



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

Issued by the Chief Inspector

Name of designated centre:	Brambles
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	10 August 2022
Centre ID:	OSV-0001851
Fieldwork ID:	MON-0028095

About the designated centre

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

Brambles designated centre is a children's respite service operated by St. Catherine's Association in County Wicklow. The centre has a capacity for up to four children from six to 18 years of age and provides short break respite services to children with intellectual disabilities. The centre is managed by a person in charge who is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. The staff team includes social care workers and social care assistants. The premises consists of a large bungalow with a kitchen and dining area, a sensory room, a sitting room, five bedrooms (includes one staff bedroom), a laundry room and two bathrooms. Outside the house there is an enclosed garden space with large swings.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 10 August 2022	09:30hrs to 18:00hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the children and young persons availing of the respite service in the centre were supported to enjoy a good quality life during their stay. The respite residents' well-being and welfare was maintained by a good standard of evidence-based care and support. The person in charge and staff promoted an inclusive environment where each of the respite resident's needs, wishes and intrinsic value were taken into account.

The centre is registered for maximum of four residents per night. Currently, there is a total of sixteen children and young persons availing of the respite service at different times through out the year. On the day of the inspection, the inspector met with three young persons who were availing of the respite service for a two day break. Engagements between the inspector and the respite residents endeavoured to take place from a two metre distance, with the inspector wearing the appropriate personal protective equipment in adherence with national guidance.

On the morning of the inspection, the inspector observed the residents make a plan for the day with their staff. The residents chose to visit a village nearby to go for a walk and pick Sunflowers. They also planned to have a 'come dine with me' type of evening and went shopping for the ingredients for each person's meal in the local supermarket. The residents appeared excited about their day and overall, about their respite break.

The inspector was informed that on the previous evening, one of the rooms in the house was set up as a nail bar, an activity which the three respite residents particularly enjoyed. Some of the residents showed the inspector their painted nails and expressed how much they liked the activity. The residents told the inspector that they enjoyed attending respite as a group and, due to reasons relating to the current health pandemic, only recently had they been able to reunite as a group on their respite breaks.

The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in the decision making within the centre. In advance of the inspection, respite residents and their families were provided with the option of completing Health Information and Quality Authority (HIQA) questionnaires. On review of the questionnaires, the inspector found that the feedback was very positive. Families expressed that they were satisfied with the quality of care and support provided to their family members. Families said that they were happy with the level of communication between them and the staff, they were happy with the choice provided to their family members and they felt the needs of their family members were being met.

In addition, there were many positive comments about the person in charge and staff working in the centre. For example, some of the comments noted that staff were dedicated and caring and listened to the needs and views of the families and

their family members. Families noted that staff were supportive and kind and made an effort to always ask what their family member wanted to do. Furthermore, they noted that staff ensured their family member's stay at the respite centre was a happy one.

Family members noted that they knew who they could go to if they wanted to make a complaint, and where a complaint had been made, that, they were happy with the way it was dealt with. Some of the families raised issues and made suggestions in their questionnaires. For example, one family suggested communication device training for staff and another family raised, as an issue, that access to the respite service was sporadic and not always consistent.

The inspector observed that the respite residents appeared relaxed and happy in the company of staff and that staff were respectful towards the residents through positive, fun and caring interactions. Staff supported the residents to stay safe during their break. For example, staff were wearing appropriate PPE when providing care and support to the respite residents. In addition, due to the hot weather, staff were observed supporting the young persons apply sun cream to protect areas exposed to the sun.

On completing a walk-around of the house, the inspector observed that overall, the centre appeared clean and tidy. There were a number of age appropriate murals on the hall walls of the house including pictures of respite residents enjoying different in-house and community activities. While there had been some paint work carried out in the centre in recent weeks, outstanding decorative and structural upkeep and repair works since the last inspection, had not been completed. As a result there was a number of walls, doors, door frames and skirting boards with chipped or peeling paint. In addition, the flooring, in a number of rooms, was stained and in some areas, in disrepair.

During the respite residents' stay at the centre, they were provided with their own activity box. The box contained items that were personal to each resident and in line with their assessed needs, likes and wishes. Families commented positively in the HIQA questionnaires about the boxes and said that staff always had their family member's favourite items available to them during their respite stay.

