

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002740
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Sheila O'Neill
Lead inspector:	Erin Byrne
Support inspector(s):	Eva Boyle
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:	To:
01 December 2015 09:30	01 December 2015 18:00
02 December 2015 09:30	02 December 2015 17:00

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

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

Summary of findings from this inspection

This was the second inspection of the centre carried out by the Authority for the purpose of informing a registration decision. The centre, at the time of the inspection, provided respite care for up to 14 children who were, according to its statement of purpose, between the ages of five and 18 years with moderate to profound disability and had a capacity for four individual children per night. Some children also attended the service for day care.

As part of this inspection, inspectors met with a child, the local manager, the area manager, the regional manager and three staff members. Inspectors also observed practices and reviewed a sample of children's files, policies and procedures and a

range of other documentation. One parent returned a questionnaire to the Authority as part of the inspection process.

The centre was part of a children's service run by the Muiríosa Foundation and was located on the outskirts of a town in County Offaly. The centre comprised of a detached bungalow which had its own garden front and rear, with a play area for children's use in the rear garden.

Inspectors found that the children received a good quality of care and appeared comfortable and content during their stay. The staff team knew the children well and was observed responding to children's needs promptly and effectively. Care was provided in a dignified and respectful manner and inspectors saw staff offering children choices and acting on their cues and preferences. All children had personal plans which reflected each child's medical needs however social, emotional or general developmental goals were not appropriately assessed or reflected in children's care plans.

Inspectors found that the system in place for the identification and management of risk was deficient; the temperature of radiators exceeded 50 degrees and posed a risk of scalding children. Inspectors asked for this to be addressed during the inspection and a plumber was called but it was not possible to resolve the issue before the end of the inspection. As a result, the management team made the decision to temporarily close the centre in order to carry out necessary repairs. Inspectors also found that evacuation plans had not considered the team's ability to evacuate children safely from the building in the event of a night time emergency and there was a fault with the fire alarm system.

Governance of the centre required improvement. While there were good structures in place and the local manager had an active presence in the centre, management systems required improvement. Actions from the previous inspection had not all been implemented within the agreed timelines. The staff team was skilled and competent and had a good focus on the children. The main areas where improvements were required included the admissions process, risk management, multi disciplinary input into children's needs assessments, in particular social care needs, behaviour support planning, staff supervision, management audits and evidence of the person in charge's monitoring of the centre. Staff supervision was an area identified as requiring attention during the last inspection and despite informing HIQA that this had been addressed, inspectors found that no progress had been made in this area.

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):

Findings:

Children's rights were promoted in the centre. Children were consulted with about how the centre was run and their plans for their respite stays through children's meetings. Staff members used these meetings to discuss meals, activities, safety, complaints, choices, likes and dislikes with children who were attending the centre and had the capacity to participate in children's meetings. The children attending the respite service had varying levels of support needs. Inspectors saw evidence of these varying levels of need being considered through young person's meetings and the plans for the day were tailored to accommodate the preferences and specific needs of the children. These had been completed in consultation with families and based on staff knowledge and experience of children for those who did not have the capacity to actively participate in children's meetings. This meant that children received the support they needed in a way that respected their wishes which was child centred and assured their wellbeing.

Information about children's rights was on display in the centre and parents were aware of the centre's procedure on complaints. Information on an independent advocacy service was also provided to families.

Children's privacy and dignity was respected by the staff team. Children had access to private and personal space and there were adequate facilities to provide intimate and personal care for children who required support. Inspectors observed staff arranging to attend to children's personal care in a discreet and sensitive manner, and staff respected children's privacy and time alone by supervising from a distance in some instances and putting plans in place to encourage age appropriate independence.

Children's personal monies and belongings were kept safe through appropriate practices

and record keeping in the centre. There was a policy in place to ensure that children's possessions and finances within the centre were safeguarded. Children brought small amounts of pocket monies for their stay and appropriate records were maintained for this expenditure, staff recorded any monies that children spent, and gave receipts to parents. Children's ability to manage their monies was assessed by staff and inspectors saw records of these assessments on children's files.

Complaints were well managed in the centre. There was a complaints policy and procedure which included information as required by regulations. This policy and procedure, including a child friendly version, was prominently displayed in the centre. The complaints policy identified the chief executive officer, as the nominated person under regulation 34 (3) but, the systems in place to ensure compliance with regulations were not fully effective as the centre's record of complaints was not fully compliant with regulations. Three compliments and two complaints were recorded in the twelve months prior to inspection, all from parents of children accessing the service. The complaints were responded to promptly by the complaints manager and a record of complaints was maintained in the centre. However, the outcome of a complaint or level of satisfaction of complainants was not consistently recorded as required, making it difficult to trend and gain learning from complaints.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

Findings:

The staff in the centre communicated effectively with children. The children accessing the centre had a varying level of ability with respect to verbal and non verbal communication skills. Inspectors saw staff were aware of children's different communication needs and responded effectively to children's different forms of communication, including facial expressions and other non verbal means of communicating, as well as responding effectively to verbal prompts and requests from children.

