

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Paul's Child and Family Care Centre Limited
Centre ID:	OSV-0003766
Centre county:	Dublin 9
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Paul's Child and Family Care Centre Limited
Provider Nominee:	Catherine (Cathy) Hennebry
Lead inspector:	Vicky Blomfield
Support inspector(s):	Tom Flannagan
Type of inspection	Announced
Number of residents on the date of inspection:	12
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: 12 November 2014 09:30 To: 13 November 2014 17:30

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. Inspectors reviewed policies and records, spoke to children, staff and parents and observed the delivery of the service. Following this inspection, the provider and its nominee met with inspectors and made the decision to withdraw its application for the service to be registered as one designated centre. The Authority has made the decision to publish this report as subsequent registration inspections will take place when the service is re-configured.

On the day of the inspection the designated centre consisted of four units on four different sites. Three houses were located in the community and provided up to 12 respite services places on any given night. The residential service was located in an

older building in a campus style setting. Originally it provided services for more than 20 children and now has four residential places. Three children lived there full time and one child had a shared care arrangement. There are significant clinical resources in place to support children, such as psychology, psychiatry, speech and language therapy and social work provided by the provider to support the service. The provider works closely with a special national school for children with a disability, some of whom used the respite and residential services and received clinical services from the multi disciplinary team.

The provider is a limited company with its own board but is closely associated with a large teaching hospital. Whilst the hospital provides support services to the centre, inspectors found that it also exerted significant financial and strategic control which resulted in confused and uncertain governance of the centre. Certain important issues, such as plans for the physical premises of the residential service and the management of the service's budget remained outside the remit of the Board. All human resource (HR) support, risk management systems, payroll functions and some elements of risk management are provided by the hospital. In addition, the majority of Board members are senior managers in the hospital and the chair of the Board is the CEO of the hospital, further complicating the governance of the designated centre.

The provider was not able to deliver a reliable respite service and the level of cancellations, which ran at 40% in some houses, was of concern to parents and managers. The provider did not have the resources to run the respite services as planned but continued to offer breaks to children and parents which it knew it might have to cancel. In addition, there was a significant waiting list of over 40 children for respite services. Although this issue was discussed at the executive meeting, no changes had been made to the model of respite to provide a more reliable service in the light of the available resources.

At local level, improvements had been made since the last inspection and a number of committees had been put in place to improve and manage the service, in as much as these changes were in the gift of the Board of the designated centre. There were improved risk management and quality assurance processes in place and the person centred planning system was of high quality. There was a competent person in charge, who had many years of experience and relevant qualifications. In conjunction with the director of services, s/he provided the leadership and management function to the service. However, future arrangements for the management of the respite houses remained unclear as there was some question that this designated centre should in fact be four separate centres. In addition, there was some confusion in the management of the service, as the remit of the executive management committee and that of the multi disciplinary team overlapped and decision-making and accountability were not always clear.

The improvement made in risk management had not resulted in all risks being eradicated. There were some serious safety issues in the designated centre, particularly in the residential unit where the service was compromised by the poor quality, unsafe environment. There were some significant risks to children, such as exposure to very hot radiators and very hot water. The Authority took the unusual

step of issuing an immediate action plan and the provider took steps to address the situation, although these actions resulted in major changes for children using the service.

Staff members provided warm, respectful care to the children. The service in the respite centres met children's needs to a good standard in a homely and domestic environment. Children took part in interesting activities both in the houses and in the community. One of the houses ran a high quality programme for older teenagers with autism which had a focus on life skills and independence. Whilst children received a good quality of care in the residential service, there was some poor practice in the way behaviour was managed which impinged on children's rights. In addition, children's monies were not managed in a safe way. Monies had been lost, but such incidents were not investigated.

Recruitment practices were poor. A significant number of staff did not have Garda vetting and forms had not been submitted to the HR department until the end of October and application made on the day previous to the inspection. Sick leave had been reduced in the previous year, but staff shortages still impacted on the provider's ability to deliver the service. As the provider was not managing the budget for the service, it was not able to put any contingency measures in place.

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 children with respect and promoted their dignity, although some practices impinged upon their right to privacy. Inspectors observed some staff who were speaking kindly and warmly to children. In the residential house, staff were observed supervising children from a distance, respecting the child's dignity, safety and also his/her wish to be alone. One parent commented on the holistic nature of the care and support and gave examples of how well staff knew his/her child. Children were able to exercise some choices which were recorded in their files. Inspectors noticed the chef in the residential unit offering a child a number of options to make a pizza and supporting him/her to do this. Children had wardrobes and chests of drawers in which to put their possessions but these were of poor quality in the residential unit.

Work had been done on promoting children's rights, but further work was required as staff did not have an in-depth understanding of the issues. There was an individual charter of rights on each child's file although this was not presented in a child-friendly format. In one respite unit, there was a poster on the wall which related to two children's behaviour. It remained on the wall for all children to see, whether the children were present or not. There was a breach of these children's privacy both during their stay in the respite house and also when they were not there. Children and families were not supported to access their own information. The relevant policy stated that parents had to make an application under Freedom of Information legislation. The person in charge was not aware that information could be provided to children and parents without such a request.

There was some evidence that children using the respite service were consulted about the day to day running of the service. Staff said that children were asked about their

food preferences and what activities they would like to do when they arrived in respite. Children confirmed that this was the case. Staff members in all the houses could describe individual residents' preferences in relation to their daily routines and activities. There was some representation of parents on bodies such as the Rights Review Committee and the Communication Working group, but these bodies met annually or infrequently. There was also an email address by which parents and children could provide feedback to the service. However, there was no evidence that parents and children were comprehensively and effectively consulted about the service in general, or that any feedback resulted in changes or improvements.

Children and parents did not have access to advocacy services including those for making a complaint. The person in charge said that parents were able to advocate for their children. There was an advocacy group but this met only once a year and thus was unlikely to effect any change. Following the inspection, the director of services stated that the Patient Liaison Service in the hospital acted as the advocacy service, although s/he also emphasized the separateness of the centre from the hospital in the same document.

There was an ambivalent, unclear and inconsistent approach to the management of complaints within the service. There was a policy for any adult on how to make a complaint and a clear child-friendly version which the director of services said had been sent to all parents. One parent was not aware of the policy but said s/he would have no difficulty in raising a concern. In the adult version of the complaints procedure, the identified complaints officer to whom complaints are made was not independent as s/he was involved in the line management of the services. There was a formal policy in place but this was defensive in nature. There were nine criteria identified which, if met, would mean that a complaint would be considered 'prolific, habitual, vexatious'. The complaints policy was not a stand-alone policy for the centre, as the policy for the hospital was referenced throughout and all complaints were sent electronically to the hospital for 'examination' although it was not clear what this meant. It was also not clear who had responsibility for investigating complaints and there was no explanation as to how this would be done. There was no evidence that the complainants' satisfaction with the outcome of the investigation was ascertained. The complaints procedure was not displayed in a prominent position in the houses.

The complaints procedure had not been followed in all cases and some complaints about respite cancellations had not been investigated. Instead a standard letter was sent from a member of the multi-disciplinary team stating that a shortage of resources was the reason for the cancellation of the break. Inspectors reviewed two other complaints and found that they had been investigated by the director of services and in one case, measures had been put in place to address the problem. However, no changes had been made in the respite system, while complaints continued to be received. It was not clear that informal complaints were treated as such or labelled 'concerns'.

Staff were not well-informed about children's needs in terms of their ethnic or religious backgrounds. In conversation with inspectors, staff said that parents brought in particular food for some children but could not describe how they would have any role in supporting children to maintain their cultural identity. The statement of purpose demonstrated a strong catholic ethos but did not make reference to the requirement to

meet all children's spiritual needs, regardless of their denomination or religion.