The inspector observed that each of the three residents had their own activity box placed in their bedroom. The remainder of the boxes were stored in a resident's bedroom that was currently not being used. The inspector was informed that the boxes needed to be stored in this room as there was insufficient storage space in the house. The inspector observed that the room also contained large boxes of PPE.

Where appropriate, respite residents were supported to understand different matters related to the care and support they received, during their respite stay, through a variety of social stories. For example, respite residents were provided with social stories and pictures relating to the centre's fire evacuation drill, keeping safe and who to talk to when unhappy about something. In addition, there was an array of social stories and pictures relating to in-house and community activities which residents could avail of.

Many of the social stories were individualised for each resident. In particular, on review of a resident who was a recent admission to the centre, the inspector observed a number of supportive social stories to help them get settle into to the service. The social stories included photographs of the resident and their family in an effort to support the resident on their first visit to the centre. In addition, similar social stories were put in place for the resident's subsequent visits and for when they stayed for their first overnight in the centre.

In summary, the inspector found that overall, the well-being and welfare of children and young persons availing of the respite service was maintained to a good standard. There was a person-centred culture within the designated centre and overall, the inspector found that there were systems in place to ensure the respite residents were in receipt of good quality care and support.

Through speaking with the person in charge and staff, through observations and a review of documentation, it was evident that the provider, person in charge and staff were striving to ensure that the residents enjoyed a respite break where their choices and wishes were met.

However, since the last inspection, not all actions relating to the premises of the designated centre had been completed. This is discussed further in the next two sections of the report alongside the overall findings of the inspection, in relation to the governance and management arrangements in place and how these arrangements impacted on the quality and safety of the service being delivered to each resident availing of the respite service in the designated centre.

Capacity and capability

The inspector found that the provider had satisfactory arrangements in place to assure itself that overall, a safe and good quality service was being provided to the children who availed of the respite service in the designated centre. The service was led by a capable person in charge, supported by a deputy manager and the provider, who were knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality safe care and support. The inspector observed that there was a staff culture in place which promoted and protected the rights and dignity of residents through person-centred care and support. While, the inspector found that a number of the actions from the last inspection had been completed, actions relating to the designated centre's premise, which were outstanding since the previous two inspections, continued to remain outstanding.

This inspection was carried out to inform the upcoming registration renewal of the designated centre. The previous inspection of the centre in 2021, found that the planning and timeliness of bringing Regulation 17 back in to compliance lacked consistency and was not satisfactory. The provider had advised that there were plans in place to build a new respite service in another location in the same county,

however, in the interim assurances were provided, through the centre's 2021 compliance plan, to bring the centre's premises back into compliance by November 2021. On the day of the inspection, the inspector observed that the required actions were not completed. As such, respite residents were currently availing of a respite service where the premises were not at the most optimum standard. In addition, some of the upkeep and repair work required, increased the risk of the spread of healthcare associated infection in the centre. This is addressed further in the quality and safety section of the report.

Overall, the governance and management systems in place were found to operate to a good standard in this centre. The provider had completed an annual report in July 2022 of the quality and safety of care and support provided to residents availing of the respite service in the designated centre and there was evidence to demonstrate that the residents and their families were consulted about the review. In addition, six monthly unannounced reviews of the quality and safety of care and support provided to respite residents were taking place and there was a plan in place to address any concerns regarding the standard of care and support provided.

There was a local auditing system in place by the person in charge and deputy manager, to evaluate and improve the provision of service and to achieve better outcomes for residents. In addition, there was a shift leader daily log which included a list of areas to be checked by the staff member allocated to this role. This included carrying out daily staff meetings and checking the completion of an array of documents and tasks to ensure that quality support and care was provided to the respite residents. Furthermore, the person in charge carried out monthly meetings with the staff team, where information relating to care and support provided to respite residents was discussed and enabled shared learning and reflective practices.

On review on the referrals and admission's procedure for a new respite resident's admission to the service, the inspector found that it was determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite residents availing of the services. However, the inspector found that the policy and procedures related to the admissions, transfer and transition of respite residents had not been reviewed in a timely manner, as required by the regulations.

Currently, the centre was providing respite services to children and young persons who attended on their own or with one or two other residents. During these times, there was sufficient numbers of staff with the necessary experience and competencies to meet the needs of the respite residents staying in the centre. The inspector was advised that the provider and the person in charge were activity recruiting for a number of vacant positions. In addition, the person in charge was endeavouring to ensure that there was continuity of care. For example, where relief staff were required, the same three relief staff were employed.

