous month, work practice,

professional development, support and other issues. There was limited discussion recorded in regard to specific children, and inspectors found that only one specific child was referred to in the sample of four supervision records reviewed. Therefore, while staff received formal support from their supervisor, and benefited from feedback and discussion in regard to some general practice issues, it was not clear that individual children's needs were reviewed within the supervision process. The team leader told inspectors that s/he had received training in supervision.
There had been improvements in staff members' access to training, but there remained some gaps in mandatory training and in staff's continuous professional development. All staff had received training in Children First (2011) and manual handling. Two members of staff were not up to date with fire safety training. Three members of staff had not received training in first aid. The majority of staff had received training in infection control, food hygiene, restrictive practices, health and safety, intimate care, risk assessment and risk management. All staff were provided with up to date training in the safe administration of medication during 2014. No training needs analysis had been completed on the staff team. This meant that the training provided to staff did not fully reflect the training and development needs of the staff team as it was not informed. There was little evidence in training records of specialist training in key issues in the provision of services to children with a diagnosis of autism, or a learning disability, or co-morbidity who may be at a time of crisis. This was confirmed by staff. There was a risk that staff members would not be informed by best practice when caring for children with disabilities as the quality of the service was dependent on individual judgment and experience of the staff. The director told inspectors that disability awareness training would be provided for staff, but no date was scheduled for this training at the time of the inspection. All of the staff interviewed told inspectors that they were pleased with the level of training that had been provided in 2014. Behaviour management training was identified by staff members as being particularly useful. Staff had access to copies of the Regulations and Standards, and inspectors found that staff had a good knowledge of them.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The centre maintained records and had recording systems and procedures in place. However, improvements were required in the quality and consistency of records in order to maintain good quality records on children's care.

The majority of records required by schedule three and four of the regulations were in place. Reports from inspections and checks/servicing by external contractors in regard to fire were maintained. However, the complaints log was not comprehensive and contracts did not outline any information in relation to charges for children's respite care as outlined in previous outcomes. The quality of recording required improvement so that concise clear records were maintained in relation to children.

A resident's guide was in place and meet the requirements of the regulations, but was not written in a child friendly manner. A register of residents was maintained and was compliant with the regulations.

Paper records were well ordered, indexed and stored securely to prevent data protection breaches and preserve the children's information in a confidential manner but they were not all up to date and complete. Children's files included a photograph, some medical details, next of kin details, name of the organisation that arranged the admission to the centre and some correspondence relating to each child. Reports and correspondence from schools and other professionals were not consistently on children's files. Inspectors found that not all records were dated and signed off by the team leader or relevant staff member. There were no records of children having accessed their own records.

There were appropriate storage facilities in place for records. All records in relation to the children were stored in locked fire- proof cabinets which were stored in the office. Keys for the cabinets were held by the team leader. The team leader told inspectors that there was sufficient space for files to be archived within the centre at this point in time but arrangements for archiving were in place at the provider's headquarters. This was in line with the centre's policy on archiving.

The centre had policies in line with the requirements of Schedule 5 but some policies were not sufficiently detailed to guide staff. For example, the policies on admission,intimate care,risk management, food preparation, nutritional intake, child protection and communication did not provide sufficient guidance to staff. In addition, some of the policies did not reflect some good practices that were in place in the centre such as the admissions policy not referring to how staff assess if a new child's needs would mix with existing children who availed of respite. Yet, this was considered by the team leader, area manager and director of the service. The policy on the provision of information and safe retention and destruction of records and documents was not sufficiently clear in outlining the requirement for staff to maintain up to date records. The policy references that accurate secure records should be maintained, but also outlines that social care worker's primary role is in the provision of care to children, and that this must not be compromised by the 'sometimes experienced daunting task of maintaining records'. The maintaining of accurate records which reflect the care

provided to children is key in services having the ability to safety care and measure outcomes for children. Some new policies had been completed during 2014, while existing policies had been reviewed during 2014 and all policies had review dates for before or during 2017, which was in line with the requirements of the Regulations. However, inspectors found that the child protection policy had been reviewed and the current version of the policy was less comprehensive than the earlier version of the policy. Staff had easy access to centre policies as they were available in the centre's office.