The centre had a clear policy on communicating with children which provided good guidance to staff members. Children's files contained communication profiles which required improvement. Information from parents were incorporated into communication profiles for children but, some children's preferred communication techniques were not

effectively incorporated into their plans nor was there evidence of the use of such techniques in the centre. All staff members had not received training in communication techniques used by children accessing the service.

Some information was provided to children in an accessible format. Visual picture formats of timetables and menu options were in use in the centre. Input from external professionals, including speech and language and occupational therapists and other clinical professionals were available on children's files.

Children had access to technology in the centre. There was a computer with access to the internet for children's use in the sitting room and televisions and radios in children's bedrooms. Assistive technology communication devices were referenced in some children's communication profiles but, were not available or used in the centre.

Judgment:

Substantially Compliant

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

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

Theme:

Individualised Supports and Care

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

Findings:

The centre had a clear process for communicating with families and arrangements in place for keeping families informed of the wellbeing of children during their respite stay. Families were consulted with on all aspects of their children's care and were involved in care planning. Children were free to receive visitors in the centre. There was adequate space for children to meet visitors in private and there was a clear process in place for welcoming visitors to the centre. However, as children were receiving a respite service, it was unusual for them to have visitors.

Children were involved in a range of activities in the community including going to the cinema, horse riding, eating out locally and going to the local parks and recreational areas. Children's friendships were supported and the centre accommodated families whose children were friends outside of the centre, to access to the respite service together. The centre policy on sharing twin rooms allowed for children who were friends to share a room during their respite stay, if this was requested by children and families and deemed appropriate by the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The policy for admissions to the centre required review as it did not contain all necessary information and the procedures for admissions to the centre did not effectively consider the criteria for admission as outlined in the statement of purpose. The centre had a policy on admissions, discharges and transfers but the admissions policy did not outline how the safety of the individual and the safety of other children living in the centre was considered, in particular the need to protect the children from abuse by their peer.

The centre had no new admissions in the two years prior to inspection but, one child was in the process of being admitted for respite at the time of inspection. The decision to admit this child was not in accordance with the centre's statement of purpose as the child was outside the age range of five to 18 years, identified in the centre's statement of purpose and this had not been considered.

Inspectors saw through a review of information pertaining to the new admission that there was a clear plan in place to identify all needs and requirements of the child prior to admission. The process for accessing all relevant information through the child's family, allied professionals and school placement had begun.

There were written agreements on file for children accessing the service including details of the supports and services to be provided to children. The contracts of care were signed by families as well as the provider, and included details of fees and/or charges as required.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to

meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

Children in the centre did not have a comprehensive assessment of their needs reviewed on an annual basis. Some children did not have multidisciplinary input into their plans and the social care needs of children were not adequately reflected in children's care plans. Goals and objectives of children's placements were not clear and assessments of outcomes for children were not evident.

Each child in the centre had a needs assessment and corresponding care plan on file. The needs assessments were completed by staff members in the centre, in consultation with families. They incorporated recommendations from reports from a variety of allied health care professionals including; occupational therapy and speech and language therapy, in cases of children who had input from such services.

Each child had a care plan which identified specific details and needs of the child in a number of areas including; on-going life events, eating and drinking, communications, personal cleaning and dressing, mobilising, sleeping, working and planning. Not all children had multi disciplinary reviews of their care plans on file. Staff members and the local manager told inspectors that they were invited and attended the children's annual individual educational planning (IEP) meetings in the school attached to their service. Specific needs or goals for the respite service were not discussed during these meeting. IEP meetings included a multi disciplinary review of each child's care and staff members from the centre who attended, updated their care plans and assessments to reflect this information. Children who did not attend this school did not have multi disciplinary reviews of their care.

Children accessing the centre had varying levels of ability but were not actively involved in their care planning, if appropriate, and their plans were not made available in an accessible format. Plans in place for assessing and meeting the medical needs of children were particularly detailed and of good quality. They incorporated recommendations from various therapeutic and clinical services involved with the child. However, the social, emotional, education and general developmental needs of children were not appropriately assessed or reflected in care plans.

There were no children in the centre who required preparation for transition or discharge at the time of inspection.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre was for the most part suitable for its stated purpose. However, the centre was not big enough to accommodate five residents. The centre was a four bedroom bungalow with two bathrooms, a large open space living / dining room, and a play room. The centre had a separate kitchen with sufficient cooking facilities and equipment. There were ample toilets, shower and bathroom facilities, one of which had recently been refurbished to include a 'wet room' facility, changing table, and mobile chair. The location, design and layout of the centre were in the main, suitable for its stated purpose and met the resident's individual and collective needs. However, inspectors found that one bedroom, which was intended to accommodate two residents was not big enough for this purpose due to the specialised beds and equipment required for children using this room. The house was kept in a good state of repair externally and internally. It was clean and suitably decorated, in a child friendly manner.