Good quality supervision meetings, to support staff perform their duties to the best of their ability, took place as per the schedule in place. On review of a sample of one to one staff supervision meeting minutes, the inspector saw that these meetings

included conversations and discussion that were supportive and reflective in nature.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. However, some staff were due a number of refresher training courses.

Registration Regulation 5: Application for registration or renewal of registration

The application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

Overall, the person in charge ensured that, during times when children and young persons attended the service for respite breaks, that there was adequate levels of staffing in place to meet their assessed needs.

However, some small improvements were needed to ensure the roster was maintained properly. For example, there was no legend or code explaining the abbreviations or highlighted sections on the roster. In some cases the names on the roster did not include the staff member's second name.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were in receipt of regular supervision meetings with the person in charge and deputy manager. In addition, to these meetings, the person in charge was organising supportive sessions from an external provider following a period where there had been an increased level of behaviours that challenge in the centre.

For the most part, staff training was up-to-date however, a number of staff refresher training courses were overdue. For example, training relating to managing behaviours that challenge, manual handling, Children's first training, intimate care training and First Aid.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

The previous two inspections in the centre found Regulation 17 non-compliant. The provider had submitted assurance through the 2021 compliance plan that it would replace flooring in three areas of the centre and complete paintwork to eliminate any areas where there was chipped or peeling paint. Quotes for the upkeep and repair work was sought at local and senior management level.

However, as on the day of the inspection, the provider had not ensured that the actions had been completed and there was no planned date for the work to be carried out. As such, the provider had failed to bring Regulation 17 back into compliance, in a timely manner.

The provider had not ensured that all policies and procedures were reviewed in line with the regulatory requirement. For example, the policy and procedures related to admissions, transfers and discharge had not been reviewed since 2017.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The designated centre's referrals and admission's procedure for new respite

residents' admissions were found to be determined on the basis of transparent criteria in accordance with the centre's statement of purpose and took into account the needs of all respite residents availing of the services.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The person in charge had submitted notifications regarding adverse incidents within the required three working days as set out in the regulations and had ensured that quarterly and six-monthly notifications were submitted as required.

Judgment: Compliant

Quality and safety

The well-being and welfare of children who attended the respite service was maintained by a good standard of evidence-based care and support. On speaking with the person in charge, deputy manager and staff, the inspector found that they were aware of the respite residents' needs and knowledgeable in the person-centred care practices required to meet those needs. However, some improvements were needed which primarily related to the upkeep and state of repair of the centre's premises.

On a walk-around of the centre, the inspector observed that some recent improvements had occurred to the premises. A number of bedrooms had been freshly painted. In addition, there were plans in place for a new sensory garden to be set up at the side of the house. Overall, there was a plan in place for the respite service to be provided in a new location and premises, in another part of the county. However, in the interim, there were a number of actions that needed to be completed to ensure the satisfactory upkeep and repair of the centre and to minimise the risk of spread of healthcare associated infectious disease. These actions were due to be completed in November 2021 however, on the day of the inspection remained outstanding. This impacted on the safety of children attending the service and on their lived experience during their respite stay in the centre.

The inspector looked at a sample of personal plans and found that each respite resident had an up-to-date personal plan which was continuously developed and reviewed in consultation with the child, relevant key-worker, their parents and where required, allied health professionals. Where appropriate, respite residents

were provided with an accessible form of their personal plan to ensure participation, consultation and understanding of their plan. Each resident was provided with a 'All about me' documents which was reviewed on a regular basis and provided quick access to important information about the respite resident and how best to support their needs.

There were systems in place by the person in charge and deputy manager that ensured there were regular reviews of the respite residents' personal plans. The respite residents' personal plans reflected their continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. The inspector found that the personal plans demonstrated that respite residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. There were photographs throughout the centre, social stories and other documentation demonstrating residents enjoying meaningful in-house and community activities.

There were arrangements in place, such as social stories, to assist and support respite residents to develop the knowledge, self-awareness and understanding and skills needed to self-care and protection. Staff were provided with training relating to safeguarding children. Where there had been incidents, they had been followed up appropriately and were in line with national policy and procedures, and best practice. The person in charge was proactive in continuous quality improvement and regularly reminded staff, through staff meetings, about the importance of accuracy and consistency when writing incident reports.