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's communication needs were met to a high standard. There was a policy in place and detailed guidance on communication, containing useful definitions of the main communication tools used for children with autism and intellectual disability. The Picture Exchange Communication System (PECS) was used throughout the service and there was evidence of visual prompts, symbols and signs throughout the buildings. There were photos on the wall in the residential unit, showing who was on duty and the menu was displayed in the dining room in picture form. Some children had visual timetables in their bedrooms, telling them in picture form what was happening during their day. Fire instructions were also displayed in symbol form through all the houses and children had Personal Emergency Evacuation Plans in the same format. One house manager said that staff had been trained in LAMH (a signing system for children and adults with intellectual disability) and this had been helpful in working with children.

The speech and language therapy needs of children were met through the service. Each child had a regular speech and language assessment which described their skills and abilities including their ability to read if relevant. There were communication passports in each file and clear directions and recommendations from the speech and language therapist for communicating effectively with children. Assistive technology was available for children as required and some children used sophisticated communication devices.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Staff members supported family relationships and there was good quality, frequent contact between the staff and family members. Children were able to maintain contact with their families and a child in the respite house showed inspectors how s/he could use the phone to call home. In the residential house, children went home one night a week wherever possible which helped maintain important attachments. Where this was not possible, staff members supported parents to visit their child in the centre. However, the design of the residential building was not conducive to private family visits as the sitting rooms were very large and institutional in appearance. Whilst there were no specific visitors' rooms in the respite houses, social care leaders assured inspectors that they would arrange matters to allow parents and children to meet in private in the sitting rooms if required.

Two questionnaires were received by the Authority from parents and inspectors also met with three parents during the inspection. Parents reported that the communication between staff and themselves was frequent. They were contacted when there were any problems and there was evidence of this in the communication notes in children's files. Staff in the respite house said that they contacted parents before a break to see if there were any new issues for their child. There was regular ongoing contact between parents and staff in the houses and this was recorded in children's file.

Inspectors attended a personal care plan review and found that the parent was treated respectfully throughout the meeting, his/her opinion was sought and s/he received detailed feedback on his/her child and the goals towards which the child was working.

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:

There was a policy in place for the admission and discharge of children but some elements of it were unclear. The policy directed the clinical process for admission to and discharge from the service but these processes did not include any assessment of children's care needs. The policy stated that referrals were to be made to the medical director but it was not clear who made the decision to accept the child, either to the school or to the centre. There was reference to a multi disciplinary admissions team, but no member of the care team was clearly identified as part of the team in the policy. In essence, there was a risk that children might be admitted to the service whose needs the staff team would not be able to meet. The procedure for a child moving to a respite or residential placement was not described and the policy did not identify the importance of considering the wishes, needs and safety of the child and other children using the service. All referrals for respite services were placed on a waiting list and this was not referenced in the policy although it was extensive.

There was a contract in place for each child, signed by their parent and a copy maintained in the child's file. This complied with regulations but described the centre as being under the governance of the hospital.

In practice, a robust admissions process was in use for each child attending respite. Clinical assessments were carried out by the psychologist and speech and language therapist, as well as the consultant psychiatrist, and copies of these assessments were maintained in the clinical file. In addition, inspectors saw that a detailed form had been completed for each child in the residential service by their parent or carer. A house manager described the process by which a child would be introduced to the respite service, which consisted of a series of visits which extended into overnight visits.

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):

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

Findings:

Since the last inspection, a detailed person-centred planning process had been put in

place, designed and directed by a steering committee, and comprehensive guidance for staff had been drawn up. Staff had received training in developing person-centred plans (PCPs) and there was documentary evidence, confirmed by families, that they were consulted in the process and participated in six-monthly reviews. There were 'Communication and Positive Behaviour Passports', intimate care plans, behaviour support plans, risk assessments, individual education plans (IEP) and identified goals for the children recorded in their respite or residential file, which were co-ordinated with the IEP. Most impressive were the communication passports which gave clear direction using child friendly communication system on how care was to be delivered. The files also contained a letter from the child describing their vision and what was most important to them, and this gave a real sense of the individual as a person. In addition to the goals, the progress to achieving the goals was recorded and this indicated that the goals informed children's everyday life and that staff were working with children on a regular basis to achieve these goals.

There were detailed individualised risk assessments for children which were regularly updated following any changes in behaviour or incidents. These were compiled by the child care leaders and staff and signed by the child care leader. Risks were clearly identified, such as those relating to absconding or road safety, and controls to be put in place were clearly described. The assessments covered all elements of children's lives in the house and inspectors found them to be child-centred and specific.

Some monitoring of the quality of PCPs had been carried out and there was evidence of this. There was documentary evidence in one of the respite houses that an action plan had been drawn up and actions had been implemented. There were some minor gaps in the PCP documentation such as the identification of staff who would deliver personal care to a particular child as per the policy, but these were not significant.

The person in charge described the transition process which had taken place for the adults who had moved from the service since the last inspection. Reports had been drawn up and issued to the new service, planned visits had taken place and parents had been involved. Inspectors viewed the transition plans for these adults and found that these were detailed and included plans for settling the adults in their new home, providing support by centre staff and arranging general practitioners (GPs) for the adults.

In contrast, very little work had been done for children who would be leaving the residential unit or respite services in the near future, with the exception of a meeting arranged with the Health Service Executive. Inspectors were concerned that the future arrangements for these children were uncertain. The discharge policy stated that the service would 'co-operate in a transition phase with the appropriate adult service initiated between seventeen and eighteen years of age' but did not indicate that the service had a direct responsibility for drawing up any transition plans. In interviews with managers, inspectors found that for children attending the respite service from outside the catchment area, no effort was made to contribute to any transition plans to other respite services once the children became adults. Inspectors found that the policy did not direct the service to take a proactive approach to the transition of children to another centre or service.

Children in the respite houses had some opportunities to develop and use skills required for adult living. For example, children worked on independence skills such as using public transport and carrying out their own personal care. In the respite house used by older children, there was a high quality programme, the Award Scheme Development and Accreditation Network, which supported children to develop life skills. There was good quality pictorial social stories to help children understand routine activities. Inspectors spoke to some children who described making their own beds, setting the table for meals and folding clothes. Many of the goals in children's PCPs in the residential unit also related to skills which enhanced their independence, such as choosing their own clothes and getting dressed on their own, and progress made towards these goals was recorded in each child's file. As there was an industrial kitchen in the residential house, children could not participate in any cooking or baking and this failing had not been resolved since the last inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Whilst the three community units were suitable for their purpose, the residential was not safe or appropriate in either design or decoration.

The residential unit had originally provided accommodation for more than 20 children and large areas of the building were not in use. There were two rooms referred to as day rooms with sofas and a TV, but they were large, bare, poorly decorated and had a highly institutional appearance. Some of the bedrooms were bare also and no effort had been made to introduce personal possessions slowly into children's rooms. The monthly hygiene audit showed a lower rate of compliance (77%) than in the respite houses and the director of services said that it was difficult to keep the building clean due to its age. The bathrooms did not promote the dignity of the children in that they were large, institutional, and the taps were in poor repair. However, the practice of bathing two children in the same bathroom had ceased since the last inspection and this was an improvement.

In contrast, the respite units provided a pleasant and homely environment. Inspectors

visited all three houses, which were spacious, pleasantly furnished and decorated. There were domestic kitchens and laundry facilities, pleasant bedrooms so that children could have a relaxing break and participate in activities such as cooking and baking. The shower rooms were small but sufficient and there were enough toilets.

The director of services and a member of the Board confirmed to inspectors that financial resources had been made authorised to build a new residential house but these were no longer available. The director of services was extremely anxious to move this element of the service to a suitable environment and showed documentary evidence of her attempts to negotiate another premises. There was a possibility that another house might become available but this was by no means certain.

Judgment:

Non Compliant - Major

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:

Work on risk management systems had taken place since the last inspection but some risks were not proactively managed. There was a comprehensive yet concise safety statement with directions on how to carry out risk assessments and put control measures in place. There was also a risk management policy which contained a 'proactive risk assessment' template for each child and an environmental risk assessment template. However, the risk management policy did not meet the requirements of the regulations in that it did not describe the controls to be put in place to manage identified risks. It was fragmented in its nature and it was not easy to locate clearly described measures to be taken to control the risk of unexpected absence of a child, accidental injury to residents, visitors or staff, aggression and violence or self harm. This deficit had been identified at the previous inspection and incidents such as an unauthorised absence of a child had taken place.

