



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	OCS-SM
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Unannounced
Date of inspection:	01 December 2021
Centre ID:	OSV-0004030
Fieldwork ID:	MON-0029270

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The centre provides respite/short breaks for up to six children, both male and female with an intellectual disability, with complex needs, aged 5-18 years. The number of children availing of a respite break at any time can vary depending on childrens' assessed needs. The centre is a single story premises located on the grounds of a large campus in an urban area in Dublin. There are six bedrooms, a large combined sitting/dining room and a smaller sitting room at the other end of the house. There is a large secure back garden with some items for children to play with. It has access to many amenities such as good local transport links, and local access to public parks and shops. Residents availing of respite also have access to the campus facilities include a playing field, playground, sensory garden and gymnasium. The aim of the centre is to provide a warm, clean, fun and safe environment for children accessing the service for their respite break. Crisis care is also provided in the centre in line with the centres' admission procedures. Children are supported on a 24 hour basis by a person in charge, staff nurses, care staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 December 2021	09:00hrs to 16:00hrs	Sarah Cronin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place during the COVID-19 pandemic and as such, the inspector followed public health guidance throughout the day. The centre is a respite centre for children with intellectual disabilities and complex needs. It is a six bed roomed bungalow set on a campus. To the side of a house, there is a garden with a sunken trampoline for the children to play on. On campus, there is a playing field, a sensory garden, a sensory room and a playground which the children can access. The centre has a large combined sitting/ dining room. At the end of the house is a self-contained space with a bedroom, a sitting room and a bathroom. This can be used for a child to receive an individualised service or to give a child space from the other residents.

On arrival to the centre, the entrance was child friendly and had a 'worry monster' on a shelf which children could access. There were photographs of the staff on duty. There was a nice atmosphere in the house and it was warm and clean. In the morning, the inspector met the two children who had an overnight stay the night before. Both of the children were non-verbal and the inspector observed staff to be interacting in a kind and friendly manner with them. One child had finished breakfast and was awaiting transport to take them to school. The second child remained in the centre and staff attended to their personal care routines. They were observed to be playful and positive with the child in order to encourage them to move to the bathroom. The resident went out later in the morning on the bus with staff. Both of the children were well presented and looked well cared for and happy in the company of staff.

The children had choice in how they spent their time while in respite. Each day, staff met with the child and made a plan for the day. Where children had more complex communication needs, staff sampled different activities with each child and noted their responses. This was used to build up a profile of the children's preferences to ensure they had the best possible stay in respite. Children were given a choice of meals - they had the option of bringing their preferred foods into respite with them, order food from the central kitchen and staff also cooked meals within the house. Children mostly received one-to-one support from staff.

There were 45 children accessing the service on the day of inspection. In order to manage the risk of transmission of COVID-19, the provider had reduced the number of children staying in the house, with the maximum number of children being 3. Children were separated into pods with consideration given to those who were in school together or who lived in the same location in addition to considering compatibility between children.

Overall, based on the short interactions with the children, speaking with staff and reviewing documentation, it was evident that staff were endeavouring to provide children with a good service while in respite. The inspector found that there was good practices in place to ensure children had a respite break which was safe, fun

and that care was provided in line with their assessed needs and personal preferences. The inspection had mixed levels of compliance with the regulations inspected against and these are outlined in the body of the report. The next two sections of this report present the inspection findings in relation to the governance and management of the centre and how governance and management arrangements affected the quality and safety of the service being delivered.

Capacity and capability

The provider had good leadership, governance and management arrangements in place to ensure children were in receipt of good quality, safe care. The provider had complied with the regulations, by ensuring there was an unannounced visit to the service every six months. There was an annual review of the quality and safety of the centre, which included consultation with family members. Families were highly complimentary of the service their child was receiving, with one parent stating " I feel my child is safe and never worry when they are in respite". Some of the parents reported that they had found the COVID-19 restrictions difficult when attending respite, for example the need to drop their child at the door and not getting to meet all of the staff on duty. In order to ascertain the views of the children in a meaningful way, the provider was working with an advocate to develop an appropriate method of engaging with the children and this was in progress on the day of the inspection. The annual review and six monthly review identified a number of areas of improvement required such as medication management and care plans. There was evidence of these areas being actioned and improvements were reflected in the following six monthly review.

