

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
<b>Centre ID:</b>	OSV-0003446
<b>Centre county:</b>	Kilkenny
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	St Patricks Centre (Kilkenny) Ltd
<b>Provider Nominee:</b>	John Murphy
<b>Lead inspector:</b>	Tom Flanagan
<b>Support inspector(s):</b>	Patricia Sheehan; Sharron Austin; Ruadhan Hogan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	10
<b>Number of vacancies on the date of inspection:</b>	4

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
27 May 2015 09:30	27 May 2015 17:15
28 May 2015 09:00	28 May 2015 17:15

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

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

**Summary of findings from this inspection**

This was the second inspection of the centre carried out by the Authority and it took place over two days. The centre, according to its statement of purpose, provided fulltime residential care for up to 10 children between the ages of 5 and 18 years with a severe/profound intellectual disability and/or autism in three adjoining units. It also provided respite care to up to four children between the ages of 5 and 18 years with moderate to profound intellectual disabilities and/or autism in a respite house in a different location.

As part of this inspection, inspectors met with children, parents, the manager, the general manager, the assistant director of services and several staff members.

Inspector also observed practices and reviewed a sample of children's files, policies and procedures and a range of other documentation.

The three units providing fulltime residential care were located in a single-storey building on an otherwise non-residential campus on the outskirts of a city. It had three small gardens to the rear of the premises. The respite service was located in a bungalow in a quiet housing estate also on the outskirts of the city. It had its own garden to the rear.

There were seven children and one 18 year old living in the residential centre at the time of inspection. There were two children availing of a short respite break in the respite house and one child, who was living in the respite house almost fulltime, was not present on the day of inspection.

Inspectors found that the children had their basic care needs addressed. There were adequate staffing levels and all children were attending school. The interactions between staff and children were warm and respectful.

There was a clearly-defined management structure in place but there were deficiencies in the governance and operational management of the service.

One child had been offered emergency respite care on an almost fulltime basis in the respite house approximately seven months prior to the inspection. This placement was still ongoing at the time of inspection despite the fact that the service's own human rights committee had described the placement as inappropriate for several reasons including distance from home and family, distance from school and lack of multidisciplinary input into the child's care. The child's needs had not been comprehensively assessed and there were approximately 18 staff, including several relief staff, providing care for this child who required consistency of staffing and continuity of care. The policy on emergency admissions did not specify the duration of an emergency placement and there was no medium or long-term plan in place for future placement of the child.

There was a significant lack of multidisciplinary input into the care of the children which meant that some children, who needed psychological or occupational therapy assessment and treatment, either did not receive this or were placed on a lengthy waiting list.

The children's residential units were not located in a community residential setting and the organisation's strategic plan proposed that children be housed in domestic-style housing in the community. However, there were no plans in place for this to happen.

While there were adequate staffing levels, there was no manager in place in the respite house which, contrary to what was outlined in the statement of purpose, was providing a fulltime service at the time of inspection. The person in charge could not provide adequate oversight of the respite service and staff were unable to combine the provision of care with the operational and administrative needs of the respite house. The respite service did not provide continuity of care for one child.

The systems to ensure that the premises and equipment were properly maintained were inadequate. The respite house was not fully accessible. Each of the units required painting and decoration. Basic repair work such as the filling of holes in walls or ceilings had not been carried out. Vehicles were not properly maintained.

One young person was over 18 years of age and there were no concrete plans for the transition of this young person to a suitable adult placement.

There were a number of risks that had not been addressed. Inspectors identified issues such as lack of window restrictors, water that was too hot to touch, potential ligature risks and vehicle tyres that were badly worn. They required that the provider address them immediately. While the provider addressed these issues during the inspection, the existence of these issues pointed to a deficit in the area of risk monitoring and management.

Following the inspection inspectors met the provider nominee and the director of services to discuss concerns that arose during the inspection, in particular concerns surrounding the emergency respite placement of one child. The provider nominee was required to submit a satisfactory plan for this child and did so.

The Action Plan at the end of the report identifies areas in which improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. There was a significant number of areas where improvements were required and these included children's rights and complaints, emergency admissions and contracts, personal planning and transitions, premises, risk management and fire safety, healthcare and medication management, governance and management, and resources and staffing.

**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:**

There were systems in place to support children's rights and to promote their dignity. However, the privacy and dignity of one child were not being fully respected. The records of complaints were incomplete and there was no independent advocacy service available.

Children's rights were promoted in a number of ways. For example, the rooms of children in the residential units were personalised. The room of one child contained lots of objects that were important in the child's family culture.

The statement of purpose did not contain any information on how children or their representatives were consulted in relation to the operation of the service. There were no children's meetings in either the residential units or respite house. Some children were unable to participate in this kind of forum and there was evidence that each child had a key worker who had responsibility to plan services for the child in consultation with the child and their parents. Inspectors saw that children were offered choices at an individual level in relation to meals and activities and parents confirmed this.

There was a policy and procedures for the management of complaints which was satisfactory. This included oversight of complaints by senior managers and an independent appeals process. There was also an easy to read guide on complaints and this contained a photograph of the complaints officer. Parents told inspectors that they knew how to make a complaint and some parents had done so. Inspectors viewed the complaints log which did not contain sufficient information. Two of the complaints listed did not have clear dates. The action taken to investigate the complaints, the outcomes and whether or not the complainants were satisfied were not recorded.

There was provision in the complaints policy for independent advocacy but there was no information available to inspectors about any independent advocacy service that could be accessed by children or their representatives and no evidence that children had access to independent advocacy services.

The statement of purpose set out a commitment to protect the dignity of each child. Each child in fulltime residential care had their own room with adequate storage space for their personal possessions. Children were able to meet family members in private, where appropriate. There was evidence that the needs and preferences of children were known and that these were facilitated. There was a policy on the provision of intimate care and staff were able to tell inspectors how the dignity of children was respected when providing intimate care. Children using the respite house had their own duvet sets which were only used by them. However, inspectors found that the clothes and belongings of one child who was using the respite service on an almost fulltime basis, were removed from the room he/she was using and his/her room was given to another child who was availing of overnight respite. This was not seen to maintain the privacy and dignity of the child.

There was a policy and procedures on managing resident's finances and this also included the management of resident's property. However, the policy was generic to both adults' and children's services and not all of what it contained was relevant or appropriate to the children's service. Inspectors viewed the records of children's monies which were protected through appropriate practices and record keeping. Receipts for any monies spent were retained and detailed records were sent to the children's parents.

Children were facilitated to participate in a range of activities in the community and in the centre, according to the needs and abilities. For example, one child who was the sole resident of one unit went to the cinema with staff during the inspection. He/she also had a play room in the unit with favourite toys and games. Another child was afforded the indoor space to play energetically with a toy in one of the living rooms while supervised by staff. Children were provided with a range of activities in the centre and facilitated to go swimming, visit parks and places of interest in the community. Activity planners were maintained in the children's files.

**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:**

The communication needs of children varied hugely and staff were very aware of these needs. However, there was insufficient training for staff and there was no assistive technology available to children.