Certain aspects of the centre were not safe. Some of the radiators in the residential house and one respite house were very hot. In the residential unit, this risk was not eliminated or reduced by the end of the second day of the inspection. Also in the residential unit, the temperature in the sink in one bathroom was recorded by the maintenance department as being 56 degrees. Both hazards posed a risk of burning or scalding to children living in the building. The director of services said that there were also concerns that the residential house could be too cold for the children on occasion

and it was not possible to regulate the temperature easily. On the second day of inspection, the director of services told inspectors that there was a leak in the roof of the building and during the day s/he would be making the decision as to whether the children would be evacuated to a respite unit. S/he stated that significant money had been spent on the roof but it still leaked. An immediate action plan was issued following the inspection and a satisfactory response was received.

Other aspects of risk management were improved. There was a risk register which contained some key risks to the service. The director of services said that this was reviewed at both Board and Executive level on a regular basis as dictated by the risk management policy. A number of risks were assessed as being 'red' and therefore significant. However, some of these related to the residential unit, and the suggested short term measures such as health and safety checks did not address the overall unsuitability of the building. There was a robust and computerised system for recording and submitting accidents and incidents to the hospital and the director of services. There was also an incident review system and the child care leaders had responsibility for collating and analysing incidents, completing audits and reporting to the Quality Assurance committee. There was a template for an incident review interview with staff members so the child care leaders could have some in depth knowledge of how events had happened. The person in charge said that s/he reviewed all incidents and the records contained details of actions taken to prevent the incident reoccurring if possible.

There were measures in place to maintain children's safety. Child care leaders carried out a number of audits each month, on hygiene, medication management, first aid, person centred planning and the safety of the environment. These were submitted to a Health and Safety Committee and a Quality Assurance Committee for review and requests for repairs were sent to the hospital to the Technical Service Department. There was a health and safety checklist in use, but radiator and hot water temperatures were not an item on it and as previously indicated this issue had been identified as a serious risk by inspectors. All staff members had undergone manual handling training. The centre had a number of mini buses at its disposal and there was a robust system in place to ensure that these vehicles were safe, insured and well maintained. Staff checked the seat belts, fire extinguishers, tax, insurance and fuel level on a regular basis, and a caretaker checked lights, oil, water and tires on a weekly basis. Staff were not risk averse and in one house cleaning agents were not always locked away as risk assessments indicated that this was not a problem for some groups of children, whose independence was to be encouraged.

Adequate precautions were in place against the risk of infection. Cleaners used colour coded mops to clean different areas of the building in the residential house, there were latex gloves should they be required when assisting children with personal care or carrying out administration of medication. There had been no reported incidents of outbreaks of infection.

All the houses had measures in place to prevent or respond to fire; however, the emergency lighting in the respite houses was not working. This deficit had been identified but not yet addressed. Inspectors were provided with a report from an electrical engineer stating the work which needed to be done, dated 5.11.14. Each house had a clearly signed assembly point and there were sufficient fire extinguishers

which had been serviced in the last 12 months. There was evidence that fire panels and alarms were checked regularly and since the previously inspection fire drills had taken place. Staff had undertaken fire training and when asked knew what to do if a fire broke out. Inspectors observed that all fire exits were clear and in the residential unit, the magnetic fire doors closed when the alarm was set off.

Since the last inspection, a detailed emergency plan had been developed although it was not dated. It provided information for staff both in detail and in summary form as to what they should do in such an event. Inspectors observed that emergency numbers and details of what to do should a child leave the building on their own were on display on notice boards.

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):

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

Findings:

There were measures in place to safeguard residents and protect them from abuse. Training records confirmed that staff had received training in safeguarding, child protection and Children First (2011). Inspectors spoke to staff and found that they were able to define different types of abuse. They could describe what they would do if they received an allegation of abuse or saw a behaviour which gave rise to concern. All staff were confident that they would report any threat to children from staff or other adults to their line manager or the designated liaison person. Staff had received training in providing intimate care and all who spoke with inspectors were aware of key principles. Staff also described how they allowed children to use the bathroom by supervising them in a way which impinged upon their privacy to the least degree possible. Each child had an intimate care plan which provided clear directions.

The policy for the protection of children from abuse was not satisfactory. It described the different types of abuse but stated that a staff member 'may wish to discuss the concern with the designated liaison person, whereas Children First (2011) states that a staff member should be required to report any concern to the designated liaison person.

There was confusion in reporting responsibilities and the HSE was continually referenced throughout, although it no longer has any responsibility for the protection and welfare of children. The policy was 45 pages long and it was difficult to find the procedure for making reports, although there was a simple and straightforward referral pathway flowchart on p.39 of the document. There were a number of designated liaison persons including one from the hospital, who had responsibility for liaising with the HSE if there were case involving organisational disciplinary procedures. The reasoning behind this was not clear and in conversation with inspectors, it was clear that the designated liaison person from the hospital was not aware that s/he had that role. In the policy, the role of the designated liaison person had some specific responsibilities such as the management and review of data but there was no indication as to which of the four designated liaison persons had this responsibility. There had been one notification of possible abuse made to the Child and Family Agency and this was also notified to HIQA appropriately.

Children's monies were poorly managed in some areas of the centre and money was missing in the residential house. Money was kept in purses and receipts in envelopes in a chaotic manner. On the day of the inspection the balances did not match the amounts of money and expenditures and balances were not always signed by staff members or always dated. Such a chaotic system left the children vulnerable to financial abuse. Practices were different for each respite house but were more robust when two staff signed for expenditures and receipts matching all expenditures were returned to parents. In one respite house, all money sent in by parents was pooled and used for all children's activities. It was not clear if parents were aware or had consented to this practice.

There was an open disclosure policy but it related only to the hospital and to poor medical outcomes for patients. There was no reference to children, to possible abuse issues, poor child care practice or the requirement to report any child protection concerns to the Child Family Agency. It was wholly unsuitable for a child care setting and did not reflect well on the governance of the centre. It was signed by the CEO of the hospital whereas all other policies were signed by the consultant psychiatrist and medical director of the designated centre.

There was a detailed policy in place for the management of behaviour which challenges. Where required, children had positive behaviour report plans in their files to address risks identified in behavioural assessment. The director of services said that children were discussed at each house team meeting and s/he brought any issues to the multi disciplinary team meeting which the social care leaders also attended. Psychologists and speech and language therapists contributed to drawing up the plans and these were also summarised in the communication passports in each child's files. Children's behaviour was discussed in a number of different forums, such as house meetings, on an on-going basis.

The managers and clinicians showed little understanding of restrictive procedures and inspectors were concerned about practice in this regard. There was a rights committee which had met twice in 2014, but was not convened following some serious incidents of behaviour which challenged and where restrictive procedures had been used by staff to manage the immediate situation. One child had been locked into the garden on two

occasions for short periods of time (less than 10 minutes) and another child had been locked in a room for one and a half hours. On these occasions, staff members had struggled to manage children's behaviour. Following these events, an instruction had been recorded in the child's care plan, stating that the door to the garden could be locked and the child remain in the garden as a 'last resort' intervention. There had been two incidents of this practice reported in notifications to the Authority during August 2014. A record of non-clinical audit summaries for October 2014 showed that this practice had been used a further five times in one month. Inspectors were concerned that this action, which was taken in an extreme situation, had become a standard practice for this child without in depth consideration of its appropriateness by the multi disciplinary team. The policy on restrictive practices stated:

7.4.2 The exact restriction decided upon should be prescribed by the team in a Risk Management Plan'

7.4.6 Stringent review dates should be set in the plan for reviewing the use of the restrictive practice.

7.6.2 It must be reviewed on a regular basis and at minimum on a 3 monthly basis by the multi-disciplinary team in conjunction with the child/adult.