The house had a large front garden and secure back garden, with a garden shed which housed the laundry facilities for the centre. The centre had appropriate outdoor recreational area with soft surface, and facilities for children to play including, a picnic area and play equipment. The back garden was secured by a surrounding fence with gated access to the front of the house at each end of the garden.

The centre was wheelchair accessible with ramps and railings, as well as appropriate equipment which was maintained and serviced regularly as required. Inspectors saw evidence of alterations having been made to a door way of a bedroom to ensure wheelchair accessibility in accordance with a resident's needs.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Risks were poorly managed in the centre and inspectors identified a number of critical issues. While there were risk management policies and procedures in place, which were mostly in line with regulation 26 they were not implemented robustly in practice. The service had a clear process for reviewing and reporting risks which included the local and area manager providing quarterly reports relating to severe risks relating to the centre, to the organisations regional manager. These severe risks were then recorded as part of the regional risk register which was reviewed monthly between the regional manager and chief executive officer and where it was deemed necessary, risks were reported to the board of directors for the organisation. However, while the centre had a risk register and clear process for reporting, this was not up to date, not all risks were appropriately identified and some of those identified were not adequately responded to. Inspectors identified a number of significant risks in the centre which posed a danger to the safety of children and staff, which the risk management system had not identified, such as, radiators with recorded temperatures of over 50 degrees which posed a risk to scalding children. Inspectors asked for this to be addressed during the inspection and a plumber was called but It was not possible to resolve this issue before the end of inspection.

The arrangements in place for emergency evacuation of children were not adequate. Inspectors found, during examination of children's files, that all had good emergency egress plans present, along with a procedure for evacuation in the event of a fire. However, the execution of these plans had not been fully thought through or practiced, particularly in the event of a fire at night time. Emergency egress plans in some cases identified, the need for two staff members to transfer a child from bed to their wheelchair, while other children required assistance or full mobility support to exit the building. Inspectors found through examination of records that it was not uncommon to have children with such varying and high level of needs; all accommodated on respite stays in the centre together, with a maximum of two staff members on duty. Inspectors requested assurances from the local manager in relation to this matter and these assurances were provided. Additional control measures were implemented in the centre including, two monthly night time fire drills and increasing staffing levels when required.

Equipment and fire detection systems were in place in the centre. There were regular tests on the alarm in the centre and inspectors reviewed records which documented these tests and was monitored by the local manager. Fire extinguishers and emergency lighting were serviced as required. Inspectors observed a test of the centre's fire alarm system, which activated the emergency release mechanisms to close fire doors as required, but also indicated a fault in the alarm system. This fault was addressed immediately by the local manager who called out maintenance support to rectify the

issue.

As a result of the above findings, the management team made the decision to temporarily close the centre to allow for the necessary repairs to be completed. Following inspection the Authority received written confirmation from the provider that the radiators were at the appropriate temperature.

There were systems in place for recording, monitoring and reviewing incidents, accidents and medication errors but, improvements were required. Inspectors viewed records of similar incidents reoccurring. There was no auditing system in place for monitoring the effectiveness of control measures, or arrangements in place to identify learning from serious incident or adverse events in the centre were not consistently implemented.

There were good infection prevention and control practices in the centre and a policy which provided clear guidance to staff members. Personal protective equipment such as gloves and aprons were available throughout the centre. Inspectors saw good guidance for both staff members and children around hand hygiene in the centre and there was soap, hand sanitizer and paper hand towels available. The centre had an effective colour coded cleaning system in place and a regular cleaning schedule. There were good quality audits in the centre of infection control measures which identified required improvements in areas such as food labelling and cleaning.

There was a safety statement in the centre which had been read and signed by staff members and reviewed in line with organisational policy. The centre vehicles were maintained and insured as required.

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):

No actions were required from the previous inspection.

Findings:

Safeguarding measures in place to protect children from abuse were effective. The

centre had a policy on the safeguarding and protection of children from abuse, which was in line with Children First: National Guidance for the Protection and Welfare of Children 2011. Staff members were trained in child protection, and were clear on the process for responding to and reporting concerns relating to the safety and welfare of children. There was a designated liaison person (DLP) for the organisation to whom all child protection concerns were reported.

Inspectors found that children's safeguarding needs were assessed and managed through individual risk assessments and intimate and personal care plans. A number of children attending the centre had high dependency needs and as such were limited in their ability to protect themselves from abuse. Inspectors found that assessments and plans provided clear guidance to support staff in delivering safe care to each child. Care plans described children's means of communicating, including body language, facial expressions and other non-verbal indicators of distress or issue. Inspectors found that marks or bruises noted on children's bodies during their stay were routinely recorded and followed up on with families and other professionals, as required. The local manager confirmed that there were no child protection concerns reported since the last inspection and inspectors did not find any during the course of inspection.