There was a clear management structure in place. Each shift leader reported to the person in charge who in turn reported to the Clinical Nurse Manager (CNM3). The provider had emergency governance arrangements in place. There was a local procedure which outlined the role of shift leaders in the event of the person in charge being absent. At centre level, the person in charge had good systems in place to ensure daily oversight of the service. They had a number of guidance documents for staff to ensure tasks were consistently carried out such as a daily handover checklist and a clear list of daily tasks with responsible staff named. Staff meetings occurred regularly and had a standing agenda in place. There was a set schedule for audits in the centre in areas such as medication, finance, care plans and health and safety. These were carried out by shift leaders and reviewed by the person in charge. The person in charge carried out quarterly audits as an additional assurance.

The person in charge met with their manager on a monthly basis and supervision occurred regularly. The person in charge carried out supervision with staff members twice a year. A performance management conversation was held on an annual basis. The provider had resourced the centre with suitably qualified staff in order to ensure the children received good quality care. There was a core team of twelve

staff, with nursing staff acting as shift leaders. Planned and actual rosters were well maintained and indicated that use of agency or relief staff was kept to a minimum which promoted continuity of care. Staffing levels were adapted each week to provide for each group of children in line with their assessed needs. Staff levels had been increased at night time when some children were in respite due to learning which had taken place following fire drills that took place in the months prior to the inspection.

Staff training records were viewed by the inspector. Most members of staff had completed mandatory training in fire safety, safeguarding, manual handling and food safety. Where refresher training was required, these were scheduled by the person in charge. There was a clear checklist of training required for any agency/ relief staff. However, many of the children accessing the service had specific health care needs such as epilepsy and enteral feeding. Other children presented with PICA and thus were at high risk of choking. While some staff had undertaken additional training in providing safe care to children who were fed via PEG and NG, not all nursing staff had completed this essential training. CPR had not been done by some staff in order to support children in the event of choking. Some other children had autism and used a variety of forms of communication such as Lámh, the Picture Exchange Communication System (PECs), applications on a tablet, visual supports and behaviours of concern. All staff had not received training pertaining to these areas, in particular in autism, specific behaviour support needs, and total communication approaches. These were core parts of the children's care and required attention to ensure that children were receiving a service in line with their assessed needs.

The provider had contracts of care in place for children accessing the service. A sample of six files were viewed and indicated that all of the children had up to date contracts of care in place which were signed by their family members. These were also in place for crisis admissions.

Regulation 15: Staffing

The provider had resourced the centre with suitably qualified staff in order to ensure the children received good quality care. There was a core team of twelve staff, with nursing staff acting as shift leaders. Planned and actual rosters were well maintained and indicated that there was only one shift over the past month which was covered by an agency staff. Staffing levels were adapted each week to provide for each group of children. Staff levels had been increased at night time due to learning from recent fire evacuation drills.

Judgment: Compliant

Regulation 16: Training and staff development

Most staff had completed mandatory training in line with the provider's policy (for example fire safety, safeguarding and manual handling). Where staff required refresher training sessions, these were scheduled. However, further training was required to ensure that staff were suitably trained in specific areas of children's assessed needs such as PEG and NG feeding, CPR, communication methods, autism and positive behaviour support.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had good leadership, governance and management arrangements in place to ensure children were in receipt of good quality, safe care. The provider had complied with the regulations, by ensuring there was an unannounced inspection of the service every six months. There was an annual review of the quality and safety of the centre, which included consultation with family members. An appropriate method of ascertaining the views of the children using the service was being explored.

There was a clear management structure in place. Each shift leader reported to the person in charge who in turn reported to the Clinical Nurse Manager (CNM3). The provider had emergency governance arrangements in place. Local audits took place in order to continually assess and improve key aspects of the service such as finance, medication and health and safety. Staff meetings took place monthly and the person in charge attended a number of management meetings within the organisation. There were appropriate arrangements in place for the supervision and performance management of staff.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Children had contracts of care in place which were in line with the regulations, regularly reviewed and signed by the provider and the family members of the children. This included arrangements for crisis admissions.

Judgment: Compliant

Quality and safety

It was evident to the inspector that staff were endeavouring to provide a good quality service to the children accessing respite. The staff with whom the inspector met were knowledgeable about the children's assessed needs and were noted to be enthusiastic and kind in their interactions with the children.