The centre was adequately insured against accidents or injury to residents, staff and visitors. The insurance certificate was reviewed by inspectors and the renewal date was September 2015.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Eva Boyle
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 report[1]

Centre name:	A designated centre for people with disabilities operated by G.A.L.R.O. Limited
Centre ID:	OSV-0003255
Date of Inspection:	23 January 2015
Date of response:	6 May 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no effective system in place to manage children's monies or clothing.

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

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

Please state the actions you have taken or are planning to take:
We have assessed the colour coded system for managing resident's belongings put in place in December and we find it is effective. We will keep this new system under review.

With regards to resident's monies, staff now keep a copy of the child's float sheet and receipts for each visit on the child's file. 02/02/2015

Staff on duty will get a written acknowledgement of the return of the child's money or valuables from the parents / guardians each time a child is discharged from respite.

Proposed Timescale: 17/04/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some information that was received as feedback were complaints but they were not managed as complaints.

Action Required:
Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

Please state the actions you have taken or are planning to take:
The Person in Charge will review any feedback that expressed dissatisfaction by consulting with the staff member who received the feedback.

The Person in Charge will discuss the feedback with the Area Manager who will make a decision as to whether the feedback will be treated as a complaint.

We will ensure that all complaints are logged in the complaints log and we will record the outcome of every complaint and / or the complainant's satisfaction.

We will make the complainant aware of the outcome of the complaint.

All complaints will be reviewed by the complaints officer and any necessary follow up will be carried out by the relevant staff.

Proposed Timescale: 09/04/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints process was not robust and did not meet the requirements of the

Regulations.

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

Please state the actions you have taken or are planning to take:
We will review our complaints policy to ensure it is accessible in an age appropriate format and includes an appeals procedure – 29/05/2015.

We will include a section in the complaints log to record the outcome of complaints and / or the complainant's satisfaction.

We will prominently display a child friendly version of the complaints process in the centre.

We will inform staff of the updated policy and will provide complaints management training to staff at the monthly staff meeting in June.

Proposed Timescale: 29/05/2015

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:
Not all communication passports were comprehensive in outlining how to respond to children's communication needs and some were not completed.

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:
The Person in Charge will ensure that a Communications Passport is completed for each child.

The Person in Charge will review all communication passports and any communication passport that is not comprehensive in outlining the child's communication needs will be revised in conjunction with the parents.

The Person in Charge will make staff aware of all communication tools that are necessary for children attending respite.

A child friendly version of the Communications Passport will be completed by staff in

conjunction with the child. This is a work in progress that will be revised at each respite admission.

Proposed Timescale: 28/08/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all children were able to access the internet.

Action Required:
Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

Please state the actions you have taken or are planning to take:
All children will have access to the internet if appropriate. We will provide a tablet that will be available for use by the children and it will enable them to access the internet at the centre. Internet access will be supervised by staff. Suitable parental controls will be implemented on the tablet.

Proposed Timescale: 29/05/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The majority of staff had not received training in the two communication methods used with children who could not communicate verbally.

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

Please state the actions you have taken or are planning to take:
We will provide PECs training for staff.

We will provide LáMH training for staff.

Proposed Timescale: 30/06/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The agreement did not provide sufficient information on the supports provided to the child during their respite stay and there was no reference to fees in the agreement.

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:
We will revise our agreement for the provision of services to include details of the supports and services provided to each child and the fees to be charged.

Proposed Timescale: 30/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all assessments of children's needs that were completed prior to the child's admission were comprehensive.

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

Please state the actions you have taken or are planning to take:
We will review our assessment template and we will ensure there is a comprehensive assessment of each child's health, personal and social care needs carried out before the child is admitted to the centre.