How children communicated was set out in their communications passports and provided good detail on their needs in this area. Some children were able to express themselves in words but required good listening by, and some assistance and encouragement, from staff. Other children were non-verbal and required additional assistance. Staff who were interviewed were knowledgeable about how to communicate with each child. They used a variety of communication methods such as communication boards, pictures and hand signs. Photos of key staff were displayed on walls to assist children. Inspectors observed effective communication between children and staff.

While there was a policy on communication, there was no reference in the document to the provision of training for staff or to access to speech and language therapy by children when this was required. Some staff told inspectors that they had not received training in some key methods of communication such as picture exchange systems. The overall training records that were given to inspectors provided no detail on any training that staff had received in the area of communication.

Children had access to television and radio. However, there was no internet access in the respite house and no wireless internet access available in the residential units. This meant that opportunities for children to avail of assistive technology in the area of communication were not provided.

**Judgment:**

Non Compliant - Moderate

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

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The relationships between children and their families were supported and children were facilitated in developing links with the community.



The policy on visitors stated that, in general, family and friends should be encouraged and facilitated to visit the children. While children who availed of respite were usually resident for one or two nights and family members did not visit, a number of the children in the residential service did receive visits from family members and there were sufficient comfortable facilities in the various units for visits to take place in private if required.

Some children were facilitated to visit their family homes and were accompanied by staff. Inspectors observed that children had photographs of family members and family events displayed in their rooms and that links between the children and their families and culture was promoted.

Parents and guardians were encouraged by staff to contact their children by telephone if they wished. Parents told inspectors that they were in regular contact with staff by phone and that they were also invited to quarterly meetings to discuss the care provided to their children.

Children were facilitated to use community facilities and there was evidence that some children went swimming, shopping and took part in outings to various places on interest in the surrounding area. Transport was provided by the centre in order to take children to and from school and on various outings. Records were maintained on the activities that each child took part in.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

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

**Findings:**

The policy and procedures in relation to admissions and, in particular, emergency admissions were not robust and not all children had contracts for the provision of services.

There was a policy on admissions, transfers and discharges which stated that an application for admission could be made by a parent, GP, consultants, liaison nurses or by HSE managers. An Admissions, Transfers and Discharge (ATD) committee met

quarterly to decide on admissions. However, the policy did not make provision for a pre-admission assessment to be carried out by an appropriate healthcare professional. The policy in relation to emergency admissions was inadequate. It did not provide for an assessment of needs to be carried out and it did not contain any reference to the duration of an emergency placement or the measures that would be taken to ensure that the placement did not become open-ended in the medium to longer term. Inspectors found that a child who had been admitted in an emergency did not have his/her needs adequately assessed before or since admission.

Not every child had a written contract which set out the services to be provided and the charges that applied. There was a contract on file for some children. However, this contained a lot of information that was either out of date or not relevant to the children's service.

**Judgment:**

Non Compliant - Major

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Children in the residential units had personal plans that were based on comprehensive assessments and set out their individual needs and preferences and the supports they required. However, not all children in the respite service had appropriate assessments and personal plans. The extent of multidisciplinary input into reviews of the children's care varied. Planning for the transition of children to adult services was poor.

Many of the children in the residential units had been in the service for several years. There was evidence that staff carried out comprehensive assessments of their needs and that good quality personal plans were put in place. Children or their representatives were involved in the development and review of the plans. Goals and outcomes were developed and these were reviewed every month. There was a dependency profile in place for each child, which had been developed following a review by an external

consultant contracted by the HSE. There were intimate care plans in place for each child and these were detailed and provided good guidance and instruction for staff.

The manager told inspectors that, prior to their admission to the respite house, children were assessed by a liaison nurse who made recommendations regarding their dependency levels and their care. However, there was no comprehensive assessment of their needs recorded and available to staff in the service. Inspectors viewed the personal plans of a number of children in the respite service and found that, while the plans were of similar outline to those of children in the residential units, there were a number of gaps. For example, the educational needs of children were not included and there was little evidence of multidisciplinary input.

In particular, the personal plan of one child, who was on an emergency respite placement but was using the service on an almost fulltime basis, was not satisfactory. There was no assessment of needs by staff and no multidisciplinary input. There was no plan in place for the medium and long term needs of this child. It was not clear how the plan was developed. There was no evidence of the involvement of the child or his/her parents in the development of the plan and no evidence that the centre was suitable for the purpose of meeting the child's needs. Following the inspection the provider submitted a satisfactory plan for the medium term needs of this child and gave assurances regarding the development of a plan for the child's long term needs.

There was evidence of some multidisciplinary involvement in the care of some of the children. Inspectors viewed reports or notes from doctors, an occupational therapist, a dietician and a physiotherapist.

There was a policy on admissions, transitions and discharge but, while it referred to a young person being discharged from the service at the age of 18 years it provided no guidance on the transition process. Inspectors found that one of the residents in the residential units was over 18 years and was still attending school, there were no concrete plans in place for this young person's transition to a suitable placement in adult services. The manager told inspectors that the young person had siblings in the service and that the HSE were exploring options in which the siblings could be placed as a family. However, while there were minutes of a meeting in April 2015 to discuss the issue of transition, there was no transition plan for this young person who faced the prospect of remaining as an adult in a children's centre with no educational or day programme in place for the coming year.

Children were supported as they made the day-to-day transitions in their lives. Staff liaised with school staff in relation to each of the children and staff supported children to and from school and accompanied some children on visits to the families. Each child had a personal health passport which could be used to provide relevant information to hospital staff in the event that a child needed to be admitted to hospital.

There was evidence that children were encouraged to exercise independence and take responsibility in relation to their capacity to do so. Children were assisted to take part in shopping, household tasks and activities such as baking.

**Judgment:**

Non Compliant - Major

**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:**

There was adequate accommodation, private and communal in both the residential premises and the respite house. Both premises were clean and adequately furnished. However, both premises were in need of maintenance and decoration and the respite house was not fully accessible.

The layout of both premises was as described in the statement of purpose. The residential premises comprised three adjoining units with interlocking doors. In total, the three units consisted of 10 bedrooms, two bedrooms with en suite toilet, shower and wash hand basins, two shower rooms, four separate toilets, one of which was for visitors, two bathrooms, one fully accessible bathroom, three kitchens, two of which had dining rooms attached, three sitting rooms, three utility rooms, two playrooms and one television room. While the corridor and one side of the premises did not have much natural lighting, the premises was clean and the rooms were of adequate size and the children's bedrooms were personalised. Children had adequate personal and communal space, there furniture was comfortable and there were facilities for seeing visitors in private.

The respite house consisted of five bedrooms, one of which had en suite toilet, shower and wash hand basin, a bathroom, a kitchen, a dining/living room, a sitting room, a small playroom and a utility room. The furniture was comfortable and there were adequate fixtures and fittings. The premises was clean. However, there was a lack of suitable storage and inspectors found that paint tins were stored in the kitchen in a cupboard which also contained a knife block. While the cupboard was high off the floor the child-proof lock was broken.

There were three separate and secure gardens to the rear of the residential premises with adequate space for outdoor play.