While the majority of children did not present with behaviours that challenged the staff team, the systems in place to manage the children who did, required improvement. The centre had a policy on listening and responding to individuals who demonstrated behaviours that challenged. There had been very few incidents involving behaviours that challenged in the two years prior to inspection and management of challenging behaviour was not a predominant feature of the children's placements. However, the processes in place for managing those children who did present with behaviours that challenged required some attention, including training for staff members, to ensure appropriate action was being taken to reduce incidents and develop skills for these children. Behaviour support plans viewed by inspectors focused on the management of risks associated with the child's behaviour but did not outline strategies or identify means of supporting the child or, seek to address such behaviours to develop skills or improve the outcome for the child. The management of risk and safety of children and staff was the main focus. Staff members had received training in a particular model of therapeutic intervention for managing challenging behaviour and techniques were in use in the centre but, this training was out of date for the majority of the staff team.

The majority of restrictive practices were appropriately notified to the Authority. Restrictions were recorded and the local manager told inspectors she reviewed these regularly. Restrictive practices identified by the team and local manager, had all been risk assessed by the multi disciplinary team associated with the centre and approved by the local manager in consultation with the area director. Examples of restrictive practices in the centre included bed rails and transport harnesses which were used for some children in the centre. Restrictive practices were underpinned by a policy and inspectors found that the practices in the centre sought to ensure any restrictions in place, were least restrictive and for the shortest period of time. However, inspectors observed a gate in place, in the door frame of the side entrance to the house, which restricted access but had not been identified as a restrictive practice. The local manager made the decision to remove this gate at the time of inspection, as it was deemed unnecessary.

Judgment: Substantially Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme: Safe Services

Outstanding requirement(s) from previous inspection(s):
Findings: There were adequate systems in place to report incidents, accidents and notifiable events to the Authority. Inspectors reviewed policies and procedures in place for recording and reporting incidents that may occur within the centre and the local manager demonstrated good knowledge of their responsibilities in relation to recording and reporting such incidents, including notification to the chief inspector. However, a gate in the door frame of the side entrance to the house had not been identified as a restrictive practice and therefore, had not been appropriately notified to the Authority. Quarterly notifications were returned as required.

Judgment: Substantially 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: There were deficits with respect to information relating to education in the centre. Details of the children's education and progress was not shared or recorded in the centre and education was not a feature of the children's placement plans or goals. The

centre had a policy on education. All of the children attending the centre were in full time education locally. They were taken to and from school by staff members from the centre when necessary. Staff told inspectors that there were very good links between the centre and schools, and inspectors saw evidence of this in daily records and children's care files which held details of information shared between the centre and the school. Each child's education was primarily managed between their home and school which was appropriate.

Inspectors found that there was regular communication between home, school and the centre and centre staff attended individual education planning meetings relating to a number of children in the centre. However, Children's files did not have copies of education assessments or education plans. Some goals from children's education plans were referenced in their care plans in the centre, such as using sign language, but there was no evident focus applied to such goals or to support children in reaching their potential as part of social care planning 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:

There were systems in place to ensure that children's healthcare needs were met while residing in the centre. Inspectors reviewed a sample of children's files which indicated that information and assessments relating to children's healthcare were provided to the centre by parents and copies of medical reports were available on children's files. Children's files had details of children's general medical practitioners as well as other consultants and medical professionals where appropriate. Children's health needs were managed by families and any health related issues arising during their stay in the centre were communicated directly to families and addressed in consultation with parents. Children had access to a 24 hour general practitioner during their respite stay and contact details were readily available.

There were epilepsy care plans on children's files as appropriate but, some plans were incomplete, and had significant gaps in the information provided, while other plans had not been reviewed since 2014. Therefore these plans did not provide up to date information to staff members caring for children with epilepsy.

There was an effective system in place to ensure staff had easy access to information on residents who required modified or specialised diets, as well as information on special eating requirements such as consistency of food and speed of eating. The advice of dieticians and other specialists were evident through children's files and staff members who spoke to inspectors demonstrated a good knowledge of the individual, special requirements for children. The respite admission process and the procedure for regular communication with parents ensured that any changes to children's medical or dietary needs was documented upon admission and implemented into the children's plans.

Children were involved in menu planning with the help of a picture book. Staff did the cooking, and inspectors saw children were encouraged to assist in the preparation of meals and offered menu choices, in line with their personal plans. Children's meal choices were offered through picture communication and each child's personal preferences were catered for. Inspectors observed that children who required assistance with eating were offered such assistance in a sensitive and appropriate manner. Staff supported children to make healthy living choices and there were a plentiful supply of fresh food and drinks available within the centre.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medication management processes required improvement. There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to children. The medication management policy gave clear guidance on the administration, prescription and administration of medication. Information and procedures in relation to controlled drugs was also provided. Nursing staff administered all medications.