The Health Care Professional assigned to carry out the assessment will ensure that the assessment is completed in full and that all assessments are consistent.

The Area Manager will ensure that the Health Care Professional assigned to carry out the assessment will be fully trained in the use of the template.

Proposed Timescale: 29/05/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments were completed prior to children attending the centre. Staff received updated information on children prior to attending respite, but a formal re-assessment of children's needs was not occurring on an annual basis.

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

Please state the actions you have taken or are planning to take:
We will conduct a formal reassessment for each child on an annual basis. This will be done by consulting with the parents and consulting with other professionals working with the child.

We will make adjustments to the assessment whenever necessary to reflect changes to a child's needs and circumstances.

The Person in Charge will update the assessment for each child at readmission. This assessment will reflect any changes in need and circumstances since the child's last admission.

Proposed Timescale: 28/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Parents and children had not received copies of personal plans.

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

Please state the actions you have taken or are planning to take:
We will ensure that resident's personal plans are made available to residents and where appropriate their representatives. Therefore we will provide all parents with a copy of the child's personal plan.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

in the following respect:
Not all plans had been formally reviewed annually or when there was a change in circumstances.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will review each child's personal plan on readmission to the centre to take account of any changes in the child's needs or circumstances since the last admission. This review will take place with reference to the assessment update which is completed by the Person in Charge at readmission.

The Person in Charge and the Area Manager will review each child's Personal Plan annually by consulting with the parents, staff and any other professionals working with the child.

Proposed Timescale: 28/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All reviews were not multi-disciplinary.

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

Please state the actions you have taken or are planning to take:
We will seek the participation of Multi Disciplinary Teams at review meetings. In the event that the Multi Disciplinary Team are not attending we will conduct the review and contact the Multi Disciplinary Team by phone to seek their input which will be reflected in the Personal Plan.

Proposed Timescale: 28/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Children had not attended reviews of their personal plans where appropriate.

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:
We will identify children who in accordance with their wishes, age and the nature of their disability can attend reviews of their personal plan and we will ensure they are in attendance with their parents / guardians.

We will document any input the child gives on their care plan.

As a work in progress we will prepare a child friendly copy of a child's personal plan if it is appropriate and make it available to the child.

Proposed Timescale: 30/09/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not set out all of the supports required to maximise the young person's development for adulthood

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:
We will review each child's Personal Plan in consultation with their parents to establish the supports required for adulthood. This Personal Plan is compiled at admission or within 28 days of admission and reviewed at readmission.

The plan will outline the supports required to maximise the Young Person's development for adulthood. This will include practical skills appropriate to the child's needs and abilities such as making their bed, the management of money, laundry and helping with chores and learning to use public transport.

Proposed Timescale: 30/04/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Transition plans were not in place for young people's transitions to adult services.

Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

Please state the actions you have taken or are planning to take:
Transition plans will be put in place for young people's transition to adult placements to ensure the discharge of the resident from respite is discussed, planned and agreed with residents.

Proposed Timescale: 30/04/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not provide sufficient guidance to staff on the measures and actions in place to control risks.

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:
We will revise our Risk Management Policy. The policy will detail the measures and actions in place to control all risk identified.

The Person in Charge and the Safety Officer will provide training to staff on the measures and actions to be taken to control risks identified.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management systems was not comprehensive and had not identified risks that inspectors found on the inspection.

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:
The Safety Officer will revise our Risk Management Systems to ensure that the systems

are comprehensive and include in the systems how staff will be proactive in identifying, reporting and controlling risks, to the measures and actions to control accidental injury to residents, visitors or staff.

The Person in Charge and the Area Manager will review the risk register and put a system in place for the ongoing review of risks which include unexpected absence of a resident, accidental injury to residents, visitors and staff, aggression and violence and self-harm.

We will provide training to staff which will give guidance to all staff in relation to completing a risk assessment that will identify all hazards and assess any risk associated with those hazards.

We will provide training to staff which will give guidance to all staff to identifying and recording incidents and adverse events involving residents.