The respite house was not fully accessible for children with mobility difficulties. There was a step between the dining room and living room. Apart from it being a potential trip hazard, staff told inspectors that this was not suitable for wheelchair users and they had to bring children on a longer route to get to the other room. There was also a high lip

on the sliding doors to the decking area.

The respite house had a garden, which was secure and sheltered and was hazard free. It was divided into an upper and lower garden and access from one to the other could be closed off if required. There was also an outdoor decking area outside the sitting room.

Both premises had not been painted for several years and were in need of redecoration and repair. In the residential premises, there was water damage to a ceiling which had not been adequately repaired. A number of taps were stiff and impossible to use. One of the rooms in the respite house had several holes in the plaster. There was one toilet and one en suite shower room which could not be used due to disrepair and these had "do not use" signs on them.

Staff told inspectors that communication with the maintenance team was difficult as they worked from Monday to Friday and any emails sent by staff at weekends came back to staff without being logged. The response from maintenance was also slow. Staff told inspectors that the washing machine in the respite house was not working for three weeks and that this caused considerable inconvenience for staff which involved having to take items to the launderette or to the residential units for washing.

**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:**

There were measures in place to promote the health and safety of children, visitors and staff. However, the risk management systems, infection control procedures and fire safety precautions were not sufficiently robust.

There was a policy and procedure in place relating to health and safety, including food safety. There was also a health and safety folder in each unit that contained a safety statement, a service risk register and a health and safety risk register. There was a health and safety coordinator for the service and a health and safety committee which met regularly. A number of hazards had been identified and risk assessed in association with the health and safety and risk management process. However, this had been completed for the residential units only and not for the respite house. Inspectors found

that there were a number of hazards that had not been identified or risk assessed. For example, in the respite house there were hanging chords which constituted potential ligature risks. There were no restrictors on windows which could be opened fully and had not been risk assessed. A disused shower room which had broken tiles was not locked. The hot water in both locations exceeded an acceptable temperature. All of these potential hazards were pointed out to the provider and they were attended to by the maintenance team during the inspection.

While there was a local risk register not all risks were contained in this and there was no corporate risk register. The general manager told inspectors that the risk management system was still in development but that the person in charge reviewed all high risks each week and these were escalated to senior managers. While there was evidence that some risks, such as the need for a fulltime nurse in the respite house, were escalated to senior management, they were escalated individually and not in the context of a cohesive risk management framework.

A risk management policy had been put in place since the previous inspection. However, the measures and actions in place to control all the risks specified in the regulations were not included. Nor did it include the arrangements to ensure that risk control measures are proportional to the risks identified, and that any adverse impact such measures might have on residents' quality of life have been considered.

A computerised system was in place to record accidents and incidents. All reports were signed and commented on by the manager and were forwarded to the assistant director of services who also commented. The system generated data which was useful in terms of oversight. For example reports were available in relation to the type of incidents, the location and the child involved. However, it was not evident that the learning from these incidents was always implemented. For example, it was recommended, in the case of a child who had multiple incidents involving behaviour that challenges, that an appointment be sought at a behaviour advice clinic but there was no evidence that this was done.

There was an adequate level of cleanliness in the centre on the day of inspection but procedures for the prevention and control of infection were not sufficiently robust. Personal protective equipment such as gloves and aprons were available to and used by staff. An adequate supply of cleaning materials and equipment were available. The residential units had a sufficient number of paper towel dispensers and hand sanitizers. There were cleaning schedules to assist in ensuring that the premises will be cleaned on a daily basis. Satisfactory procedures were in place for clinical waste and sealed containers were used for used syringes. However, there was a lack of paper towels in the respite house and the use of hand towels by several staff was not in line with best practice. The manager told inspectors that chemicals were stored in locked cupboards but inspectors found that, in two of the units, the chemicals cupboards were unlocked.

There was an emergency plan which outlined the arrangements for responding to emergencies and was satisfactory.

A number of fire safety precautions were in place but further precautions were required in order to ensure that the risks in relation to fire safety were mitigated. Staff had received training in fire safety. Suitable fire fighting equipment was provided in both

locations. Emergency exits were unobstructed. A check on fire safety precautions was carried out each night and staff completed fire equipment checklists monthly. The fire alarms were serviced quarterly. Each location had a fire bag which contained the individual fire evacuation plans for each child and high visibility vests. There was a fire safety policy which stipulated that fire drills be held monthly. In one of the units the records showed that daytime fire drills were carried out monthly. However, though managers were advised by fire officers to carry out fire drills at night each quarter, there was no record of drills being carried out at night. Inspectors found that some fire doors were held open by door stops or hooks. As this posed a risk in the event of fire it was pointed out to the person in charge who undertook to address this.

The provider commissioned an assessment and report on fire safety in the children's services in July 2014 and inspectors viewed the report which was dated August 2014. The consulting engineer who carried out the assessment recommended upgrading the fire precautions in both locations in order to meet an appropriate standard. Recommended works in both locations included dividing the building into compartments and sub-compartments and the provision of fire doors. It was recommended that the repair of existing fire doors, the fitting of electromagnetic door holders linked to the alarm system and the upgrading of the alarm system be carried out in the residential units and, in the respite house, that fan lights with fire-resistant glass be fitted. None of these works had been carried out at the time of inspection.

The children's service had access to a number of vehicles that were owned and maintained by the organisation. Inspectors viewed three of these vehicles and found that they were taxed, insured and had national car testing certification. There was also evidence of regular checks on these vehicles. Nevertheless, inspectors found that several tyres on the vehicles appeared to be badly worn. Inspectors required the provider to have the tyres checked and new tyres were provided in each case. While the vehicles all contained some safety equipment such as first aid kits, high visibility vests and warning triangles, none of the vehicles contained fire extinguishers, restraint cutting equipment or glass cutting equipment, all of which were required under the policy on transport.

**Judgment:**

Non Compliant - Major

**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:**

Measures were in place to safeguard children and to protect them from abuse. However, there was a lack of psychological or behaviour specialist input in to behaviour support plans and the care and treatment of children.

There was a policy and procedures on the protection and welfare of children which had been updated in December 2014. They were centre-specific and included the provision for staff to make protected disclosures in the event of having concerns about practices in the centre. The assistant director of services was the designated person. He was very familiar with the children and maintained oversight of any concerns that were reported. Inspectors found that he had made a number of referrals to the Child and Family Agency during the past year and these were acknowledged by the Child and Family Agency. The majority of these did not reach a threshold for further investigation. The manager reported one concern to the Authority and carried out a satisfactory investigation with appropriate follow up actions.

The assistant director of services told inspectors that all staff received training in Children First: National Guidance for the Protection and Welfare of Children (2011) and safeguarding issues and that refresher training was provided each year. Staff who were interviewed were aware of the child protection procedures and were knowledgeable on the signs and symptoms of abuse.

Efforts were made to identify and address underlying causes of behaviour that was challenging. There was a policy and procedures on managing behaviours that challenge. This included a policy on the promotion of positive behaviour support and detailed instructions on the content of a behaviour support plan. Staff were trained in a recognised approach to managing behaviour and training records showed that their training was up to date. There were positive behaviour support plans in place for several children and there were risk assessments in relation to specific behaviours. A range of techniques and one-to-one or two-to-one supervision of children by staff were employed in certain cases.