All children in the centre had an assessment of need carried out and this informed children's health action plans. An annual review took place with the child's parents or guardians to inform plans. The centre had a key working system in place, with key workers being responsible for auditing care plans on a quarterly basis to ensure they were reflective of changing needs. Documentation was noted to be very child centred and had an 'all about me at a glance' document and a clear record of the child's known likes and dislikes in addition to their responses to new activities. The inspector found that while individual plans were in place for children, they were not all reviewed in line with identified timelines.

Children's healthcare needs were well met while in respite. An annual review with the GP was required by the centre and this was used, along with the information from the centre's own assessments of need to inform each child's health action plans. There were clear guidelines in place from relevant health and social care professionals such as Speech and Language Therapy, Occupational Therapy and Physiotherapy to guide and inform care.

On arrival to the centre, the entrance was child friendly and had a 'worry monster' available to children and there were photographs of the staff on duty. There was a nice atmosphere in the house and it was warm and clean. The layout of the centre was well suited to a children's respite centre, with the office in the centre of the building and there was adequate space for children to have time alone or with others. The rooms were a good size and children were able to personalise their room during their stay. Some works were required to complete the sensory room and the garden to ensure they were child friendly and had appropriate equipment for children to play. Plans were in place with an external company to complete this work although a clear date or action plan had not yet been achieved. The remainder of the premises was in a poor state of repair. All of the bathrooms needed refurbishment or renovation. Many of the radiator covers were found to be rusted and damaged. Many of the sinks had a build up of lime scale under the taps. On the parker bath, there were teeth marks on the seal and the door required replacement. In addition, the pump was leaking onto the floor and there was an exposed lead which was a trip hazard. In the pantry, there was a large number of exposed wires. Flooring required replacement in the kitchen and living room area. Paintwork required attention throughout the building. Toys and artwork were stored in a locked cabinet which were damaged. The provider had identified most of these areas on a recent audit. Some work was requested to maintenance while others needed to be progressed.

There were a significant number of children accessing the service who presented with behaviours of concern. Not all of these children had an up to date personal behaviour support plan. There were no plans on file for seven children who required

them. While staff had attended generic training on the management of behaviours of concern and de-escalating situations, this was not judged as adequate to meet the specific needs of the children accessing the service. There were restrictive practices in place in the centre. These were largely for health and safety reasons for children in line with their assessed needs (for example, door locks, water restrictions in some rooms). The person in charge had carried out a self-assessment questionnaire on restrictive practices and kept a log of any practices used. However, the current practices in assessment, review and logging of restrictive practices were not fully aligned to the organisation's restrictive practice policy. This work was to commence in the weeks following inspection.

The inspector found that children were well protected by policies in relation to safeguarding. Children's personal possessions were protected and accounted for on admission and discharge. There was also a system to manage and safeguard children's finances. Children's personal care was guided by intimate care plans which were respectful of the children's right to bodily integrity and dignity. There had been a number of safeguarding incidents which had taken place in the months prior to the inspection. The inspector found that these were clearly documented, reported and investigated in line with national policy. Where there were ongoing child protection concerns, there was a multidisciplinary and multi-agency response with a clear plan in place to safeguard the children. There was a clear list of mandated persons in the centre which was accessible to all staff. This was to identify relevant staff members with an additional statutory responsibility in the mandatory reporting of any child protection concerns in line with national policy. Staff members who spoke with the inspector were found to be knowledgeable about the types of abuse and how to report concerns.

The inspector found that there was good risk management systems in place. The provider had a risk management policy in place which met regulatory requirements. There was a clear safety management structure in place with a named staff in the centre being responsible for health and safety. The provider had appropriate measures in place to identify, assess and manage risks both at centre and individual levels. All risk assessments viewed were in date and regularly reviewed. The risk register was updated and reflective of the current restrictions in relation to COVID-19. The person in charge carried out audits of any adverse events which had taken place and learning was shared at staff meetings.