Records of children's prescriptions and administration records accompanied the child between respite, their school placement and home. Therefore, there was only a small sample of up to date medication documentation available to inspectors to sample.

Children's medications, their up to date prescription sheet and administration sheet were reviewed by nursing staff when children came into the centre for respite. Nurses recorded the quantity of all medications that came into the centre and this was

reconciled on the child's discharge. Medications were stored in line with the directions supplied by the pharmacy. Inspectors found that medications were appropriately stored. There were no controlled drugs in use, but appropriate storage facilities were in place if required. No out of date medications were held in the centre.

A sample of prescription sheets were reviewed and found to be complete, accurate and signed by a medical practitioner. There was a local protocol in place for the review of all as required medications (PRN), whereby the review was signed off by two clinical nurse managers. However, inspectors found that the children's general practitioner (GP) or pharmacists were not involved in the review process. This local protocol was not in line with the centre's medication policy or good practice.

Administration sheets had the name of the child, photographic identification, the name of each medication, time of administration, dosage, space for one member of staff to sign off the administration of the medication as per the centre's policy, but, there was no space for a comment. Therefore, it was not clear how the staff team recorded if children did not get their medication for any reason. All nurses had signed a signature sheet to ensure the administration of medication was traceable.

There was a system in place for the recording and review of medication incidents and errors, but there were some delays in the recording of these errors. For example, there was a delay of 12 days in the recording of one of the errors. This delay was due to the absence of effective systems for monitoring of medication administration practices in the centre. There had been three medication errors in 2015. The manager and area manager had reviewed these and addressed the errors with relevant staff. Medication errors were also discussed at team meetings. As a response to these errors, additional external training on the administration of medication was provided to some staff and all nursing staff was scheduled to receive training in the safe administration of medication in January 2016. There was no system of on-going competency assessments in place.

Audits of medication practices were completed, but they were limited to reviewing a small sample of documentation and on occasions no medication was stored in the centre on the days of the audit.

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 did not meet all of the requirements of schedule 1 of the regulations. Inspectors found that the service was operating outside of their statement of purpose with respect to the age range of children accessing the service. The centre's statement of purpose defined the age of admission as being between five and 18 years, but, children under five years old were accessing the centre, one of whom was a child in the process of being admitted to the service

The proposed maximum occupancy of five children per night was not appropriate due to the size of one twin room in the centre and the special equipment required in this room, to accommodate certain children.

The statement of purpose did not detail specific therapeutic techniques used in the centre nor outline arrangements for its supervision.

The centre's statement of purpose was available in a format accessible to children.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

There were clear lines of responsibility and reporting in the centre. The local manager was the person in charge and she reported to the area director who in turn reported to the regional director. The regional director reported directly to the chief executive officer (CEO), who reported directly to the board of directors. The local manager was suitably qualified with knowledge and experience. She was very knowledgeable regarding the needs of the children, demonstrated good leadership skills and had a good awareness of her responsibilities and legislative requirements.

Some management systems were effective while others required improvement. There were reviewed policies and procedures in place since the previous inspection and the majority of staff had recently received training on these. The local manager had responsibility for decision making with respect to the day-to-day running of the centre, and decisions in relation to admissions, staffing requirements and additional resources were discussed with her area director. The centre staff team had appropriate responsibility for decisions relating to the daily operations of the centre. There were good communication systems in place locally including, communication book, team meetings and meetings between the local manager and area director. Staff told inspectors that they felt well supported and guided by the local manager, meeting minutes and accident and incident reviews reflected this.

There were procedures for communicating severe or intense risks, complaints, and child protection concerns through the senior management and executive management team meetings, including providing quarterly reports relating to identified risks to the CEO. However, the process for ensuring effective identification and management of risks was not robust and work was on-going to improve systems and procedures. The structure for oversight and monitoring was not effective in identifying all serious risks in the centre and did not adequately record evidence of learning from adverse events in the centre.

Some positive developments in the quality management system had been put in place, but further developments were required. The local manager's work was being reviewed regularly through weekly meetings with her line manager, and regular reviews on progress of actions agreed to be implemented in the centre were taking place. However, evidence of oversight by the local manager of quality of care and care practices was insufficient. Quality control audits had been completed in areas such as medication management, and infection control. However, other areas such as comprehensive assessments, personal plans, risk management, health and safety and fire safety were yet to be audited and there was no quality assurance mechanism in place to oversee either the quantitative or qualitative aspects of the audits already undertaken. Action plans submitted to HIQA were not consistently implemented within the set timeframes. It was not evident how the local manager or senior management team measured and monitored progress in relation to these plans.