While behaviour support plans were of good quality there was a lack of specialist behaviour support in the care of some children. Although staff told inspectors that one staff member had completed some further training in behaviour support, there was no access to a behaviour specialist. While the policy stated that children with behaviours that challenge should be referred to a psychologist, senior managers told inspectors that there was little or no access to psychology services through the HSE and inspectors found that one child who displayed behaviours that challenge was on a waiting list for psychological input for approximately seven months. This meant that interventions which may improve the child's coping strategies were not provided.

Inspectors found that practice in relation to restrictive procedures had improved since the previous inspection. A human rights enhancement committee was in place within the service which reviewed restrictive practices in the service. The committee comprised



the assistant director of services, two staff members, including one staff from the children's service, two family members, an external person with disabilities and two lay people, one of whom was a solicitor. During the previous inspection, gates had been used in a number of areas in one unit and bolts were in place high up on bedroom doors to prevent one child from having access to certain rooms. Upon review, these restrictive practices had ceased and gates and bolts had been removed. The human rights committee also reviewed the environmental restrictions in place for a child in the respite service. Locking of certain doors and windows for the child's safety were kept to a minimum and risk assessed and the child had access to several rooms and access to the back garden which was secure. Measures in place for some children included the use of positioning belts and specially constructed padded beds and these were discussed and approved in conjunction with an occupational therapist.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

A record of all incidents occurring in the centre was maintained and the manager was knowledgeable on how to report any notifiable events to the Authority.

Following any accident or incident, staff completed an incident form on an online system. All data on accidents or incidents were maintained and reports on this data were generated to facilitate learning.

Appropriate notifications had been made to the Authority since the centre opened in a timely manner.

**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:**

The rights of children to have an education and to socialise and participate in activities in the community were valued and supported. All children were attending school. However, the educational needs of all children in respite were not assessed and there was not adequate liaison between centre staff and the school staff in all cases.

There was a policy on education which set out the right of each child to an appropriate education and the supports the service would put in place to support this. In general, the policy was implemented. All children in the fulltime residential units were facilitated to attend school. Educational plans were in place and there was evidence of staff supporting children to attain educational goals. The nurse on duty was responsible for ensuring that a report was given to the school nurse daily on each child and for receiving any information of relevance in relation to how the child was at school that day. There was a communications book for each child that was used to convey messages or information between the centre and the school in relation to the child's needs.

Children using the respite house were also facilitated to travel to and from school. A parent told inspectors that their child had a communications book that went with the child from home to school and to the centre. However, the educational needs of one child who was availing of the respite service almost full time had not been appropriately assessed. While the child continued to attend his/her school placement, this involved a round trip of approximately two hours or so each day. There was no evidence of communication between centre staff and the school staff on the child's file. Staff told inspectors that, in the days leading up to the inspection, the child's teacher emailed the centre regarding the child's progress but that staff in the respite house had difficulty accessing this information and that there was no coordination between the school, the home and the centre regarding the child's education.

Opportunities were provided for children to go on outings into the community and for some of the children to visit their family homes. Photographs of children on some of their outings were displayed in the centre.

**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:**

The basic healthcare needs of children were addressed but access to the specialist services they required was limited.

The healthcare needs of each child were outlined in their assessments and personal plans. Each child in the residential units had detailed personal health passports and a specific health check for assessing and planning the healthcare needs of children with intellectual disabilities. Each child had their own general practitioner and records of any visits to the GP and any treatment prescribed were maintained in their files. There were care plans such as those for epilepsy care, swallow care and medication management.

While there was evidence that many of the children had received assessments and treatment from a variety of professionals, including GPs, medical consultants, a dietician, an occupational therapist, a speech and language therapist, an occupational therapist, there was also evidence that access to some specialists was limited and that some children were not receiving the assessments or treatment they required. Inspectors viewed correspondence from the general manager to the HSE in which he stated that, in recent times, access to psychology, social work, occupational therapy and speech and language therapy were either non-existent or severely limited. The manager told inspectors that one child required a sensory assessment but that the HSE occupational therapy department no longer provided this service. Another child required a psychological assessment but records in the child's file indicated that the child could be waiting at least a year for this service. The centre relied on the provision of these services by the HSE and did not source these services privately when the HSE were not able to provide them. This meant that some children were going without specific assessments and treatment for long periods of time and not having their needs met.

There were nursing staff on duty at all times in the residential units and children's nursing needs were met. However, even though the manager had made a request to senior managers that a nurse be assigned to the respite house while a particular child was residing there almost fulltime, there was no nurse assigned at the time of inspection. This meant that a nurse had to travel from the residential units to the respite house a number of times each day for the purposes of administering medication and this took from the service in the residential unit. Following the inspection the general manager told inspectors that a nursing post had been sanctioned for the respite house on a fulltime basis for the duration of this child's placement.

There were a small number of children in the residential units with life-limiting conditions. Records showed that they received good healthcare. Some staff had received specific training in life-limiting conditions and there was evidence that family and their GP had been involved in making decisions for specific eventualities and these were

recorded in the children's files.

Records showed that staff received a range of training to address the health needs of individual children. This included training in first aid, epilepsy awareness, diabetes awareness and emergency medication.

Children's needs in relation to eating and drinking were assessed and monitored and any allergies or risks to children while eating or drinking were recorded. There was evidence that children had access to a dietician when required and reports on appointments were maintained. A number of children were fed using percutaneous endoscopic gastronomy (PEG) tubes. A number of staff had received training for this and instructions on the child's needs in this regard were available to staff.

Inspectors observed children being given a choice of snacks after school. Main meals were prepared by staff in the individual units and the food was seen to be healthy and wholesome. Records of the meal plans were maintained and details of the food consumed by children were also recorded. The majority of staff had received training in food safety. Staff also maintained records of regular checks on children's weight and blood pressure and records of nutritional intake.

**Judgment:**

Non Compliant - Major

**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:**

The processes in place for the management of medicines were in need of improvement. There was a system of regular audits of the medication management system. However, there were no individual medication management plans for children in the respite house and details of the review of a child's medication were not available. Procedures for ordering medication and for reviewing children's medication in the respite house were unclear.

There was a written operational policy and procedures in place in relation to the ordering, prescribing, storing and administration of medicines to residents. However, this was not centre-specific but was general in nature and applied to both adult and children services. Inspectors found that the procedures for ordering medications for the respite house were not clear and the practice varied as a result.

Medication was well managed in the residential units. Medication was stored securely in medicine cabinets in locked cupboards in two of the three units. The keys were in the possession of the nurse on duty. Some medication was stored in a special fridge. Medications no longer in use or out of date were returned to the pharmacy and these were signed by staff members and pharmacists.

Controlled drugs were in use and were stored in double-locked cupboards in both the residential units and in the respite house. A register was maintained and the administration of these drugs was signed for by two staff. Daily checks on the stock of controlled drugs were undertaken.