We will provide training to staff which will give guidance to all staff to the measures and actions to control aggression and violence.

We will provide training to staff which will give guidance to all staff to the measures and actions to control self-harm. 30/06/2015

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not give sufficient guidance to staff in relation to hazard identification and assessment of risks 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:
We will revise our Risk Management Policy to ensure that it gives sufficient guidance to staff in relation to hazard identification and assessment of risks throughout the centre.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy did not provide sufficient guidance in relation to identifying and recording of

incidents and adverse events.

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:
We will review our Risk Management Policy. The policy will include specific guidance in relation to identifying and recording incidents and adverse events.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy did not adequately describe the measures and arrangements to control accidental injury to residents, visitors or staff.

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

Please state the actions you have taken or are planning to take:
We will revise our Risk Management Policy to reference the section of our Health and Safety Statement which includes the measures and actions in place to control accidental injury to residents, visitors or staff.

We will also reference in our risk management policy the specific policy to control accidental injury to residents, visitors or staff.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not adequately describe the measures and arrangements in place to control violence and aggression.

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:

We will revise our Risk Management Policy to reference the section of our Health and Safety Statement which includes the measures and actions in place to control aggression and violence.

We will also include in our risk management policy our policy on Managing Challenging Behaviour.

Proposed Timescale: 30/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not adequately describe 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:
We will revise our Risk Management Policy to reference the section of our Health and Safety Statement which includes the measures and actions in place to control self-harm.

Proposed Timescale: 30/06/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all behaviour support plans provided adequate guidance to staff and behavioural incidents were not consistently recorded and reviewed. External doors remained locked at all times in the centre. It was not evident that the least restrictive procedure was in place for the shortest duration.

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

Please state the actions you have taken or are planning to take:
We will review our behavioural support plans and we will identify and alleviate where possible the cause of any residents behaviour.

The Person in Charge will consider all alternatives before implementing a restrictive procedure. If a restrictive procedure is necessary it will be implemented for the shortest duration.

The Person in Charge will arrange for an appropriately skilled professional to provide training to staff on behaviour support planning. We will ensure that all behaviour support plans will provide adequate guidance to staff.

We will ensure that all behavioural incidents are recorded, ie children hitting staff and other children, urinating and exhibiting sexualised behaviour in the centre. 17/04/2014

Incident reports will be reviewed with staff by the Person in Charge after each incident and any learning from incidents will be implemented. 30/04/2015

Proposed Timescale: 28/08/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on restrictive practice was not comprehensive and a system of formal review of restrictive practices was not in place.

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:
Following the implementation of a restrictive practice, the Area Manager will review the specific practice to ensure its appropriateness and that it is applied in accordance with national policy and evidence based practice.

All restrictive practices will be formally reviewed by the Rights Committee on an annual basis.

We will review the Policy on Restrictive Practice Procedures – Physical, Chemical and Environmental Restraint to ensure it is comprehensive and provides information on the assessment, approval and review of restrictive practices and refers to evidence based practice. We will revise the Policy to include reference to the process of the Rights Committee reviewing restrictive practices.

The Person in Charge will bring the revised policy to the attention of staff.

Proposed Timescale: 30/06/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The child protection policy was not comprehensive and did not entirely reflect Children First (2011).

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:
We have reviewed our Policies folder to ensure that it contains the full document of the Child Protection Policy that reflects Children First 2011.

We also reviewed the Child Protection Policy and it clearly outlines the role of the Designated Liaison Person and sets out the steps to be taken in the event of a person having a concern in relation to a child. It also clearly describes the process in relation to investigating allegations against staff members.

Proposed Timescale: 30/04/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No follow up records in relation to a standard report form was held on a child's record.

Action Required:
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
We will ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child. We will follow up with the relevant authorities on any SRF submitted and document same.

Proposed Timescale: 30/04/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The quality of intimate care plans was not consistent and the policy on intimate care was not comprehensive.