There had been an annual review and audit of the centre completed in November of 2015 but inspectors found these did not effectively identify issues and risks in the centre. There was insufficient evidence of review of files and practices by the management team and inspectors found deficits in areas such as, the involvement of children in their personal plans, identification of developmental and social care needs and goals, effectiveness of fire drills and fire plans, and appropriateness of placements of children in line with the centre's statement of purpose.

The organisation did not have a formal facility for staff members to raise a concern they may have and staff members interviewed confirmed that they were unaware of any specific policy or procedures related to protected disclosures.

There was no service level agreement in place at the time of inspection. Inspectors were

informed by the regional director that a service level agreement (SLA) is in the process of being finalised with the Health Service Executive, part of which includes a 10 year lease on the property from which the centre operates. Inspectors received confirmation in writing following inspection that the agreement is in draft form and presently with solicitors.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

In the event that the person in charge was absent, there were suitable arrangements in place for the management of the centre. The person in charge had not been absent for 28 days or more, and therefore no notifications had been made to HIQA.

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):

Findings:

The centre was adequately resourced to ensure care and support delivered to children was in line with the statement of purpose. The centre's décor, furniture and other materials in the house were in good order and contributed to a child friendly and inviting atmosphere in the centre. The transport was in working order and facilitated visits

outside the centre. There were enough toys, games and outdoor play materials for children of different ages.

The centre was adequately staffed and resourced.

The centre operated in a house which was owned by the Health Service Executive (HSE) and Muiríosa was in the process of finalising a lease agreement with the HSE but there was no lease agreement in place at the time of inspection.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The centre had an adequate number of staff with the skills, qualifications and experience to meet the needs of the children including qualifications in intellectual disability nursing and social care. The staff team was consistent and there was good continuity of care. Inspectors reviewed a planned and actual roster which reflected this.

There was an analysis of training needs completed for the centre but the schedule of training provided was not prioritised or defined based on the needs of children in the centre. Only two staff members had received training in communication technique despite a number of children attending the centre utilising this technique as a means of communicating. Training for staff in the behaviour management technique identified in the centre's behaviour management policy was not up to date and training for the local manager in provision of supervision had not been identified as a need.

The staff team in the centre were all up to date on the majority of their mandatory training including, manual handling, first aid, fire safety and children first. Additional training had been provided in areas such as suctioning techniques, PEG feeding, care planning, food safety, LAMH, infection control and hand hygiene. However, no formal training needs analysis was completed and training was not prioritised based on the needs of the children accessing the service.

The arrangements for support and development of staff members were ineffective. The centre did not have a policy on supervision and formal supervision of staff was not taking place. The centre had introduced a schedule of annual appraisals in late 2014 which identified goals and objectives, training needs, and assigned tasks to individual staff members.

The centre had effective recruitment procedures. All staff files held the relevant information as required by schedule 5.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

There were gaps in the records of children that were maintained in the centre and were not in line with requirements of Schedules 3, 4 and 5. As earlier outlined, there were some gaps in children's assessments, educational needs and health care information.

Records were not maintained in line with Schedule 4. The directory of residents only recorded the current residents' information and did not contain any information on children who had been discharged from the service. The local manager informed inspectors that it was practice within the centre, to forward all children's information, including information held on the centre's directory, onto their new placement upon discharge and so the centre did not maintain a complete record of all admissions and discharges from the centre.

The resident's guide did not contain all required information and was not appropriately accessible for children. The language used in the resident's guide was not appropriate to the age and development of the children accessing the service. Information relating to how children were involved in running the centre was not clear. The guide did not

include the arrangements for visitors or information on how children and their representatives could access previous inspection reports by HIQA.

The majority of policies and procedures specified under Schedule 5 were in place, up-to-date and complied with the regulations. However, the centre did not have a policy in relation to the provision of information to residents.

The centre was adequately insured.

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:

Erin Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Muiríosa Foundation
Centre ID:	OSV-0002740
Date of Inspection:	01 December 2015
Date of response:	

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:

The centre's record of complaints did not include all required information.

1. 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

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

whether or not the resident was satisfied.

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

The Person in charge will ensure that a record will be maintained as to whether the complainant was satisfied or not with the outcome.

Proposed Timescale: 29/01/2016

Theme: Individualised Supports and Care

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

The person nominated by the registered provider under regulation 34(3) had not ensured that all records were appropriately maintained to comply with regulations.

2. Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

- (i) The person nominated under Regulation 34(3) is now the Area Director.
- (ii) The Area Director will be available to residents to ensure that all complaints will be appropriately responded to.

Proposed Timescale: 29/01/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Personal plans and communication profiles for children did not adequately outline particular or individual communication supports required by each resident.

3. Action Required:

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

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

- (i) The Person in charge will review and update all communication profiles in consultation with the children, families, staff and speech and language therapists where appropriate.
- (ii) Where communication supports are identified, they will be implemented.