Even though some care staff had been trained in the safe administration, only nursing staff administered medication. Inspectors viewed the administration sheets which were well maintained and contained all the required information in the residential units. However, the prescription sheet of one child in the respite house did not contain the child's address, the maximum dose of as prescribed (PRN) medication was not stated and the times of administration were not specific.

The medication of individual children in the residential units was reviewed regularly by the children's general practitioners (GPs) or by a child psychiatrist who was available to the service one day per week. However, it was not clear if or when any review took place of the medication prescribed to one child in the respite service. The practice in the respite house was for prescription to be renewed by the GP if there was a change to a child's medication but there was no set period for reviewing the medication if no change to medications was indicated by a parent. There were no individual medication plans for children in the respite house and this meant that there was insufficient guidance for staff in relation to children's needs regarding medication.

A system of audits of medication management had been undertaken since the previous inspection. A pharmacist had undertaken three reviews of the system in 2014 and the person in charge undertook audits of the system every three months. There was a system in place for recording and reviewing any medication errors that occurred.

The policy on medication management made provision for residents to self-administer medication if possible but none of the current residents were assessed as able to manage this.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose had been reviewed since the previous inspection but it did not contain all the information required under Outcome 1. The statement was not available in a format that was accessible to children.

The statement set out the philosophy of the centre and the aims and objectives. It was signed and dated and had a date for review.

The stated purpose of the centre was to provide a fulltime residential services for up to 10 children between the ages of 5 to 18 years with severe or profound intellectual disabilities and short respite services for up to 4 children with moderate to profound intellectual disabilities.

There were a number of omissions in the statement of purpose. These included the size of each room, the arrangements for review of personal plans, the arrangements for supervision of therapeutic techniques and the arrangements for children to attend religious services of their choice. The criteria for admission were not clearly outlined and the procedures for emergency admissions were not included.

Further information was required in the statement of purpose in relation to the complaints process and fire precautions. It was also not clear from the statement of purpose if children using the respite service were matched according to criteria such as age or friendship.

The statement was not available in a format that was accessible to children.

**Judgment:**

Substantially Compliant

**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):**

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

**Findings:**

The management systems in place were not sufficiently robust to ensure that the service provided was safe and appropriate to the residents' needs.

There was a clearly defined management structure, which identified the lines of authority and accountability in the centre. Healthcare and social care staff reported to the staff nurses, who reported to the clinical nurse managers. They reported to the manager, who was a clinical nurse manager 2 and who, in turn, reported to the assistant director of services. The assistant director reported to the director of services. The director reported to the general manager who, in turn, reported to the board of management. The organisation also had a financial manager and a human resources manager. The board of management, which comprised 11 members, including three family members, met every two months. The general manager attended the meetings and presented a report on the services, including issues of concern or interest in relation to the children's service.

Inspectors found that the management and governance systems were poor and they did not ensure the safety and quality of the service. For example, the recommendations of a fire consultant which were made in 2014 had not been implemented, the premises had not been properly maintained, routine maintenance issues had not been addressed and the admissions process did not ensure that all children were appropriately placed.

The provider carried out a review of the quality and safety of care and support in 2014. The report of this review consisted of descriptions of progress made in the service under a range of headings. However, the report contained little by way of comment on the quality and safety of care and support. For example, there was no reference to the quality of fire safety precautions despite the report from fire safety consultants highlighting the works that needed to be carried out to ensure that an appropriate level of safety was provided. Managers told inspectors that there had been no consultation with children or their parents in the course of the review and some parents told inspectors that they were not listened to or consulted with regard to decisions about the overall service. The report had not been made available to children or their families. While managers told inspectors that family forums were planned, none had taken place at the time of inspection.

There was no live risk register in the centre and no corporate risk register. This meant that, although risks were escalated to senior managers, they were done so individually and not in the context of a risk management system where risks to children and to the service could be regularly monitored and managed. The policies and procedures in relation to emergency admissions were not sufficiently robust to ensure that emergency admissions did not carry on indefinitely and have a negative impact on children and on the staff team.

There were regular meetings between the manager and the assistant director of services. These focussed on issues arising in the children's service and inspectors viewed

an action plan through which the manager was addressing issues that arose during the previous inspection. There were also meetings between the director of services and the managers of all the centres in the organisation. These were held every two months and issues such as rosters, training, audit tools and end of year report were discussed.

The centre was managed by an experienced and qualified person in charge. She demonstrated sufficient knowledge of the legislation and of her statutory responsibilities. She had participated in accredited management training demonstrated good leadership by ensuring staff had access to regular supervision and team meetings. Staff told inspectors that they were well supported by the person in charge.

The person in charge was engaged in the governance, operational management and administration of the centre. She worked full-time and was listed on the staff rota. She was very familiar with the children and their needs and liaised with families, external professionals and agencies in relation to them. Since the previous inspection, she had put in place an audit system which included external audits of medication management, and internal audits of medication management, fire safety, communication with children and personal outcomes, all of which were viewed by inspectors. She had also ensured that a training needs analysis was undertaken with staff as part of the supervision process.

However, the manager was not facilitated to have adequate oversight of the service. She told inspectors that since the respite house was operating on a fulltime basis since the emergency admission of a child in October 2014 she did not have the resources to ensure adequate governance of that aspect of the service. She visited the respite house twice a day and she deployed experienced members of staff to the respite service but told inspectors that a deputy manager was required for the respite service. Inspectors viewed correspondence in which the manager escalated issues of concern, such as the need for a nurse on the staff of the respite service, to senior managers, but there was no evidence of a response to this request. Training was organised by the human resources section and the manager did not have access to training records in a format that enabled her to ensure that all staff were up to date in areas of mandatory training.

Inspectors viewed a copy of the service level agreement (SLA) with the Health Service Executive (HSE) for 2014 as the SLA for 2015 had not yet been finalised. There were quarterly meetings between the general manager and senior managers in the HSE to monitor the agreement and arrangements were in place for key performance indicators to be sent to the HSE. Inspectors also viewed correspondence between the general manager and a senior HSE manager in relation to issues of concern in the service as a whole. The HSE commissioned an external consultant to review the staffing levels, the dependency levels of residents and the access to multidisciplinary services. This was carried out in 2014 and a report was prepared in early 2015. It pointed to the lack of access to multidisciplinary input into the children's service and, though the general manager had made a presentation to the HSE in relation to this, there was no indication that action had subsequently been taken in relation to this.

**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:**  
The person in charge had been in post since before the regulations were put in place and she has not been absent for 28 days or more in that time. The provider nominee and person in charge were aware of the requirement to notify the authority regarding the proposed or continued absence of the person in charge for 28 days.

Suitable arrangements were in place in the event of the absence of the manager. A CNM1, who was deputy manager, would assume the role of person in charge in this event. The CNM1 was an experienced nurse and demonstrated adequate knowledge of the standards and regulations. She was very familiar with the children and the operation of the centre. She had experience of preparing the staff roster and was knowledgeable in relation to procedures for the protection of children.

**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 centre was not adequately resourced to meet the needs of the children and the services and facilities in the centre did not fully reflect the statement of purpose.