The provider had put good measures in place to manage infection prevention and control, in particular the risks associated with COVID-19 in a respite setting. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. This was to ensure that appropriate systems, processes, behaviours and referral pathways were in place to support residents and staff to manage the service in the event of an outbreak of COVID-19. A pre-admission checklist was carried out by telephone with families before each stay. There was a facility for children or staff to self-isolate in the event that they became symptomatic. There was a clear procedure in place for the terminal cleaning of rooms, which included specific instruction on disinfectants to be used. The centre also had access to the HSE Crisis Management Team and a Clinical Nurse Specialist in Infection Prevention and Control. The organisation had an

infection prevention and control service committee which met regularly. Temperature checks were carried out twice daily on staff and children. There were adequate facilities in place for hand hygiene and staff were observed wearing PPE appropriately. Water was routinely run in unused areas. However, in light of the premises requiring significant maintenance work, the risk of infection transmission was raised in this centre.

Good fire safety management systems were in place. Following on from the provider's fire drills, they had resourced the centre with an additional staff member each night. Doors in some of the bedrooms had been widened in order to allow bed evacuation due to the length of time it had taken to evacuate children with more complex needs who required equipment to support their position in bed. Detection and containment systems were in place. There was fire fighting equipment and emergency lighting which was in good working order. The inspector viewed documentation to indicate that equipment was checked, tested and serviced regularly. Each child had a personal emergency evacuation plan which was placed in their bedroom for the duration of their stay. However, some of these personal emergency evacuation plans were out of date and referred to evacuation mats which were no longer in use. An oxygen cylinder was stored in the office area of the centre. There was not an adequate level of signage to indicate that this was stored in the office area to alert staff and fire fighting staff in the event of a fire. Additionally, for children who required emergency medication such as buccal midazolam, there was not a clear protocol in place to ensure that emergency medication was evacuated with the children who required it to be. Due to the numbers of children using the service, it was particularly important to note this information in their personal emergency evacuation plans. In an unused part of the centre, the inspector observed a wedge keeping a fire door open. This was in spite of the person in charge placing clear signage on the walls to ensure this was not done. The person in charge removed the wedge immediately and they were not noted in any other part of the centre.

It was evident that a significant amount of work had occurred to improve practices in relation to medication management since the last inspection. In response to the actions required from the previous inspection in relation to medication management audits and follow up, the provider appointed a project lead in medication management. There were appropriate systems in place for receipt of medication on a child's arrival to respite, with a reconciliation of medication completed upon departure. Each child had a medication booklet which was completed and reviewed by their GP every six months. The medication administration records were well maintained and appropriately completed. There was a clear system in place for the management of any medication errors or incidents relating to a child's medication, which had oversight from the provider's drugs and therapeutic committee. In order to ensure that there was up-to-date information on children's medication for each respite stay, the person in charge and project lead had developed a checklist to be completed prior to each child's admission. A review of files indicated that these were not consistently done for children in line with the provider's guidance.

Regulation 17: Premises

While the premises was found to have adequate space and an appropriate layout to meet the needs of the children attending respite, the premises was in a poor state of repair. All of the bathrooms needed refurbishment or renovation. Many of the radiator covers were found to be rusted and damaged. Many of the sinks had a build up of lime scale under the taps. On the parker bath, there were teeth marks on the seal and the door required replacement. In addition, the pump was leaking onto the floor and there was an exposed lead which was a trip hazard. In the pantry, there was a large number of exposed wires. Flooring required replacement in the kitchen and living room area. Paintwork required attention throughout the building. Toys and artwork were stored in a locked cabinet which were damaged. The provider had carried out an audit on the premises as part of an infection prevention and control audit which identified most of these areas. Some of these items had been actioned on the day of inspection and the remainder were in progress.

Judgment: Not compliant

Regulation 26: Risk management procedures

The inspector found that there was good risk management systems in place. The provider had a risk management policy in place which met regulatory requirements. There was a clear safety management structure in place with a named staff in the centre being responsible for health and safety. The provider had appropriate measures in place to identify, assess and manage risks both at centre and individual levels. All risk assessments viewed were in date and regularly reviewed. The risk register was updated and reflective of the current restrictions in relation to COVID-19. The person in charge carried out audits of any adverse events which had taken place and learning was shared at staff meetings.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had put good measures in place to manage infection prevention and control, in particular the risks associated with COVID-19 in a respite setting. The Health Information and Quality Authority (HIQA) preparedness and contingency planning and self-assessment for COVID-19 tool had been completed. A pre-admission checklist was carried out by telephone with families before each stay. There was a facility for children or staff to self-isolate in the event that they became symptomatic. There was a clear procedure in place for the terminal cleaning of rooms, which included specific instruction on disinfectants to be used. The centre