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:
We will review our Policy on Intimate Care and we will incorporate the detail in the Intimate Care Folder on areas such as brushing teeth and toileting into the policy by 28/08/2015.

We will review the Intimate Care plans for each child to ensure that the specific steps involved are more clearly defined.

We will sign off on this policy at Management meeting in August and we will circulate the policy to staff at staff meeting following this management meeting.

Proposed Timescale: 05/06/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A notification of an allegation of suspected abuse was not forwarded to the chief inspector.

Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
We will complete and submit an NF06 form to the Chief Inspector with regards to the Child Protection concern that was notified in an SRF to the Child and Family Agency on 19/09/2014. Completed 17/04/2015

We will ensure that we will submit an NF06 to the Chief Inspector within 3 working days of all occurrences in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Proposed Timescale: 17/04/2015

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Information on children's schools and their educational attainment was not recorded on all children's files.

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

Please state the actions you have taken or are planning to take:
We will endeavour to seek as much information as possible about the child's educational needs. Where it is relevant for the service to have input into the child's education we will seek information on the child's school and their education attainment. This will be reflected in each individual's care plan.

Proposed Timescale: 30/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A number of children had a limited diet, but staff did not routinely refer children to allied health professionals in relation to children's nutritional needs.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
Where children are admitted to the service and have a limited diet, we will advise parents to make a referral to a dietician. This will be documented in the client update form on readmission. Ongoing – commenced 17/04/2015

Proposed Timescale: 17/04/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Children's consumption of food and liquids were not adequately documented.

Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

Please state the actions you have taken or are planning to take:
The Daily Report Sheet now has a section that documents the daily food intake of residents. Completed.

Proposed Timescale: 26/02/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
No guidance was available in the centre's medication management policy in relation to the covert administration of medication.

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

Please state the actions you have taken or are planning to take:
We will review our Management and Safe Administration of Medication Policy to include a section that takes account of and gives guidance on covert administration of medication. We will sign off on this policy at Wider Management meeting in July and we will circulate the policy to staff at staff meeting following this management meeting.

Proposed Timescale: 15/05/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not meet all the requirements of Schedule 1.

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

Please state the actions you have taken or are planning to take:
We will revise our Statement of Purpose to outline the dependency levels that the staff team provide care for.

We will revise our Statement of Purpose to outline the services provided for the group of children cared for.

We will revise our Statement of Purpose to include the dimensions of each room.

We will amend our Statement of Purpose to reflect the arrangements of Care Plan reviews.

We will amend our Statement of Purpose to include arrangements for children to meet their Social Workers, where a Social Worker is assigned.

We will amend our Statement of Purpose to reflect any therapeutic techniques used in Breffni Cottage and the arrangements made for their supervision.

We will revise our resident's guide and use language that is child friendly.

Proposed Timescale: 28/05/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some new management systems had been introduced, but further development was required in order for them to be effective. Risk management and quality assurance systems were not robust. The on-call system was not sustainable.

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:
We have the following management systems in place: staff structures, risk management systems, monthly team meetings, monthly management meetings, deputising arrangements, on-call management arrangements, policies and procedures, staff rota systems, operational management tool, six month and twelve month audit tools, staff appraisal and supervision.

We will revise our Risk Management Systems to ensure that the service provided is safe and appropriate to the residents' needs and that the systems are consistent with effective monitoring.
We will further develop our quality assurance mechanism. We will ensure that all

deficiencies identified in the annual review are incorporated into the outcomes audit and completed in a timely manner. These will be reviewed at monthly team meetings and any changes documented.

We will incorporate timelines on the Outcomes Audit template to ensure that all deficiencies identified in the audit are completed in a timely manner. These will be reviewed at monthly team meetings and any changes documented. 17/04/2015

As part of the Risk Management Strategy we will review our on-call system.

Proposed Timescale: 28/08/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff appraisals were not comprehensive.

Action Required:
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
We will review our staff appraisal template to ensure it outlines the rational for staff members' level of competence.