While there were adequate staffing levels to provide care to children, there was no separate manager of the respite house which was providing a fulltime service at the

time of inspection.

The respite house was not fully accessible to children with mobility difficulties and this impacted on their quality of life.

The statement of purpose stated that psychological input was available in the centre. However, one child, who required psychological assessment, was on a waiting list for this service for several months. Notes from senior managers indicated that this child had received no multidisciplinary support since November 2014.

The general manager told inspectors that the centre was not resourced financially to implement the aim of the strategic plan to re-locate children's services to the community nor to provide an adequate level of multidisciplinary input for the children. He stated that they were also dependent on the HSE in relation to finding a suitable placement for the child in emergency respite care.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

There were sufficient numbers of skilled staff to meet the needs of children on the day of inspection. However, while continuity of care was ensured in the residential units, staffing in the respite house was dependent on a large number of relief and agency staff. Staff training was not up to date.

There were 24 whole-time equivalent staff, four of whom were nurses. There were 18 healthcare assistants and one social care worker. The number of relief staff employed in the respite house varied but at the time of inspection there were approximately eighteen staff, providing a service there.

The roster was prepared one month in advance and staffing levels took into account the assessed needs of children and the size and layout of the premises. For example, children were assessed as requiring either one-to-one staffing or the assistance of two

staff in relation to their needs and the particular activities they were engaged in. Inspectors viewed the staff rota for the time of inspection and saw sufficient numbers of staff were on duty and rostered in relation to the assessed needs of the children. Each of the residential units had their own staff complement which ensured that the children there received continuity of care and were able to build trusting relationships with a small group of staff. However, the large number of staff, including relief and agency staff, rostered to meet the needs of a child on emergency admission in the respite house meant that it was difficult to provide continuity of care to a child who required this.

Inspectors observed that the staff interaction with children in both the residential units and the respite house was friendly, caring and respectful.

The manager had received training in the provision of supervision and supervision was provided to staff approximately once a month. Inspectors viewed a sample of four supervision files and found that good quality supervision was provided. Records included review of work performance, future targets, training needs and other matters.

Inspectors viewed a sample of four staff files. A system was in place for the induction of new staff and the staff files contained the relevant induction records. The files had been reviewed since the previous inspection and contained most of the information required by the regulations. Garda Síochána vetting was in place for each staff member and had been recently renewed for some staff. Registration details were in place for nursing staff. However, there were some items of information missing. These included the date on which one staff member commenced employment, a full employment history for one staff and references for one staff, where testimonials had been provided instead.

A range of mandatory training was provided to staff, including training on Children First (2011), prevention of abuse, fire safety, moving and handling and on managing behaviour that challenges. A number of staff were also trained in food handling and nutrition, basic life support, cardiopulmonary resuscitation and defibrillation, infection control and dignity at work. The person in charge had completed 'train the trainer' courses in safeguarding and in PEG re-insertion. Staff interviewed by inspectors said that they felt competent to support residents in a number of ways as a result of their training and they presented as competent and familiar with the policies and practices of the centre and the Standards. A training needs analysis was being undertaken through individual supervision of staff. The overall training records did not contain the dates on which staff had undertaken particular training but, instead, showed the dates for renewal of training. This made the task of planning for team training needs difficult for the person in charge and the records showed that a number of staff were not up to date in mandatory training.

Arrangements were in place for students to undertake placements but no other volunteers worked in the centre.

**Judgment:**  
Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Records on each child were maintained securely. The majority of policies and procedures were in place but some policies required improvement and further formal procedures were required. The directory of residents did not contain all the required information.

Staff maintained detailed records on each of the children and the children's files were stored securely in locked cabinets in the staff office. The majority of records on each child were signed and dated by staff, the manager and children's representatives, as appropriate. However, some records and reports, such as the annual review of quality and safety of care and support, were not signed or dated.

The policies and procedures required under Schedule 5 were in place and were generally satisfactory. However, the policies and procedures on communication, risk management and admissions, transitions and discharges and medication management were not adequate. Inspectors found that there were no policies and procedures to support practices in relation to end of life care.

The Resident's Guide was generic to the organisation and contained some information that was not relevant to the children's service. It also did not include information on how children and their representatives could access previous inspection reports by the Authority.

Inspectors viewed the directory of residents which did not contain the dates of the children's admissions to the centre nor the name and address of any authority or other body which arranged the admission.

**Judgment:**

Non Compliant - Moderate

---

## **Closing the Visit**

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Tom Flanagan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate



## Action Plan

### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Patricks Centre (Kilkenny) Ltd
<b>Centre ID:</b>	OSV-0003446
<b>Date of Inspection:</b>	27 May 2015
<b>Date of response:</b>	04 August 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:**

There was no evidence that children had access to independent 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.

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

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

The P.I.C contacted an advocacy service and requested a meeting to seek information for children, parents and key workers.

An advocate representative will meet staff in August 2015.

Information will be made available to families regarding the independent advocacy service. Referrals will then be made to this service as may be required by the individual resident/family.

**Proposed Timescale:** 30/08/2015

**Theme:** Individualised Supports and Care

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

The clothes and belongings of one child who was using the respite service on an almost fulltime basis, were removed from his/her room and the room was used by another child who was on overnight respite.

**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:**

Arrangements are now in place to ensure that the belongings of the child using the service on an almost full time basis are not moved from his/her room.

No other respite child will use this bedroom.

**Proposed Timescale:** 15/07/2015

**Theme:** Individualised Supports and Care

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

The complaints log did not contain records of the action taken to investigate the complaints, the outcomes and whether or not the complainants were satisfied.

**Action Required:**

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

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

The Complaints Policy will be reviewed to ensure the complaint log documents the outcome of the complaint and whether the complainant was satisfied with the outcome

of the complaint. The complaints log will also document the actions taken to investigate the complaint.

**Proposed Timescale:** 30/07/2015

### **Outcome 02: Communication**

**Theme:** Individualised Supports and Care

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

Some staff told inspectors that they had not received training in some key methods of communication such as picture exchange systems.

**Action Required:**

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

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

St. Patrick's Children service will improve staff training in relation to total communication with children e.g Picture Exchange Communication and Lamh.

The P.I.C will access training through The Human Resource Department and monitor progress. All staff working within the Children's Service will be trained in the area of communication.

**Proposed Timescale:** 30/09/2015

**Theme:** Individualised Supports and Care

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

There was no internet access in the respite house and no wireless internet access available in the residential units.

**Action Required:**

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

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

St. Patrick's Children's Service will provide internet access in both the residential and respite service and develop a policy regarding usage and safety of internet.

**Proposed Timescale:** 30/08/2015



## 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:**

A child who had been admitted in an emergency did not have his/her needs adequately assessed before or since admission.

**Action Required:**

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

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

A full assessment process for this child has commenced. A number of specialist appointments have taken place and the remaining appointments are currently being addressed.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

Not every child had a written contract which set out the services to be provided and the charges that applied.

**Action Required:**

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

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

St. Patrick's Children's service will

- 1) Review contracts of care to include the support, care and welfare of children and what charges may be incurred if appropriate. This will be completed by 14/08/15.
  - 2) Contracts will be re-issued to families and returned for file by 30/08/15.
- Copy of reviewed contract to be forwarded to inspector for review.