also had access to the HSE Crisis Management Team and a Clinical Nurse Specialist in Infection Prevention and Control. The organisation had an infection prevention and control service committee which met regularly. Temperature checks were carried out twice daily on staff and children. There were adequate facilities in place for hand hygiene and staff were observed wearing PPE appropriately. Water was routinely run in unused areas. However, in light of the premises requiring significant maintenance work, the risk of infection transmission was raised in this centre.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Good fire safety management systems were in place. There was fire fighting equipment and emergency lighting which was in good working order. The inspector viewed documentation to indicate that equipment was checked, tested and serviced regularly. Each child had a personal emergency evacuation plan which was placed in their bedroom for the duration of their stay. However, some of these personal emergency evacuation plans were out of date and referred to evacuation mats which were no longer in use. An oxygen cylinder was stored in the office area of the centre. There was not an adequate level of signage to indicate that this was stored in the office area to alert staff and fire fighting staff in the event of a fire. Additionally, for children who required emergency medication such as buccal midazolam, there was not a clear protocol in place to ensure that emergency medication was evacuated with the children. Due to the numbers of children using the service, it was particularly important to note this information in their personal emergency evacuation plans.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate systems in place for receipt of medication on a child's arrival to respite, with a reconciliation of medication completed upon departure. Each child had a medication booklet which was completed and reviewed by their GP every six months. The medication administration records were well maintained and appropriately completed. There was a clear system in place for the management of any medication errors or incidents relating to a child's medication, which had oversight from the provider's drugs and therapeutic committee. In order to ensure that there was up-to-date information on children's medication for each respite stay, the person in charge and project lead had developed a checklist to be completed prior to each child's admission. A review of files indicated that these were not consistently done for children in line with the provider's guidance.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All children in the centre had an assessment of need carried out and this informed children's health action plans. An annual review took place with the child's parents or guardians to inform plans. The centre had a key working system in place, with key workers being responsible for auditing care plans on a quarterly basis to ensure they were reflective of changing needs. Documentation was noted to be very child centred and had an 'all about me at a glance' document and a clear record of the child's known likes and dislikes in addition to their responses to new activities. The inspector found that while individual plans were in place for children, they were not all reviewed in line with the provider's time lines.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There were a significant number of children accessing the service who presented with behaviours of concern. This was noted on the centre's risk register as an ongoing risk. Not all of the children had an up to date personal behaviour support plan and there were no plans on file for seven children who required them. While staff had attended generic training on the management of behaviours of concern and de-escalating situations, this was not judged as adequate to meet the specific needs of the children accessing the service. There were restrictive practices in place in the centre. These were largely for health and safety reasons for children in line with their assessed needs (for example, door locks, water restrictions in some rooms). The person in charge had carried out a self-assessment questionnaire on restrictive practices and kept a log of any practices used. However, the current practices in assessment, review and logging of restrictive practices were not fully aligned to the organisation's restrictive practice policy. This work was to commence in the weeks following inspection.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that children were well protected by policies in relation to safeguarding. Children's personal possessions were protected and accounted for on admission and discharge. There was also a system to manage and safeguard children's finances. Children's personal care was guided by intimate care plans which

were respectful of the children's right to bodily integrity and dignity. There had been a number of safeguarding incidents which had taken place in the months prior to the inspection. The inspector found that these were clearly documented , reported and investigated in line with national policy. Where there were ongoing child protection concerns, there was a multidisciplinary and multi-agency response with a clear plan in place to safeguard the children. There was a clear list of mandated persons in the centre which was accessible to all staff. This was to identify relevant staff members with an additional statutory responsibility in the mandatory reporting of any child protection concerns in line with national policy. Staff were knowledgeable about types of abuse and how to report any concerns in relation to safeguarding.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for OCS-SM OSV-0004030