Proposed Timescale: 11/04/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions procedures did not effectively assess the appropriateness of a new admission, in accordance with the criteria outlined in the statement of purpose.

4. 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:

- (i) The PIC will amend the Statement of Purpose & Function to amend the age to 3yrs - 18yrs.
- (ii) The PIC will complete a local protocol to clarify the admission criteria to this designated Centre & this information will be included in the Statement of Purpose & Function.
- (iii) The PIC will ensure the protocol will be made available to all those involved in the admission process & to families requesting services.
- (iv) Outcomes of the decisions of the admission process will be reviewed by the Regional Director or Designated Person

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The admissions policy did not outline how the safety of the individual and the safety of other residents living in the centre were considered, in particular the need to protect the residents from abuse by their peer.

5. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The Management Executive Team will implement a review of the admission, discharge and transfer policy to reflect the need to protect residents from abuse by their peers.

Proposed Timescale: 31/03/2016

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:

All children did not have a comprehensive assessment of their needs, nor was there evident review of assessments to reflect changes in need and circumstances.

6. Action Required:

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

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

- (i) A new assessment tool has been identified specifically for children and all children attending the designated centre will have a comprehensive assessment completed in consultation with the children's families.
- (ii) A review of the assessment will be completed at least on an annual basis.

Proposed Timescale: 31/12/2016

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 centre did not have suitable bedroom space to accommodate five children.

7. Action Required:

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

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

The person in charge will amend capacity of the designated centre on the statement of purpose and function from five children to four children.

Proposed Timescale: 29/02/2016

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:

Risk management system's were not adequate.

Arrangements in place to monitor effectiveness of control measures, or to identify learning from serious incidents or adverse events were not adequate.

8. Action Required:

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

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

The PIC will ensure that arrangements will be implemented to monitor effectiveness of control measures and learning from serious incidents or adverse events which will be monitored and discussed at all team meetings.

Proposed Timescale: 02/02/2016

Theme: Effective Services

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

The arrangements in place for testing fire equipment were ineffective, as there was a fault in the fire alarm that had not been identified.

9. Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

The PIC will implement a system to ensure checks on alarm system & emergency lighting are carried out each day the designated centre is open.

(ii) A record of checks will be maintained in the designated centre

Proposed Timescale: 22/02/2016

Theme: Effective Services

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

The arrangements for safe evacuation of children, in the event of a fire during the night were not adequate.

10. Action Required:

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

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

(i) Day time drills will continue. Night time drills will be implemented and carried out on alternate months. The person in charge will ensure that night time drills are carried out while the children are still in bed.

A review of the outcome of the fire drill will continue to be undertaken by the person in charge.

(ii) The fire officer will complete a fire drill within the designated centre.

(iii) Additional staff have been rostered on duty when children who are non ambulant are attending the designated centre for overnight stays.

Proposed Timescale: 29/02/2016

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:

Practices in place for managing behaviours that challenged, did not include strategies for supporting the child or, seek to develop skills to reduce incidents of such behaviour.

11. Action Required:

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

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

The PIC will liaise with the Behaviour Support team to ensure that all staff have relevant training in proactive and reactive behaviour support strategies and that any child who requires an individualized behaviour support plan will have same in place.

Proposed Timescale: 30/04/2016

Theme: Safe Services

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

Staff had not received refresher training on the therapeutic intervention model for managing challenging behaviour in use in the centre.

12. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- (i) The Principal Clinical Psychologist will develop a protocol for supporting children with behaviours that challenge. Individualised training will be provided specific to the needs of the child if identified.
- (ii) The Person in Charge will ensure that all recommendations made by the Clinical Psychologist in response to supporting strategies for managing Behaviours of Concern for individual children are implemented and monitored.
- (iii) All staff will attend training in an identified therapeutic intervention model for managing challenging behaviour. The PIC will ensure that this training is kept up to date and will inform the behaviour support team whenever refresher training is required.

Proposed Timescale: 30/04/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

All restrictive practices in use in the centre were not notified to the Authority, as required by regulations.

13. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

- (i) All restrictive practices will be notified to the authority
- (ii) The gate referred to in the report was removed on 01/12/15

Proposed Timescale: 31/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

Information about children's education targets or goals was not available in the centre.

14. 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:

- (i) The person in charge will endeavour to access educational goals for each child through consultation with families and the schools.
- (ii) The education targets or goals will be included in each child's care plan

Proposed Timescale: 31/03/2016

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:

Some children's epilepsy care plans had significant gaps in information.

15. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

- (i) The PIC will obtain all relevant information and ensure that Epilepsy Care Plans are fully completed.

Proposed Timescale: 31/03/2016

Outcome 12. Medication Management

Theme: Health and Development

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

The local protocol in regard to the review of as required (PRN) medications were not in line with the centre's policy on the administration of medication, and did not involve children's GP or their pharmacist.

Administration sheets did not contain a comment section.