**Proposed Timescale:** 30/08/2015

## Outcome 05: Social Care Needs

**Theme:** Effective Services

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

There was no written evidence that a comprehensive assessment of each child's needs was carried out by an appropriate healthcare professional before admission to the respite house or since admission.

**Action Required:**

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

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

A comprehensive assessment of all new children will be carried out prior to them accessing respite care. 31st/07/2015

All information relevant to assessment to be gathered for existing respite care including emergency admission and to be entered on their person centred plan.

**Proposed Timescale:** 30/07/2015

**Theme:** Effective Services

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

There was no evidence that the centre was suitable for the purpose of meeting the needs of a child in the respite house.

**Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

A full assessment of the child's needs is taking place and a suitable placement is currently being sourced as soon as possible.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

There was no multidisciplinary input into the care or review of the care of one child in accordance with the child's needs.

**Action Required:**

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

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

A plan for multi-disciplinary input has been put in place and submitted to HIQA on 17/06/15. The child has been assessed by a number of professionals and a full multi-disciplinary meeting is arranged for the 13/08/15.

**Proposed Timescale:** 31/08/2015

**Theme:** Effective Services

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

There was no evidence of the involvement of a child or his/her parents in the development of the child's personal plan.

**Action Required:**

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

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

A multi-disciplinary team meeting with the child and his/her parent is currently being arranged.

All appointments involving professionals such as Doctors, Neurologist etc. have been attended by the child, parent and staff. The parent and the child have been involved in decision making process and the Person Centred Plan will be updated to reflect their participation and involvement in this process.

**Proposed Timescale:** 30/07/2015

**Theme:** Effective Services

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

There was no plan in place for the transition to adult services of a young person who had turned 18 years of age.

**Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

A significant amount of planning has already taken place for the transition of this young person to an adult service.

A formal transition plan will now be put in place and will include, day placement,

transition to adult placement, key worker's role in supporting the young person to an adult placement and a proposed discharge date. As this young person's sibling resides in the same service and turns eighteen in 2016 a proposed discharge date will be in conjunction with his/her sibling.

**Proposed Timescale:** 24/08/2015

### **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 respite house was not fully accessible for children with mobility difficulties.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

A ramp to be put in place in the respite house from the dining room area to living room area. Risk assessments will be carried out on the children accessing this area who may have mobility difficulties and require the support of staff to do so. 1:1 staffing in place to safeguard these children. To cater for the needs of non-ambulant children, a ramp from the dining area to the living area will be put in place to aid accessibility. Work is to be commenced in September when school has reopened in order to cause the least amount of disruption to the children as possible.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

There were holes in the walls of the respite house.

There was a toilet in a state of disrepair in the respite house.

There was water damage on a ceiling in the residential units.

**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:**

A maintenance plan has been developed to respond to the named environmental issues involving, repair of walls in respite house, repair en-suite in respite house and repair ceiling in residential house.

These issues have been risk assessed so they do not pose a danger to the children. Work is to be commenced in September when school has reopened in order to cause the least amount of disruption to the children as possible.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

Neither the residential units nor the respite house had been painted or decorated for several years and were in need of re-decoration.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

Both the residential and respite locations to be completely repainted.

This is identified in the maintenance plan for the centre.

En-suite in respite to be repaired and redecorated.

Work will be commenced in September when the children have returned to school in order to cause as least disruption to the children as possible.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

The maintenance system did not ensure that equipment was regularly maintained and any repairs carried out as quickly as possible.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

A discussion has taken place with maintenance and the children's service staff. A maintenance log and service log has being created. Also a new communication system has been put in place. On requesting work from the maintenance department a completion date shall be given to the person in charge by the maintenance manager.

Where an issue is not addressed by the maintenance manager the person in charge will escalate this issue to the Assistant Director of Service and he/she will address it with the Maintenance manager.  
Maintenance manager has agreed all urgent matters will be addressed immediately.

**Proposed Timescale:** 15/07/2015

**Theme:** Effective Services

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

Storage facilities in the respite house were inadequate.

**Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The Person in Charge and the maintenance manager have reviewed the storage facilities in the respite house. Further storage facilities in the kitchen and utility areas will be developed.

Work will commence in September when the children have returned to school in order to cause as least disruption to the children as possible.

**Proposed Timescale:** 30/09/2015

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Not all hazards in the residential units or the respite house had been identified or risk assessed.

**Action Required:**

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

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

All hazards will be identified in residential and respite areas and risk assessed. This will include water temp, shower room, window restrictors, hanging cords. PIC will carry this out with the assistance and advice of the Health and Safety coordinator.

**Proposed Timescale:** 08/08/2015

**Theme:** Effective Services

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

The risk management policy did not contain the measures and actions in place to control the risk of the unexpected absence of a resident.

**Action Required:**

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

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

PIC and ADOS will review and amend Risk Management Policy and update to include the unexpected absence of a resident.

This policy will be submitted to the Senior Management policy review group for approval. All staff will be advised of any changes within the risk management policy.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

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

**Action Required:**

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

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

PIC and ADOS will carry out review of Risk Management policy and update to include measures and actions to control accidental injury to resident, visitors and staff.

This policy will be submitted to the Senior Management policy review group for approval. All staff will be advised of any changes within the risk management policy.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

The risk management policy did not contain the measures and actions in place 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:**

Risk management policy to be reviewed by the PIC and the ADOS with the assistance of the Health and Safety Coordinator to ensure measures and actions are included to control the risk of aggression and violence.

The policy will be submitted to the Senior Management Policy review group for approval. All staff will be advised of any changes within the risk management policy.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

The risk management policy did not contain the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

**Action Required:**

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

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

Risk Management policy to be reviewed and updated to include arrangement to ensure that risk control measures are proportional to the risk identified, and that any adverse measures which may impact on quality of children's lives will be reviewed on a regular basis

This will be carried out by the PIC and ADOS with the assistance of the Health and safety Coordinator.

The policy will be submitted to the Senior Management Policy review group for approval. All staff will be advised of any changes within the risk management policy.

**Proposed Timescale:** 30/08/2015

**Theme:** Effective Services

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

The recommendations of a fire safety consultant to upgrade the fire precautions in both locations in order to meet an appropriate standard had not been implemented.



**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

Recommendations of fire safety report to be fully implemented. A programme of works and time scales have been agreed. The works identified have been prioritised as follows

- 1) Fire alarm system to be upgraded to L1 alarm 31/AUG/2015
- 2) Fire exits and compartmentalisation 30TH SEPT 2015
- 3) Other works included in Audit 30th/Oct/2015

**Proposed Timescale:** 30/10/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some fire doors were held open by door stops or hooks.

**Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

Doors identified as part of the fire safety report are to have magnetic locks put in place. This will be part of the L1 fire alarm system to be fitted as a matter of priority 31/AUG/2015

In the short term children's service staff to carry out risk assessment regarding doors.