There were satisfactory contingency arrangements in place for the centre during the current health pandemic. The provider had completed an outbreak management plan for the centre in the event of an outbreak of infectious disease. The plan included precautions in place for respite residents and staff, how to deal with suspected cases of infections, PPE and the safe disposal of waste. The plan also included a responsive flowchart, a self-isolation plan for staff and a self-isolation plan for residents. However, on review of the self-isolation plan for residents, the inspector found that the plan was generic in nature and had not been individualised for each resident. This meant that the plan was not person-centred as it had not captured situations where each resident may have a particular need, like or wish during their self-isolation period.

period. Staff had completed specific training in relation to infection, prevention and control and were observed wearing the appropriate PPE and regularly hand-hygiene throughout the day. Staff were also observed to give gentle reminders to the respite residents of ways to keep safe, such as hand-hygiene on return from a community activity. From reviewing weekly, monthly and quarterly cleaning records, the inspector found that staff were working in line and adhering with the cleaning schedules in place.

The organisation's risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep respite residents and staff members safe in the centre. There was a risk register

specific to the centre that was reviewed regularly and that addressed risks relating to the centre and respite residents. Where appropriate residents were provided with risk assessments to ensure adequate control measures were in place to ensure their safety.

Overall, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. The fire fighting equipment and fire alarm system were appropriately serviced and checked. Local fire safety checks took place regularly and were recorded. Staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes and overall, arrangements were in place for ensuring respite residents were aware of the evacuation procedure to follow.

Respite resident's personal evacuation and emergency plans were up-to-date and reviewed on a regular basis. Fire drills were taking place at suitable intervals. The person in charge had put a system in place to monitor the number of fire drill residents and staff had completed on a yearly basis. Since the last inspection there had been improvements to the evacuation route from the house to the meeting point area. The provider had installed a break glass key on the locked exit gate. However, as there were two locking systems on the gate, a review of keypad system was warranted to ensure that all potential risks were considered and appropriate control measures were in place.

Regulation 17: Premises

There were a number of outstanding actions since the last two inspections. For example:

A number of walls in the house, including respite residents' bedrooms and hallways had chipped and peeling paint. A number of door frames and skirting boards were chipped and in disrepair and required upkeep.

The kitchen and dining area, while functional, was not to the most optimum standard. The flooring throughout areas of the house was clinical in design and discoloured in many areas and in two bedroom was torn in places.

In addition,

A review of the storage systems in the house were needed as currently, a unused resident's bedroom was used to store respite residents activity boxes and PPE.

In one bedroom, the furnishing in the room was minimal and included a bed and a set of drawers. In another room, the wardrobe provided was old with coarse timber and not conducive to satisfactory cleaning.

The fascia under the roof the side of the house had overgrown shrubbery and

required upkeep.

Judgment: Not compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre. There was a risk register specific to the centre that was reviewed regularly that addressed social and environmental risks. In addition, individual and location risk assessments were in place to ensure that safe care and support was provided to respite residents.

Judgment: Compliant

Regulation 27: Protection against infection

While the centre was clean and tidy and overall, appropriate infection control measures in place in case of an outbreak of infectious disease, some improvements were needed.

For example, a number of the premises upkeep and repair work, that was outstanding since the last inspection, such as chipped paint on walls in bedrooms, hallways, door frames and skirting boards, meant that they could not be effectively cleaned increased the risk of spread of healthcare associated infectious disease.

A review of the self-isolation plan in place for respite residents was needed to ensure the plan was individual to each resident and overall, person-centre in nature.

Judgment: Substantially compliant

Regulation 28: Fire precautions

For the most part, the inspector found that the systems in place for the prevention and detection of fire were observed to be satisfactory. However, in relation to the two locking systems on an external gate, that was part of the evacuation route to the meeting point area, a review of keypad system was warranted. This was to ensure, that at all times, all potential risks were considered and appropriate control measures were in place.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each respite resident was provided with a personal plan which reflected their needs and outlined the supports required to maximise their personal development in accordance with their wishes. Residents' personal plans were developed through a person-centred approach in consultation and with the participation of the resident and their family.