16. Action Required:

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

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

The Management Executive Team will implement a review of the medication management policy to reflect the local protocol [regarding PRN protocols] where the children's GPs and/or pharmacists have declined to be involved in completing the

protocols.

Proposed Timescale: 31/03/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not meet all of the requirements of schedule 1.

17. 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 has amended the statement of purpose and function to include all of the requirements of Schedule 1.

Proposed Timescale: 04/02/2016

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 effectively reviewed, as the centre was not operating within the perimeters of the demographics identified as appropriate for the centre.

18. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The person in charge will review and amend the statement of purpose and function to ensure the centre is operating within the parameters of the demographics identified as appropriate for the centre.

Proposed Timescale: 29/02/2016

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:

Not all management systems were effective in ensuring safe care appropriate to the needs of the residents.

Agreed actions had not been implemented in line with timeframes and had not been identified or followed up by the management team.

There were ineffective quality management systems in place locally or at an organisational level.

There was no service level agreement in place with the Health Service Executive.

19. 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:

- (i) The Area Director will undertake a review of audits and action plans.
- (ii) A plan will be implemented by the Area Director and the Person in charge to ensure that all actions are implemented within agreed time frames as detailed in action plans
- (iii) Audits and action plans will be included as an agenda item at managers meetings.
- (iv) The Regional Director will implement a review of the organisational annual audit tool.
- (v) The CEO will liaise with the Chief Officer of CHO8 to ensure that the Service Level Agreement is countersigned by the H.S.E.
- (vi) The C.E.O. will put increased pressure on the H.S.E. to have the 10 year lease signed by 30/3/16.

Proposed Timescale: 30/03/2016

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care and support did not ensure that the service was operating in accordance with standards.

20. Action Required:

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

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

The Regional Director will implement a review of the organisational annual audit tool

Proposed Timescale: 25/03/2016

Theme: Leadership, Governance and Management

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

The arrangements for providing support, developing skills and managing performance of staff were inadequate.

21. Action Required:

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

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

- (i) The PIC will complete Performance Management twice a year with each staff member.
- (ii) The PIC will implement a local supervision plan to support and develop staff to effectively meet their personal and professional responsibilities.

Proposed Timescale: 29/04/2016

Theme: Leadership, Governance and Management

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

There was no formal system in place to support staff to raise concerns about the quality and safety of care provided to children accessing the service.

22. Action Required:

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

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

- (i) The Organisation has a Policy on Protective Disclosures of Information Policy [August 2014]
- (ii) The PIC will present the Policy to all staff and advise on the reporting structures as per Policy.

Proposed Timescale: 31/03/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was no lease agreement in place, on the property from which the designated centre was operating.

23. 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:

(vii) The C.E.O. will put increased pressure on the H.S.E. to have the 10 year lease signed by 30/3/16.

Proposed Timescale: 30/03/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The local manager had not received training in supervision.

Not all staff members had received training in communication techniques used by children in the centre.

24. Action Required:

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

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

- (i) The local Manager will undertake training in Clinical supervision
- (ii) The PIC will schedule training in Communication Techniques for all staff in the designated area.

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

There were no supervision policy or formal supervision arrangements in place.

25. Action Required:

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

supervised.

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

The PIC will implement a local supervision plan to support & develop staff personal and professional responsibility.

Proposed Timescale: 29/04/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

There was no policy in place relating to the provision of information to residents.

26. 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 Regional Director will recast the guidelines on provision of information to residents into a policy format.

Proposed Timescale: 29/04/2016

Theme: Use of Information

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

The residents guide did not contain information in relation to the arrangements for visitors.

27. Action Required:

Under Regulation 20 (2) (f) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for visits.

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

The person in charge will amend the residents guide to include information in relation to the arrangements for visitors.

Proposed Timescale:

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

The residents guide was not written in a format accessible to children accessing the services of the centre.

28. Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

The person in charge will write the residents guide in a format accessible to children accessing the services of the centre.

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

The residents guide did not outline the arrangements in place for residents involvement in the running of the centre.

29. Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

The person in charge will amend the resident's guide and outline the arrangements in place for resident's involvement in the running of the centre.

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

The residents guide did not include information on how to access previous inspection reports.

30. 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 person in charge will amend the residents guide to include information on how to access previous inspection reports

Proposed Timescale: 29/02/2016

Theme: Use of Information

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

Not all records required under Schedule 3 were kept in the centre.

31. Action Required:

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

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

The Person in charge has ensured that all records required under Schedule 3 are now kept in the centre.

Proposed Timescale: 15/12/2015

Theme: Use of Information

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

Information pertaining to residents who had been discharged from the centre was not retained in the centre as required under schedule 4 of the regulations.

32. Action Required:

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

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

The Person in charge has ensured that all records required under Schedule 4 are now kept in the centre.

Proposed Timescale: 15/12/2015