**Proposed Timescale:** 31/08/2015**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The advice from fire officers to carry out fire drills at night each quarter had not been acted upon.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Quarterly night time fire drills commenced on 27th May 2015

**Proposed Timescale:** 27/05/2015

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Children who displayed behaviours that challenge did not have access to a psychologist or behaviour specialist.

**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:**

Since inspection, St Patrick's Service has employed a Behaviour specialist. This person commenced employment on the 13th/July/2015 and will facilitate the children's service with five hours per week.

In the absence of a Psychologist from the HSE, St Patrick's Children's Service will source private Psychology. This is to ensure that all children will receive specialist input in a timely manner. This decision was reached with the General Manager on 07/07/15.

**Proposed Timescale:** 30/08/2015

### **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 educational needs of children using the respite house were not assessed.

**Action Required:**

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

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

Prior to a child accessing respite services a pre admission assessment will be carried out and the following will be requested 1) individual education plans 2) teachers reports.

**Proposed Timescale:** 01/08/2015

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

The need for some children to have specific assessments and treatment by allied health professionals was either not being met or was severely limited.

**Action Required:**

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

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

A private sensory assessment has been requested for 3 identified children. The Person in charge convened a meeting with the staff team and all deficits were identified in relation to allied health professional services on the 27th/July/2015. A decision has been taken on the 7th/07/15 by the provider that specialist services will be sourced through the HSE or privately to ensure access is achieved in a timely manner.

**Proposed Timescale:** 30/07/2015

### **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:**

There were no individual medication plans for children in the respite house.

The prescription sheet for one child did not contain the child's address or the maximum dose of PRN medication.

**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:**

All children in the respite house will have an individual medication plan. 7th/ August/2015

A medication audit will be carried out on a 3 monthly basis.

The prescription sheet for this child was reviewed and updated on the 16th/July/2015 by the G.P.

**Proposed Timescale:** 07/08/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not contain all the information required under Schedule 1.

**Action Required:**

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

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

The Person In Charge and the Assistant Director of Service's will review the Statement of Purpose in line with Sch. 1 of the health act.  
On completion a copy to be forwarded to Inspector for review.

**Proposed Timescale:** 07/08/2015

**Theme:** Leadership, Governance and Management

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

The statement of purpose was not available in a format accessible to children.

**Action Required:**

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

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

Easy read Statement of Purpose is in process of development and will be made available to all children.

**Proposed Timescale:** 07/08/2015

**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:**

There was no corporate risk register in place.

The report on the annual review of quality and safety of care and support did not evaluate the quality and safety of the care and support provided.

The premises were in need of maintenance and re-decoration and this issue had not been addressed.

The policies of the centre were not sufficiently robust in relation to emergency admissions.

The person in charge was not facilitated to maintain adequate oversight and management of staff training and staffing.

**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.A corporate risk register will be put in place and a risk management committee has been formed. This committee will be chaired by a member of the Senior Management Team. Key areas of focus for this team will be to oversee the full implementation of the risk policy in the service with a specific focus on the Risk Management Plan and the escalation of risk as well as a robust process for the review of the learning from untoward incidents. Additionally this team will ensure that appropriate training and support is available to each PIC and staff members. The date of the next meeting is Week commencing 3rd August 2015.
- 2.The Provider will review the annual report and will amend this to reflect Quality and Safety of Care and support provided 30th/Sept/2015
- 3.The provider will ensure that a regular programme of maintenance/re-decoration is carried out. 1/Sept/2015.
4. Admission, transition and discharge policy are in the process of being reviewed to ensure they are sufficient and robust. 7/08/2015
- 5.The Person in Charge will liaise regularly with the Human Resource Department to ensure that staff are up to date with mandatory training. The Person in Charge will carry out an audit on the staff training needs and this will be addressed in a timely manner.30th August 2015.

**Proposed Timescale:** 30/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Children and their representatives were not consulted in relation to the annual review of quality and safety of care and support.

**Action Required:**

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Children and their representative will be consulted through family forums regarding annual review and care and support of the children's services.

Family forum meeting will be organised as follows,

1. Two monthly meetings for families with children in residential care.
2. Six monthly meetings for families with children in respite care.

**Proposed Timescale:** 30/09/2015**Theme:** Leadership, Governance and Management**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

A copy of the annual review of quality and safety of care and support was not made available to children or their representatives.

**Action Required:**

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

After completion of review of the annual report by the line manager, it will be made available to families.

**Proposed Timescale:** 30/09/2015**Outcome 16: Use of Resources****Theme:** Use of Resources**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The centre was not resourced financially to implement the aim of the strategic plan to re-locate children's services to the community nor to provide an adequate level of multidisciplinary input for the children.

**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. To follow up on strategic plan to relocate children's service to community setting. A submission to the HSE has been made for funding to support the strategic plan with regards to moving to a community based house, Expected response date regarding submission and discussions is the 30th /November/ 2015.
2. A decision has been taken on the 7th/07/15 by the provider that specialist services will be sourced through the HSE or privately to ensure access is sought in a timely manner

**Proposed Timescale:** 01/01/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

One child in the respite house was not receiving continuity of care as he/she was being cared for by a large number of staff, including relief staff and agency staff.

**Action Required:**

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

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

The Person in charge has reviewed the staff roster and made changes to ensure there is a consistent staff team in place. A nurse post has been sanctioned for this staff team and is in process of being recruited. 14th August 2015.

**Proposed Timescale:** 01/07/2015

**Theme:** Responsive Workforce

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

Not all the staff files contained all the information required under Schedule 2.

**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:**

Person in Charge to liaise with Human Resource Department to ensure all information required in relation to staff files under Sch. 2 is completed. A full audit of the children's service staff files has commenced by the HR department.

**Proposed Timescale:** 30/09/2015

**Theme:** Responsive Workforce

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

Training records showed that a number of staff were not up to date in mandatory training.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

A programme of training has been undertaken since the inspection and all staff are up to date with mandatory training, Lifting and Handling, Fire, Children's First, Managing Challenging Behaviour.

**Proposed Timescale:** 30/07/2015

### **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

A number of the policies and procedures did not provide adequate guidance for staff.

Procedures regarding end of life care needed to be developed.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The following policies have been identified as a priority and are currently being reviewed

- Communication Policy, 30th/August/2015
- Risk Management Policy, 30th August 2015
- Complaints Policy, 30th July 2015
- Admissions, Transition and Discharge Policy, 7th/08/2015
- Medications Management Policy, 14th/09/September.
- Draft policy regarding End of Life was drawn up on the 14th July 2015 and is currently



being reviewed by the Children's Service.

These policies will be submitted to the Senior Management Policy review group for approval. All staff will be made aware of changes within the policies.

**Proposed Timescale:** 30/10/2015

**Theme:** Use of Information

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

The directory of residents did not include all the required information.

**Action Required:**

Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

The directory of residents to be reviewed and all relevant information to be included.

**Proposed Timescale:** 30/07/2015

**Theme:** Use of Information

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

The Resident's Guide did not include the arrangements for accessing previous reports of inspections in the centre.

**Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The Residents guide now includes the arrangements for accessing previous inspection reports.

**Proposed Timescale:** 09/07/2015