Practice with the centre was not compliant with the provider's policy.

Following another incident in which a child left the house without the knowledge of staff, a thorough review took place, the child's risk assessments were updated a number of times and controls were put in place. There was learning taken from the incident, missing child directions were on display in all the houses and the missing child policy was updated. However, many door locks were added to the residential building. Subsequently, some repairs were made to the perimeter fence so that the child could not get out of the garden. There was no consideration that the locking the door to the garden should be reduced as soon as possible. Although the garden perimeter was made safe the doors to the garden remained locked, restricting other children's independent access to the garden and their freedom of movement.

There were some instances of good practices in relation to restrictive practices. One social care leader told inspectors that the practice of using an alarm on some children's doors in the respite house had been discontinued and night staff took measures to supervise the children in a way which respected their rights.

There was no effective governance or monitoring of restrictive practices. While the Authority accepts that all measures must be taken to protect all children and staff, particularly in emergencies, inspectors were concerned that the multi-disciplinary team did not accept the implications of this type of intervention. An inspector discussed this with the multi disciplinary team who did not show a clear understanding of their responsibility to prescribe, authorise, review and wherever possible reduce the use of restrictive practices. An examination of the January 2014 minutes of the rights committee described two incidents which were incorrectly defined as restrictive practice. There was a risk to children that restrictive practices might remain in place unnecessarily and impinge on children's rights.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Notifications were being made to the Authority as required by the regulations. This included quarterly notifications. In the most recent quarterly notification, some incidents of restrictive practice gave inspectors cause for concern. Inspectors used the information provided in the notification system to inform this inspection.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Many children who used the residential and respite services were attending a special national school with which the provider was closely associated. Other children using the respite service were able to continue going to their own schools during respite breaks. There was evidence of links between schools and the centre. Children's IEPs were on their files and sometimes their goals were co-ordinated and worked on in both locations.

However, the right to education for some of the children in the residential house was not met. One child received only three hours of education per day and only one of these hours was delivered in school with peers. Another child came back at lunchtime and did not return to school. These children did not receive the five hours and forty minutes of education per day to which they were entitled. Staff said that behaviour was an issue for

these children in school. The provider had not succeeded in resolving this issue with the special national school.

Children had opportunities to engage in leisure activities, play and to participate in the community. In one respite unit there was a particular programme for young people with autism where they completed goal-based modules to develop their skills and abilities. In another, a child was working towards the goal of going to a concert. Children in all houses went swimming, used the provider's playground facilities, went on outings to shops, the cinema, for walks to local parks and to community activities such as scouts. The respite units had play rooms and were well equipped with toys. A parent told inspectors that his/her child went out for meals, to a youth club and on drives with the respite staff. There was less evidence of toys in the residential unit but there was a well equipped soft play room. One child loved to play with water and to use the garden, whilst another enjoyed beauty activities and inspectors saw these activities taking place. Inspectors reviewed one child's weekly time table and found that the child had opportunities for both indoor and outdoor activities. For all children, there were was a log book of activities which meant that managers could be assured that children had interesting things to do in the day.

Judgment:

Non Compliant - Moderate

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's healthcare needs were met but there were gaps in healthcare information. Most children had a healthcare assessment and plan in their files, although inspectors viewed some files in the respite units in which healthcare information was missing or plans were incomplete. Some gaps referred to significant issues such as immunisation history, the lack of which could place children at risk if a parent was not contactable. The healthcare assessment was carried out by the child care leaders in each unit, in conjunction with the multidisciplinary team. Nursing care was not provided in the respite houses and no child using the respite or residential service required full-time nursing care. Children's files showed that children in the respite units all had their own GP identified, a medical doctor was available from the service if required and details of the emergency services were all available in the houses. Children from the service had access to psychology, social work and speech and language services, but other children did not. These children were dependent on resources from their own services.

The majority of staff had attended first aid and cardiopulmonary resuscitation (CPR) training and would be able to provide emergency treatment if required. A social care leader told inspectors that training was scheduled in November 2014, for any staff who still required it.

Children received a healthy diet. In the respite units, inspectors saw documentary evidence of programmes to assist children in choosing and preparing healthy food. In one child's file, staff were instructed to 'try more vegetables' and there was a photo in a respite house showing a child preparing vegetables. Staff stated that children chose what meals they would have during their respite break and staff members took them grocery shopping to involve them fully in the process. In the residential unit, there was an experienced and qualified chef. S/he said that s/he provided two options at most meal times and inspectors observed a child being offered a second option, having refused the first. S/he said that one child was from a different background and s/he made efforts to provide suitable dishes such as curries for this child. S/he was aware of obesity issues and the importance of diet. S/he said that s/he used a four week rolling menu in order to provide a varied diet and could identify food choices which were popular with the children.

A parent told inspectors about a Healthy Eating Committee of which she was a member along with another parent, managers and the chef. A staff member in a respite house confirmed that this committee was in operation. The parent was pleased to be involved in this and to contribute to the quality of the children's diet.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Although medications were safely administered on the day of inspection, there were gaps in the medication management system which undermined the robustness of medication management.

There were two medication administration policies in place, one for the respite units and one titled the 'Nursing Policy on Administration of Medical Preparations'. The latter was a generic policy for hospital use and not suitable or relevant to the residential unit. It

referred to nurses' duties in clinical settings only and did not reference child care workers or child care leaders who also administered medication. The policy contained references to Misuse of Drugs Regulations 1988 medications; however, no staff member spoken to on the inspection was able to demonstrate any knowledge of these drugs and the risks associated with their use. Staff members in the residential unit were not aware of the requirement to store some medications in a medication fridge. In one respite unit, the child care leader said that medicines requiring refrigeration were kept in the domestic fridge, and thus it was not possible to know if they were stored at the correct temperature. There were no medication fridges in the respite units. On a more positive note, the policy for the respite unit contained arrangements for the transport of medication from the children's homes to the respite houses. This was good practice as, in transporting medication between different locations, there is a risk that medications may be lost or mislaid.

The medication management system was different in the respite units and the residential unit and neither met the requirements of the regulations. In the residential house, the consultant psychiatrist signed all medications on a combined prescription and administration sheet on a fortnightly basis. Discontinued medications were clearly marked on the prescription and each medication was signed separately by him/her. However, the template for recording the administration of medication did not require an accurate administration time to be recorded and it was not possible to see if any variances had occurred. In the respite houses, there were administration sheets on which staff recorded the administration time. There were no prescription sheets in the respite houses, contrary to the Safe Administration of Medication in Respite Houses policy. There were photocopies of prescriptions but it meant that staff administered medication without a doctor's original signature. In addition, some prescriptions did not identify the time at which the medication was to be delivered and the staff, in conjunction with parents, made this decision themselves.

In spite of these problems, inspectors found that medications were well managed in the main. Inspectors observed staff members administering medication and found that they did it in a safe way. Records showed that medication stocks were regularly checked and audits of medication management carried out. The majority of staff had been trained in medication management and their competency had been assessed by the person in charge, who had recently completed a 'train the trainer' course in medication management. This, rather than governance by robust policies, was what ensured safe practice.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

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

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

Findings:

The statement of purpose contained most of the elements required by regulation, but the diagram of the organisational structure was confusing. It described reporting relationships but did not depict the four houses which made up the designated centre. The lack of clarity in the governance structures was reflected in both the diagram and the text of the document which stated that the centre was 'under the governance' of the hospital. The CEO of the hospital was identified as the provider in the document and it appeared that the Executive Committee reported to the CEO in the organogram of the organisation.

The provider was not able to deliver the statement of purpose as described. The director of services said that all resources had to be concentrated on the residential services if there were staffing shortages. As a result, respite breaks were often cancelled. A parent told inspectors that s/he could not rely on the respite service as it could be cancelled at very short notice, thus undermining its effectiveness.

The arrangements for children to attend religious services of their choice as described in the Statement of Purpose, stated that the centre was governed by the hospital which subscribed to the Catholic ethos and that 'children are brought to the church on Sunday'. This practice did not respect the religious and cultural backgrounds of non catholic children who might be using the service.