Inspection ID: MON-0029270

Date of inspection: 01/12/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>PIC and CNS in Autism and Behaviours of Concern met in January 2022 to book training dates for staff members. This training will be conducted twice a year with first training session booked for 31-01-22.</p> <p>PIC has emailed course co-ordinator to book NG training for staff nurses. With the aim to have same completed by 28-02-22. Awaiting confirmation of availability of trainer.</p> <p>Training from the Centre of Children’s Nurse Education (CCNE) in CHI is available to all staff, agreed that a through supervision staff members can highlight area of interest for CPD. Courses will be booked and staff members that attend courses will be given time to share learning and provide feedback to all staff members in Sancta Maria. Training needs analysis will be updated by PIC before 31-01-22 to identify individual training development needs of all staff members for 2022. CPD and shared learning will be included as a standing agenda at staff meetings from January 2022. (staff meeting scheduled for 17-01-22)</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Meeting and walk around took place with Service Manager, PPIM, Director of PETS and Maintenance Manager. The following was agreed and will be completed by 28.02.2022:</p> <ul style="list-style-type: none"> • Cabinet for toys to be refurbished – paint presses and install shelving in presses • Flooring in Living Room & Kitchen – Contract cleaners to clean, strip and reseal floors. Bay area exiting the courtyard - replace floor covering • Pantry – cover will be placed over exposed wires 	

- Taps on sinks – contract cleaners to carry out removal of hardened lime-scale. Descaling / cleaning of taps to be included on household schedule
- Painting and decorating will be completed in areas where same is required.
- Radiator covers – metal covers will be removed and damaged covers will be repaired / replaced
- At end of house – replace window restrictor; TV Box to be replaced with larger box ; Toilet / bathroom – deep clean to be carried out by contract cleaners; Install magnets for bedroom and sitting room door
- Garden – Artificial safety grass to replace grass and cement areas & surrounding wall to be levelled and removal of panels on back wall
- Sensory Room – PIC will price and forward quote for approval to Service Manager. PIC will source and price suitable sensory equipment for approval from Service Manager
- Bathroom – Design Team comprising of PIC, PPIM/Service Manager, OT, Director of PETS and Maintenance Manager to meet and formulate plan for bathroom which will include new bath, new shower area, moving of radiator, addition of long locked press for storage and redecoration of room.

Regulation 27: Protection against infection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Protection against infection:
 Meeting and walk around took place with Service Manager, PPIM, Director of PETS and Maintenance Manager. Plan in place to address Premises repair and refurbishment to be carried out as outlined under Regulation 17 Premises, action plan. This plan will be completed by 28.02.2022

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 PIC has updated daily fire evacuation record to highlight if high alert medication such as buccal midazolam is required for child/young person. Key-workers are updating PEEPS to reflect same and will be completed by 31-01-22.
 PIC has amended daily handover/checklist sheet for completion by shift-leader to include daily visual check on fire doors. Signage remains in situ.
 PIC has put clear signage on door of office to highlight location of oxygen tank. Location of fire box has been reviewed and same is being relocated to lobby area from office. This will be completed by 31-01-22.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>PIC has communicated with all staff members and shift-leaders via communication book to ensure that daily checks are completed as per handover check. Signage also in situ in office where plans are stored to ensure that all staff members complete checks on admission.</p> <p>PIC will also discuss same at staff meeting on 17-01-22, PIC will completed weekly review of same and this will be completed by shift-leader in the absence of PIC.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>PIC has established quarterly review timetable with dates for reviews to be completed on view in office. All staff members will be aware of dates. PIC will continue with quarterly care plan audit as per audit schedule. PIC will discuss same at staff meeting on 17-01-22.</p>	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>All outstanding PBSP plan for children/young people have been received in December 2021. PIC, PPIM and CNS have scheduled quarterly review dates for review. Dates have been confirmed as follows: 31-01-22, 25-04-22, 25-07-22 and 24-10-22.</p> <p>PIC liaised with CNS that represents Children’s Services on Restrictive Practice Service Committee on 16-12-21. Documentation in use discussed at this meeting with Quality and Risk Officer. PIC, PPIM and Quality and Risk Officer to meet in January 2022 to review restrictive practice documentation in use to align same with organizational policy.</p>	

This will be completed by 31-01-22.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Red	28/02/2022
Regulation 17(3)	The registered provider shall ensure that where children are accommodated in the designated centre appropriate outdoor recreational areas	Substantially Compliant	Yellow	28/02/2022

	are provided which have age-appropriate play and recreational facilities.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	28/02/2022
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Substantially Compliant	Yellow	31/01/2022
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre	Substantially Compliant	Yellow	31/01/2022

	and bringing them to safe locations.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/01/2022
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to	Substantially Compliant	Yellow	31/01/2022

	support residents to manage their behaviour.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Substantially Compliant	Yellow	31/01/2022