Judgment: Compliant

Regulation 8: Protection

The person in charge and staff facilitated a supportive environment which enabled the respite residents to feel safe and protected from all forms of abuse during their stay in the designated centre.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	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 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brambles OSV-0001851

Inspection ID: MON-0028095

Date of inspection: 10/08/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: However, some small improvements were needed to ensure the roster was maintained properly. For example, there was no legend or code explaining the abbreviations or highlighted sections on the roster. In some cases the names on the roster did not include the staff member's second name.</p> <p>The roster has been revised, last names added to the sleepover and a legend added. 5/9/22.</p>	
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>For the most part, staff training was up-to-date however, a number of staff refresher training courses were overdue. For example, training relating to managing behaviours that challenge, manual handling, Children's first training, intimate care training and First Aid.</p> <p>Safety Intervention – there were 2 deficits, 1 no longer working in the centre, second staff member is scheduled for training on 22/9/22.</p> <p>Manual Handling – there were 3 deficits, 1 no longer working in the centre, other 2 scheduled for training on 20/9/22</p> <p>Children First – Completed, 15/8/22</p> <p>Intimate Care – there were 2 deficits, 1 no longer working in the centre, second staff member has never engaged in intimate care, risk assessment completed, will not engage in intimate care until training complete and scheduled to attend training on 6/10/22.</p> <p>First Aid – Completed, 24/8/22</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider had not ensured that all policies and procedures were reviewed in line with the regulatory requirement. For example, the policy and procedures related to admissions, transfers and discharge had not been reviewed since 2017.</p> <p>All policy and procedures are currently under review by Senior Management Team (SMT), and it was determined that these policies (External Referrals and Discharges Policy and Managing Short Breaks for Children and Young People) are no longer fit for purpose and require a full review and redevelopment which is underway. While this is underway a comprehensive assessment protocol is utilized for all admissions to this centre.</p> <p>31/12/2022</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A number of walls in the house, including respite residents' bedrooms and hallways had chipped and peeling paint. A number of door frames and skirting boards were chipped and in disrepair and required upkeep.</p> <p>The kitchen and dining area, while functional, was not to the most optimum standard. The flooring throughout areas of the house was clinical in design and discoloured in many areas and in two bedroom was torn in places.</p> <p>In addition,</p> <p>A review of the storage systems in the house were needed as currently, a unused resident's bedroom was used to store respite residents activity boxes and PPE.</p> <p>In one bedroom, the furnishing in the room was minimal and included a bed and a set of drawers. In another room, the wardrobe provided was old with coarse timber and not conducive to satisfactory cleaning.</p> <p>The fascia under the roof the side of the house had overgrown shrubbery and required upkeep.</p> <p>A full maintenance audit was undertaken and completed in May 2022. All works, including those listed above, were put out for quotation. Those quotes have been received and a business case for funding is being prepared to be submitted to the funder. This business case is due to be submitted for approval by 15/9/22. Once funding is approved the works will be undertaken with immediate effect, as the funder as well as the organization are aware that this centre will be prioritized for work.</p> <p>31/12/2022.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>For example, a number of the premises upkeep and repair work, that was outstanding since the last inspection, such as chipped paint on walls in bedrooms, hallways, door frames and skirting boards, meant that they could not be effectively cleaned increased the risk of spread of healthcare associated infectious disease.</p>	

This is part of the business plan being submitted to the funder. 31/12/2022
 A review of the self-isolation plan in place for respite residents was needed to ensure the plan was individual to each resident and overall, person-centre in nature.
 The self-isolation plans have been reviewed by Quality and Compliance Officer and now include a reference to the individual Personal Plan. Completed 22/8/22
 In addition, the PIC for the centre will be highlighting to the Personal Plan Development Group (meeting scheduled 7/9/22) that under the My Intimate Personal Care Needs section of the Personal Plan, How to Mind Me when I'm sick, should be updated to include reference to individual isolation requirements. 30/9/22

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 In relation to the two locking systems on an external gate, that was part of the evacuation route to the meeting point area, a review of keypad system was warranted. This was to ensure, that at all times, all potential risks were considered and appropriate control measures were in place.
 A comprehensive Risk Assessment is being carried out to review the locking systems on the external gate. This risk assessment will balance the needs of the children, the risk of them having visual access of the codes and the Health and Safety risk to the evacuation route. 14/9/2022.

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 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	05/09/2022
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	06/10/2022
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the	Not Compliant	Orange	31/12/2022

	number and needs of residents.			
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.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/12/2022
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting	Substantially Compliant	Yellow	31/12/2022

	procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	14/09/2022