The admissions process for children to the residential house was less clear. Some of the children had been living in the house for many years. However, the statement of purpose stated that the centre did not accept emergency referrals. In 2014, one child had been admitted as result of an emergency to the residential service and all staff members agreed that this child's behaviour had impacted on others and the placement was not suitable considering the mix of children in the house.

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:

The governance of the centre was not clear, as its relationship with the hospital was confused. In the financial statement for 2013, the organisation was described as a 'wholly owned subsidiary' of the hospital. There was evidence in Board minutes that the Board had discussed what this meant in terms of day to day operations during one of its three meetings in 2014 but no conclusion had been reached. The minutes indicated that the Board was concerned as to which entity had responsibility should an adverse event occur and was unsure if the CEO of the hospital was the provider for the service.

The Board itself had become more active than previously in 2014. However, with the exception of the issue of recruitment, the minutes did not show evidence of the Board identifying and addressing corporate risks, planning for the service and taking actions to ensure its quality. The director of services was providing information to the Board although this appeared to be a new development which had commenced in January 2014 when s/he began to attend board meetings. Inspectors reviewed the comprehensive report submitted by him/her to the Board meeting of 4th November 2014, outlining progress in staff training and the risks to which children and the service were exposed. These included the risk relating to the poor quality of the residential building. Although it had been suggested at a previous board meeting that a house would be rented for the residential service this had not happened at the time of the inspection. Funding had been allocated to purchase a house in the past, but it was not clear why this had not happened and if the funding was still available. Overall, there was no evidence from the meetings to suggest that the Board took effective and sufficient responsibility and was accountable for the running of the centre. As late as the week before the inspection, the provider was uncertain as to who the person nominated to represent the provider would be.

Financial governance was not robust and the executive committee did not have the information it required to manage the centre's budget. The board meeting minutes indicated that there had been shortfalls in funding from the HSE. A board member told inspectors that 2.5 million euro had been written off in the income and expenditure account of the hospital in 2012, in relation to the centre's historical funding deficit and that this affected both the hospital and the centre in terms of their ability to function. The director of services and this board member told inspectors that they were not aware of their financial position in terms of day to day expenditure. The director of services had required some additional staffing and had had considerable difficulty in finding out if financial resources were available to address what she deemed to be an urgent need.

The management structure was confused. The director of services reported to the medical director, but it was the director of services who made reports to the board. S/he managed the delivery of the service and it was not clear that the medical director (who

worked 0.27 per week) in fact took overall accountability for the centre. The medical director chaired the newly constituted executive committee. An inspector attended part of an executive meeting and also reviewed recent minutes and found that the medical director did not operate as the overall accountable manager of the service. Following the inspection, Inspectors met with the chair of the board and the board member who had been given operational responsibility for the service and sought further clarity on the governance structure. In addition, child care leaders had been asked to take on the statutory role of person in charge, with the intention of the houses becoming individual designated centres. There was documentary evidence that this had not been negotiated in a sensitive manner by the hospital's HR department and the director of services. At the time of the inspection this had not been resolved and this uncertainty had the potential to undermine the stability of the leadership in the service.

Some staff roles were not clear and the role of the nurse in the service was neither defined nor agreed. The person in charge and a child care leader could not define the role of the nurse in the service. The children did not have nursing needs and child care workers were able to administer medication. Night duty staff were always nurses but the rationale for this was not clear. The allocation of nurses to the centre appeared to be historic and was not necessarily a good use of resources.

Other elements of the management structure were unclear. There was a multi-disciplinary team meeting which managers and child care leaders attended. An inspector attended this meeting and found that its remit was not clear. It dealt with some issues relating to children but was not the main forum for this and most issues related to the management and delivery of clinical services. Both the discussion and previous minutes indicated that this meeting strayed into general management on issues such as the premises, a health and safety inspection carried out by the hospital, mandatory training for staff and budgetary concerns. There was the potential for duplicated and confused decision making.

There was a service level agreement in place for the years 2012 - 2013 between the HSE and the centre which was detailed and signed by both parties. There was no such document for 2014, and the director of services stated that an HSE review had taken place instead, which was confirmed in email correspondence. According to its terms of reference, the review was to examine the service in the context of the national service delivery model and value for money. However, the director of services did not have a copy of this review as the report had not yet been issued. Thus the overall resourcing and future of the service was not clear and no service level agreement was in place for 2014, or being prepared for 2015.

The director of services had implemented a number of quality initiatives and was using these to improve the service. S/he had established a system of audits and a number of committees which reviewed these audits and minutes showed that changes had been made as a result. Audits were carried out on fire administration, health and safety, hygiene and the environment, medication management, PCPs, incidents, communication plans for children, children's behaviour and first aid. The level of predicted closures of the respite houses was also reviewed regularly, although it was not clear from records if it was cancellations or the regular pattern of closures which was documented. Some houses did not offer respite breaks on Monday nights and this seemed to be counted as

part of the predicted closures rather than the rate of predicted and actual cancellations.

Although the regulation of designated centres for children and adults with disabilities had commenced in November 2013, no annual review of the quality and safety of care and support had been carried out by the provider and no review had been written and made available to residents and the chief inspector.

A visit had been made to all four houses by the quality manager and the risk manager from the hospital. A detailed report had been generated, which included many positive findings as well as some deficits. It used a consistent framework for all four houses and made clear recommendations. It took a high level systems-based approach to health and safety and did not identify safety risks relating to the residential building.

There was a competent and well qualified person in charge in place. S/he was well-experienced and qualified and knew all the children very well. The child care leaders reported to her and she was aware of her legal responsibilities under the Health Act 2007 and associated regulations.

Judgment:

Non Compliant - Major

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:

Arrangements were in place for the absence of the person in charge. The director of services and the person in charge both told inspectors that the director of nursing provided cover for the person in charge when s/he was on leave. There was a separate rota for managers and this confirmed this arrangement. The director of services and the person in charge stated that they were never on leave at the same time.

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 poor although there were some examples of using resources in a creative way. The director of services explained that some of the issues were 'legacy' issues and not in his/her control and this was evidently the case. Two kitchen staff were employed in the residential service to cook for four children. The chef showed an excellent knowledge of the children and interacted warmly with them. However, the number of children could not justify the service. The director of services said that thousands of euros had been spent on the roof trying, unsuccessfully, to repair it. At the time of the inspection, the leaks in the roof posed a threat to both the safety and continuity of the service.

The rationale for the employment of some types of staffing was not clear. There were a number of nurses working in the residential house and they also were on call to the school which was on the same campus. There were always nursing staff on duty at night, although the person in charge was not able to say why this was the case. None of the children in the residential house had specific nursing needs and none of the nursing staff were intellectual disability nurses. All staff who administered medication were trained to do this. This was a questionable use of resources.

One social care leader had replaced summer respite breaks, which the centre was no longer able to provide with a summer camp. The social care leader organised resources and activities and parents brought their children to the activities.

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:

On the day of the inspection, there was sufficient staff on duty in both the respite and residential units, but a review of rosters and discussions with staff members showed that this was not always the case. The review showed that the residential house was always sufficiently staffed but on occasion staff from the respite houses worked in the residential house in order for this to be the case. There were sufficient staff rostered for duty in the respite houses and a dependency rating had been put in place since the last inspection which used evidence-based scales. Whilst the number of staff in the respite houses was set, the number of children was adjusted depending on their needs and this was confirmed in the groups of children established for each respite break. The staff skill mix was appropriate and rosters showed, and staff confirmed, that there was always a child care worker or a nurse on duty in the residential house and this person had the role of the shift leader.

Although the child care leaders in the respite units drew up their own rosters, these were overruled by the roster manager if the residential house was short staffed. In effect, the provider was offering a service which it knew it could not deliver. Inspectors reviewed some incident review documents which indicated percentages of future breaks which were likely to be cancelled. There was no use of a relief panel of temporary staff. This meant that the budget for the centre was less likely to overrun. However, there were no contingency resources built into the roster to address predictable short fall created by sick leave, although sick leave had been reduced successfully in the last 10 months. There was some use of agency staff to support one particular child, sanctioned after the director of services had identified some under spending of the budget, but no other use of temporary or agency staff.