The Person in Charge will record at the staff appraisal meeting what is working for the staff member and areas that need improvements or any issues of concern they may have in relation to the overall service or in relation to individual clients.

The staff appraisal will specifically address areas such as communication, problem solving, responsibility, time management and quality of work.

At staff appraisal meetings the Person in Charge will bring to the attention of the staff member the protected disclosure policy and their responsibility in relation to safeguarding service users.

Proposed Timescale: 17/04/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff were aware of the protected disclosure policy.

Action Required:
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Please state the actions you have taken or are planning to take:
The Protected Disclosure Policy will be brought to the attention of all staff at the next staff meeting on 23/04/2015 and this will be documented.

Proposed Timescale: 23/04/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre had no designated budget and there was no service or operational plan in place.

Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
Financial planning is done from head office and a suitable budget plan is in place. This plan will be made available to the PIC. 01/06/2015

The Area Manager is responsible for operational planning and we will develop an operational service plan for the centre that sets out guidelines for the arrangements including resources for the day to day running of the centre in accordance with the Statement of Purpose. 01/06/2015

Informed decisions and choices made around the way resources are utilised will be documented at management meetings.

Proposed Timescale: 01/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff had not received continuous professional development training in line with the profile of children outlined in the statement of purpose of the centre.

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:
A training needs analysis will be carried out by 29/05/2015.

We will review our current continuous professional development training schedule to take account of the assessed needs of the children and the outcome of the training needs analysis.

The following training is scheduled:

Challenging Behaviour training was carried out on 16/02/2015.

Disability Awareness training is due to commence by 30/05/2015.

LáMH training will be provided and is to be carried out by 30/06/2015.

PECs training will be provided and is to be carried out by 30/06/2015.

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a variation in the quality of supervision provided to staff.

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:
We will review our supervision system to ensure that it is adequately completed and consistent. We will ensure that it includes agreed actions and timeframes for all staff.

We will revise our supervision template to include a record of issues addressed with regard to specific children and their individual needs, that is particularly relevant to each child's keyworker.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

in the following respect:
There were some gaps in mandatory training and there was little evidence in training records of specialist training in key issues in the provision of services to children with a diagnosis of autisam, a learning disability, co-morbidity and who may be in crisis.

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:
A training needs analysis will be carried out by 29/05/2015 which will identify training needs.

We will ensure that all mandatory training is scheduled and any training identified in the training needs analysis will also be carried out. 30/06/2015

Training in the following is scheduled: Disability Awareness training, PEG Feeding, LáMH and PECs by 30/06/2015.

Proposed Timescale: 30/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies gave sufficient guidance to staff to ensure best practice.

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

Please state the actions you have taken or are planning to take:
We will review our policies and in particular our policies on admission, intimate care, risk management, food preparation, nutritional intake, child protection and communication to include a step by step guidance to staff that reflects the practices that are in place in the centre.

We will include in the admissions policy how staff should assess if a new child's needs would mix with existing children who avail of respite.

We will update the policy on the Provision of Information and Safe Retention and Destruction of Records and Documents to outline the requirement for staff to maintain up to date and accurate records. The policy will highlight the importance of maintaining accurate records and we will remove the reference that the provision of care to children

must not be compromised by the "sometimes daunting task of maintaining records".

Proposed Timescale: 28/08/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No recording system was in place for children's money. Not all the requirements of schedule 3 were consistently on each child's file.

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

Please state the actions you have taken or are planning to take:
With regards to resident's monies, staff now keep a copy of the child's float sheet and receipts for each visit on the child's file. 02/02/2015

Staff will get a written acknowledgement of the return of the child's money or valuables from the parents / guardians each time a child is discharged from respite. 17/04/2015

We will review each child's file to ensure that all the requirements of Schedule 3 including reports and correspondence from schools and other professionals are on the file.

Proposed Timescale: 17/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's complaints log was incomplete.

Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
We will review our complaints log and ensure follow up is recorded.

Proposed Timescale: 29/05/2015