All child care leaders and most child care workers had appropriate qualifications. Many staff had worked in the centre for a long number of years and brought their considerable experience to the role, although there were some unqualified staff including a child care worker. The director of services said that the provider was supporting some staff members who were on degree or other courses to improve the number of qualified staff members. However, in drawing up the rosters, the roster manager was not aware of who was qualified and who was not, and there was a possibility that there would be insufficient staff on duty with the required skills and knowledge to meet children's needs. Evidence of staff members' qualifications were on their HR files but there was no composite view of this for the roster manager.

The majority staff had received core training in fire safety, medication management, manual handling, abuse prevention and Children First (2011). As at the first inspection, there was no integrated training needs analysis, but there were training records for each course and each individual staff who required particular core training was identified. Training in risk assessments and in managing challenging behaviour had been delivered to staff as well as a course called 'Values to Action' which was used to educate staff on core values for working with children with intellectual disability. There was no documentary evidence that training on meeting the complex needs of children with autism and intellectual disability had been delivered.

A new supervision system had been introduced and staff members were being trained in its use. One supervision session had taken place for staff members interviewed by inspectors and it was not possible to say how effective the system was. There was evidence of performance appraisals in staff files and these were detailed.

Recruitment practices remained weak, as was found at the previous inspection. Sixteen staff did not have Garda vetting. Following the first inspection, the HR department had requested that staff complete the appropriate forms. This had taken a number of months and the HR department had then applied for it the day prior to the inspection. This indicated that this deficit had not been prioritised as a serious issue. It was not clear what the process was, should an issue arise as a result of Garda vetting. For one staff member, there were no records of a probation process although these had been repeatedly requested by the HR department, although there was a clear process of probation and induction in place for a newer member of staff. The hospital's HR policy stated that three references were required for all staff working with children and inspectors found that these had not been collected. Not all references were satisfactory and one reference stated that the candidate had attended a college course, providing little information to assure the employer of the candidate's skills, knowledge and good character. References were tick box in nature and no reference had been verified.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Records and documentation were well managed There was a child-friendly residents guide for each unit.

Inspectors viewed files containing children's records and personal plans. These were paper-based and stored in locked filing cabinets in the offices of all the houses to

prevent data protection breaches and preserve children's information in a confidential manner. Some of the files were large but they were well-ordered and had an index as well as dividers. Some pages were kept in plastic pockets to preserve the record and keep the file in order. All children's files contained up to date and detailed information.

Policy folders were well-organised and contained all policies required by regulation. The majority had been reviewed in the previous 12 months and were signed as approved by the medical director, although s/he had no role in many of the issues covered by the policies.

Inspectors viewed insurance documentation and found that the centre had adequate insurance.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Vicky Blomfield
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Paul's Child and Family Care Centre Limited
Centre ID:	OSV-0003766
Date of Inspection:	12 November 2014
Date of response:	02 January 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children's personal information was on display in some of the houses, to remind staff on how to deliver care. This impinged on children's right to privacy. Children and families were not supported to access their own information but had to make a formal request under Freedom of Information legislation.

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

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. Personal information pertaining to the child will be kept confidential in the child's Person Centred Plans as of the 13/11/2014.
2. The Access policy has been revised to state that children and families can access their files without going through Freedom of information.

Proposed Timescale: 16/01/2015**Theme:** Individualised Supports and Care**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Staff were not well-informed about children's needs in terms of their ethnic or religious backgrounds.

Action Required:

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

1. The statement of purpose will be revised to read the mission statement of the service is "a recognition of the unconditional respect due to every human being from conception to death, and of the right of every person, irrespective of religion, race, nationality, sex or age, to be treated without discrimination. As a consequence, the service is committed to respect the life and integral personal well-being of everyone entrusted to our care, in all its dimensions, bodily, mentally and spiritually".
2. Education and training on cultural awareness will be arranged for all staff by 31/03/2015 and awareness will continue to be promoted within the service.
3. All relevant policies, guidance documents and PCP documentation will be revised following the cultural awareness training
4. The service will audit staff's application of cultural awareness training as evident within each child's person centred plan.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

Parents and children were not consulted about the organisation of the service.

Action Required:

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

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

1. Parents have been invited to re-establish a Parent Council.
2. A parent questionnaire will be devised, to invite annual feedback.
3. A 'Welcome Feedback Leaflet' will be devised and emailed to parents for their use.
4. The Parent focus groups will be held every six months.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

Children and parents did not have access to advocacy services.

Action Required:

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

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

1. The Senior Social Worker and Senior Psychologist, alongside two parent representatives will undertake advocacy training, facilitated by Inclusion Ireland by 31/03/2015.
2. Education and training of all staff on Advocacy will be completed by 30/06/2015.
3. A Children's Forum has been established (January 2015) with the purpose of child consultation and advocacy.
4. The annual National Advocacy Service for People with Disability awareness information session for parents will be scheduled in 2015.
5. A piece on Advocacy will be featured in the services, six monthly News Letter.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

The person nominated to deal with complaints was not independent and was closely involved in the delivery of the service.

It was not clear who would investigate complaints.

Action Required:

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

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

1. The Assistant Director of Care will act as the Complaints Officer to ensure all complaints are processed in line with the service policy.
2. Formal training in complaints management will be made available to the Complaints Officer and the Director of Service.
3. Appeals will be undertaken in line with Stage 3 of the complaints policy where the complaint is referred to the Health Service Executive or for independent review to the Ombudsman for Children.
4. The Executive committee will be provided with a monthly report regarding complaints.
5. Satisfaction with the complaints management process will be assessed by random questionnaire to 25% of complainants, on a six monthly basis.
6. The Registered provider will be provided with a periodic report on the number of complaints, the nature and assurance of the reliability attached to process.
7. Staff training on complaints management and communication is scheduled for 26th February 2015.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

The complaints procedure was not clearly displayed throughout the houses.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

1. The complaints procedures will be shown in a simple visual step-by-step schedule for children to understand.
2. A Parent resource folder, containing the complaints policy and procedure will be made available to parents. A notice to this effect will be displayed, near to the entrance of each house.

Proposed Timescale: 28/02/2015

Theme: Individualised Supports and Care

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

The complaints policy referred to both the provider and the hospital and it was not clear which entity had overall accountability for complaints. the policy was defensive in nature.

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:

1. The provider holds overall accountability for complaints.
2. The complaints policy will be revised, with the person(s) responsible for investigating local and formal complaints made clear.
3. The complaints procedures will be shown in a simple visual step-by-step schedule for children to understand

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

The complaints procedure had not been followed in regard to complaints and concerns made about respite closures.

Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

1. The Director of Service is nominated to undertake quarterly audit of the complaints process to ensure that: a) all complaints are appropriately responded to; b) the

Complaints Officer maintains records of all complaints and their handling and c) any recommendations made through the complaints process are to be audited for implementation, compliance and effectiveness.

Proposed Timescale: 31/03/2015

Theme: Individualised Supports and Care

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

There was no advocacy service available to children who wished to make a complaint.

Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

1. The complaints policy will be revised to include a section on advocacy.
2. A component of the Children's Forum will include complaints advocacy in the form of drama.
- 3 Parent advocacy will be supported by the Social Worker.

Proposed Timescale: 28/02/2015

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 process for admitting children to the centre was not clear. No reference was made to the waiting list for respite, and care issues were not considered in the process.

Action Required:

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

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

1. The admissions and discharge policy will be fully revised to:
 - Confirm that the decision to admit the child is made by the assessing team.
 - Identify the relevant staff, required to be present in order to complete a full assessment.
 - Outline the purpose of various clinical reports, required to be submitted prior to the assessment meeting.

- Outline the requirement of the person in charge of the designated centre to be present in order to assess the care needs of the child and assure the service can meet these needs.
- Remove the School admission process from the service policy.
- Include the process for a change in the quantum of service provision i.e. child moving from residential respite to full/shared residential.
- Identify the safety and risk assessment on the admission of a new child to an existing client group.
- Include the process applied to the management of the waiting list.
- Detail the transition planning for all children, with the timelines and steps of the process clearly defined in line with the transition policy.
- Outline the process applied to informing parents of the confirmation of a place and the requirements of parents in confirming acceptance.
- State the quantum of service to be delivered.

Proposed Timescale: 28/02/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Very little work had been done for children who would be leaving the residential in the near future, and inspectors were concerned that the future arrangements for these children was so uncertain.

Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

1. The transition policy will be revised to include transition planning for all children, with the timelines and steps of the process clearly defined.
2. The intimate care policy will be revised and the intimate care plan aligned to it.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

As there was an industrial kitchen in the residential house, children could not participate in any cooking or baking in order to develop life skills in this regard.

Action Required:

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

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

1. Children living in residential service moved on the 18/11/2012, to a house in the community and now participate in supervised access to a domestic kitchen.

Proposed Timescale: 18/11/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The residential house was not suitable in that it was large, bare and institutional in appearance.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

1. Four children, (three, full care and one shared care) now live in a six (6) bedroomed house in the community. Each child has his/her own bedroom and has access to a kitchen, bathroom and toilet facilities.

Following on-going discussions with the HSE, the service, as of January 2015, has received approval to progress the purchase of a suitable house for the children who are in full or shared care residential service and that funding will be assured.

Proposed Timescale: 18/11/2014

Theme: Effective Services

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

The residential house was not well decorated and fittings such as taps were in a poor state of repair.

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The children now live in a well maintained house in the community.

Proposed Timescale: 18/11/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not meet the requirements of the regulations in that it did not include the measures to be taken to control the risk of unexpected absence of a child.

Action Required:

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

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

1. A Risk Management Policy Manual will be developed to hold all Risk Policies which will allow staff easy access to policies e.g. Risk Management Policy, Safety Statement, Incident Reporting Policy, Risk Register Policy etc. This manual will have as its contents the measures and actions to be put in place to control an unexplained absence.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

the risk management policy did not meet the requirements of the regulations in that it did not include the measures to be taken to control the risk of accidental injury to children or visitors.

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:

1. A Risk Management Policy Manual will be developed to hold all Risk Policies which will allow staff easy access to policies e.g. Risk Management Policy, Safety Statement, Incident Reporting Policy, Violence & Aggression Policy, Challenging Behaviour Policy, Risk Register Policy etc. This manual will have as its contents the measures and actions to be put in place to manage and control injury to residents, visitors or staff.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

the risk management policy did not meet the requirements of the regulations in that it did not include the measures to be taken to control the risk of aggression and violence.

Action Required:

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

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

1. A Risk Management Policy Manual will be developed to hold all Risk Policies which will allow staff easy access to policies e.g. Risk Management Policy, Safety Statement, Incident Reporting Policy, Violence & Aggression Policy, Challenging Behaviour Policy, Risk Register Policy etc. This manual will have as its contents the measures and actions to be put in place to control aggression and violence.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

the risk management policy did not meet the requirements of the regulations in that it did not include the measures to be taken to control the risk of self harm.

Action Required:

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

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

1. A Risk Management Policy Manual will be developed to hold all Risk Policies which will allow staff easy access to policies e.g. Risk Management Policy, Safety Statement, Incident Reporting Policy, Violence & Aggression Policy, Challenging Behaviour Policy, Risk Register Policy etc. This manual will have as its contents the measures and actions to be put in place to control to control self -harm.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk management policy did not describe the controls to be put in place to control identified 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:

1. The Risk Management Policy Manual will have a comprehensive safety statement as its contents which will outline the measures and actions to be put in place to control the risks identified. Any risks identified as high risk will be processed up to the Corporate Risk Register.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The controls in place to reduce the risks associated with the residential building were only of a short term nature and did not address the overall problem.

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:

1. The service safety statement will be amended to reflect the most up to-date restructuring of the living accommodation for the children in full /shared residential care and the changes made to the children's respite service.

2. Each designated centre, three (3) will undertake a formal safety risk assessment by 31/01/2015.

3. Monthly safety audits will be undertaken to include heating and water temperature and emergency lighting.

4. Internal disaster plan will be revised to reflect changes in the number of designated centres and the arrangements to be put in place in an emergency situation.

5. A designated contractor is commissioned to respond to all maintenance emergencies.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Some of the radiators in two centres were very hot. This risk was not eliminated or reduced by the end of the second day of the inspection. The temperature in the sink in one bathroom was recorded by the maintenance department as being 56 degrees. Both hazards posed a risk of burning or scalding to children living in the designated centre.

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:

1. Anti-scald valves have been installed in all three designated centres.
2. Radiator protectors will be fully installed by 31/01/2015 and in the interim radiator temperatures will be monitored daily.
3. Children moved to new accommodation on 18/11/2014.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

In the respite houses, the emergency lighting was not working.

Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. Emergency lighting is confirmed to be in place and certificate of installation available on request.

Proposed Timescale: 16/12/2014

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:

The managers and clinicians showed little understanding of restrictive procedures. There was no rigorous process in place to review the use of such procedures and to reduce or remove as soon as possible. The rights review committee was not effective in this regard.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date

knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

1. The Restrictive Practices Policy will be revised, to include robust quality assurance systems (audit and review) and agreed processes to include clinical approval for the use of restrictive practices by 31/01/2015.
2. All Persons in Charge have received training on the restrictive practices policy. They in turn will provide training in this area to their staff, by 28/02/2015.
3. The Rights Review Committee, which has two people employed at senior management level in other disability organisations, will review all restrictive practices audit findings. The Terms of Reference of the Rights Review Committee will be revised accordingly by 31/01/2015.
4. The Executive Committee and Board will receive formal reports on the approval and use of restrictive practices.

Proposed Timescale: 28/02/2015

Theme: Safe Services

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

There was no consideration that the locking of doors should be reduced as soon as possible.

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:

1. The service will implement a robust system to ensure senior clinical approval and regular monitoring of all of restrictive practices.
2. When the use of a restrictive practice relates to a child's behaviour a comprehensive behavioural assessment will be conducted and a positive behavioural support plan put in place.
3. Systems will be put in place to review and analyse all documentation pertaining to restrictive practice, i.e. incident reports; formal notification forms (NF15D), staff update reports, child person centred plan and positive behavioural support plans.
4. Review findings will be disseminated to all areas as a means to promote organisational learning.

Proposed Timescale: 28/02/2015

Theme: Safe Services

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

The policy for the protection of children from abuse was long, confusing and incorrect in that it referred to the HSE as the organisation with responsibility for child protection.

There was an open disclosure policy but it related only to the hospital and did not contain information pertinent to providing care to children.

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:

1. The Child protection policy has been revised to show TUSLA as the organisation with responsibility for child protection.
2. The policy has been shortened for ease of use.
3. As of the 8/01/2015 the open disclosure policy has been removed from the service until such time that it has been review to ensure its appropriate application to a children's disability service.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Children's monies were poorly managed in some areas of the centre. Money was missing in the residential house and there had been no investigation. Pocket money was pooled in one of the respite houses and it was not clear if parents had consented to this practice.

Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

1. Children's money policy will be revised, with standardised, best practice procedure applied to all areas, i.e. double signatures, receipts, and no pooling of monies.
2. Discrepancies in checks and balances will be fully investigated and formally reported

via the incident reporting process.

Proposed Timescale: 31/01/2015

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:

The right to education for some of the children in the residential house were not met and they were not allowed to attend school on a full time basis.

Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

1. The service will meet with the School Principal and Chair to the School Board to obtain:

- Confirmation as to the reason for the reduced school day for each individual child.
- A copy of the documentation submitted to the Department of Education and Skills, special education section, by the school pertaining to the reduced school hours.
- The planned process to help support the children to reintegrate to full school hours.

2. Identify in conjunction with the school the interventions, where necessary, required from the clinical team to support each child's return to education.

3. The service will support parents in advocating for the re-establishment of their child's full school timetable, as appropriate.

4. Liaise with Department of Education and Skills and TUSLA, as appropriate.

Proposed Timescale: 28/02/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

In the respite units, children's healthcare plans were not complete and important information such as immunization information was missing.

Action Required:

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

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

1. Child files will be audited for gaps in healthcare information.
2. The parents of children found to be without the essential medical information will be written to, to formally request update pertaining to allergies and vaccinations. All efforts by the service to secure this information will be documented in the child's main file and the child's person centred health plan will be updated to include new information where received. Parents of those children without up to-date health information will be formally notified of the potential risk to their child health and well-being, while in the service.
3. All children's vaccination and allergy status will be verified as part of the annual person centred plan review.

Proposed Timescale: 28/02/2015

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:

The policy on the safe administration of medications in place in the residential unit was not suitable for a social care setting.

Staff were not familiar with some aspects of medication management, such as the management of drugs controlled under the Misuse of Drugs Regulations 1988.

There were no prescription sheets in the respite units.

The administration sheet in the residential unit did not allow for the recording of the action time at which the medication was administered.

Action Required:

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

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

1. Medication policy will be revised to reflect a social model and best practice standards in the areas of ordering, receipt, prescribing, storing, disposal and administration of medicines by 28/02/2015.
2. Medication administration recording documentation will be standardised across all areas, in line with best practice by 28/02/2015.
3. All Staff will attend formal education on safe medication administration by 30/04/2015
4. Medication variances will continue to be monitored and reported on.

Proposed Timescale: 30/04/2015

Theme: Health and Development

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

Medications requiring refrigeration were kept in a domestic fridge in one of the respite units and medication storage fridges were not available.

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:

1. A medication fridge has been purchased and installed in all three designated centres.

Proposed Timescale: 15/01/2015

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 depiction of the service and the governance arrangements in the statement of purpose were not clear.

The service could not be delivered as described in the statement of purpose and children's respite breaks were cancelled on a regular basis.

One admission to the residential house impacted negatively on other children

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:

Prepare in writing a statement of purpose containing the information set out in Regulations 2013.

1. The statement of purpose will be amended to verify the Governance arrangement of the service i.e., the service is governed by the registered provider i.e. Child and Family Care Centre Limited. This is a legal entity in its own right, with its own Memorandum

and Articles of Association. ”.

2. The revised quantum of service will be stated.
3. Peer mix and suitability of the various peer groups will be detailed.

Proposed Timescale: 28/02/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The governance of the centre was not clear.

The Board did not plan the service, manage its risks or quality assure it.

The management structure was not robust and the issue of how the service was configured had not been resolved.

The role of the multi disciplinary team was not defined.

Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

1. In line with best practice standards for Board Governance, all members will receive formal training.

2. The nominee registered provider is confirmed as the Director of Service, with notification to that effect (NF308 Form) sent to HIQA on 12/12/2014

3. In 2015 the provider will make formal registration application for three (3) designated centres.

4. The names of the proposed persons in charge will be submitted to HIQA by 13/01/2015.

5. The registered provider (Board) will review its Director membership and in addition invite as members, two additional Directors, one holding experience in education and the other with significant experience in intellectual disability.

6. The registered provider will meet quarterly, or more frequently as required, to plan the service, and ensure update and quality assurance reports from both the Medical Director and Director of Service in the areas of: child protection & children’s rights; audits (inclusive of restrictive practices); Notifications; complaints management; incidents; service activity & waiting list; finance; workforce planning; use of resource; health care; health & safety; risk management; staff education & training and a

separate agenda item pertaining to the future positioning of the service.

7. The registered provider or designate will continue to undertake six monthly, unannounced quality and safety inspections and report on areas that require intervention.

8. The registered provider will in line with regulation, submit to the Chief Inspector and make available to residents, an annual quality and safety report. The first quality and safety annual report for 2014 was submitted on 24/12/2014.

9. The clinical team report on matters of a clinical nature to the Medical Director and to the Director of Service on operational matters. All other staff report to the Director of Service.

10. The organogram has been revised to represent three designated centres.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

The centre did not have its own budget and the director of services could not manage expenditure on a daily basis.

There was no service level agreement in place with the centre for 2014 or 2015.

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:

1. As of January 2015 the service will receive a monthly statement of income expenditure.

2. In January 2015, a meeting will be convened with the Health Service Executive to confirm the annual budget and service level agreement.

3. The Health Service Executive has confirmed that a meeting will be convened to undertake quarterly key performance management reviews.

Proposed Timescale: 31/01/2015

Theme: Leadership, Governance and Management

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

No annual review of the service had taken place and as a consequence, no report had been generated.

Action Required:

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

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

1. The 2014 service annual quality and safety report was submitted to HIQA on 24/12/2014.

Proposed Timescale: 24/12/2014

Theme: Leadership, Governance and Management

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

The unannounced visit to the centre by hospital managers had not identified risks associated with the residential building

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

1. The registered provider or designate will continue to undertake a six monthly, unannounced quality and safety inspection of the service and prepare a written report on the safety and quality of care and support provided in the centre.
2. The Board will be furnished a report on the findings of each inspection, with the areas of concern discussed in full.
3. As follow up to the first six monthly unannounced inspection, undertaken November 2014, the next inspection is scheduled for May 2015.

Proposed Timescale: 31/05/2015

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 director of services and person in charge could not manage the service effectively on a day to day because they did not have a budget for the service.
Finances were not used efficiently in that two catering staff provided food for four children.
Nursing staff were employed without a clear rationale.
Money was spent trying to repair a building which was not fit for purpose.

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:

1. As of 18th November 2014, Catering staff were redeployed.
2. The Assistant Director of Care will oversee and direct on care supports and medical related areas.
3. Staff WTE numbers will be maintained to the levels agreed and budgeted for by the Health Service Executive.
4. Negotiations will commence with regard to the redeployment of nurses to areas where nursing skills are best placed.

Proposed Timescale: 30/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were not always sufficient staff on duty and respite breaks were cancelled on a regular basis.

The roster manager did not have information on staff qualifications to ensure that there were sufficient qualified staff on duty.

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:

1. The level of service to be delivered in 2015 will be planned in line with the budget allocation for 2015, yet to be confirmed by the Health Service Executive.
2. Staff of appropriate qualification will be rostered as senior on each shift.

3. Staff will be supported in line with continuous professional development and professional regulation requirements.

4. The number of staff on each shift will be determined by the number of children per group, children's assessed care needs and formal dependency levels.

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

Staff files did not contain evidence of completed garda vetting, two adequate references and qualifications.

Action Required:

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

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

1. Garda Vetting clearance forms for 15 out of 16 staff are now in the Human Resource Department, with one outstanding. The service awaits this clearance form to be returned from the National Garda vetting Bureau.

2. All personnel files will be again audited by 28/02/2015 to ensure each file contains both Garda vetting and three references.

Proposed Timescale: 28/02/2015

Theme: Responsive Workforce

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

There was no training needs analysis and staff had not received training in working with children with autism.

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:

1. It is confirmed that staff received specific training in autism on 26th August 2014, facilitated by Middletown Centre for Autism.

2. Other autism specific training delivered throughout 2014 included: Values to Action, derived from Framework for Accomplishment (O'Brien and Lyle, 1989) and from

Values to Practice (McCormack, Rafferty and Lynch, 1990), revised over many years to ensure it's appropriacy for use with children with ASD. In addition the 'Enhancing Interaction' and 'Use of Visuals' training, tailored to meet the specific needs of children with ASD.

3. Three references are sought in writing via the Recruitment Section. In the event that the references are not received, they are followed up by a telephone and or email. In the event that a reference is returned and the comments therein are of concern this is raised with the line manager and a decision is made with regard to continuing with the recruitment process.

Proposed Timescale: 31/08/2014