

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003576
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Pauline Bergin
Lead inspector:	Una Coloe
Support inspector(s):	Maureen Burns Rees
Type of inspection	Announced
Number of residents on the date of inspection:	6
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:
24 November 2015 09:00	24 November 2015 18:00
25 November 2015 09:00	25 November 2015 18:00

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 an 18 outcome inspection, carried out for the purpose of registration. It was the third inspection of the centre. As part of the process, inspectors reviewed policies, records and the children's care files. Inspectors spoke with members of staff team, the management team and observed the delivery of the service. Interactions between the staff and the children were observed over the two days of inspection. One child spoke briefly with inspectors. Four questionnaires were returned from family members and inspectors met with one parent during the inspection.

St. John of God Community services provided respite breaks for children aged six to eighteen years with a moderate, severe or profound intellectual disability. Overnight respite breaks were provided at weekends and during summer holidays. The centre was located on the grounds of a school where some of the children attended.

Effective management systems were in place to monitor the safety and quality of care in the service. Children's rights were promoted but additional work was required to ensure children engaged in programmes to develop their understanding and awareness in relation to safeguarding issues. A new system was implemented to ensure there was adequate assessments and plans to guide the delivery of care. The staff team and management in the centre were working towards finalising these for all of the children. The premises was fit for purpose and the management of risk had significantly improved since the previous inspection by the Authority.

The cohort of children who accessed the service was broad with a wide range of ages and abilities catered for as set out in the statement of purpose. The centre was not adequately resourced to ensure the effective delivery of services on a consistent basis and there were a number of occasions when the centre had to close as a result of staffing shortages. Nursing cover was required on every shift however the rationale for this was not always clear as there were some groups of children who did not require such specialised care.

Feedback from parents was welcomed in the service and there were effective means to engage with the families. Improvements were required to ensure the complaints were managed in a timely manner and to ensure the outcome of the complaint and satisfaction of the complainant was recorded. The centre was in the process of implementing a new system to manage behaviours that challenged. This was a long term investment by the service but there were some children who required a behavioural support plan in the interim to ensure safeguarding issues were dealt with appropriately by staff.

The staff team were respectful, kind and caring with the children. Inspectors observed meaningful, fun and positive interactions between the staff and the children.

These and other findings are set out in the body of the report.

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

Findings:

Children's rights were promoted in the service and children were consulted with and participated in decisions about their care. There was a comprehensive policy to guide the management of complaints but further work was required to ensure all complaints were dealt with in a timely manner with all the relevant information documented.

Children's rights were promoted in the centre. Children were informed of their rights through children's meetings and information about children's rights was documented on residents guide. There was child friendly information about rights and how to make a complaint on display in the centre. There was also a child friendly information guide for the children about the centre which detailed information about rights, expectations in the centre and a detailed section on how to make a complaint. This document contained many pictures and was child friendly and accessible for the group of children availing of services. The staff team incorporated the rights of children in their day to day practices. Inspectors observed staff offering choice to children in relation to activities and mealtimes and facilitated children to engage in different activities to their peers if requested. Staff members told inspectors how children's rights were promoted during personal care practices and this was supported by comprehensive plans to guide staff on the provision of such care.

Children were consulted with on a regular basis, about their care and activities provided in the centre. Inspectors were advised that weekly meetings took place with the children to inform the activities and menus for the weekend respite breaks. Inspectors reviewed a sample of the minutes of these meetings and there was effective communication with the children in terms of day to day activities and routines in the centre. There was a standing agenda for the children's meetings which included rights, safeguarding, complaints and fire drills. Due to the various communicative abilities of the children, this information was presented using laminated pictures, pictures and child friendly

information. The meetings took place on a weekly basis and all of the children were invited to sign the minutes if they were happy with the outcome.

There was a comprehensive complaints policy for the service and a child friendly version to ensure the children had information in an age appropriate format regarding complaints. There was an effective system in the centre for parents to provide feedback including complaints and compliments. This was encouraged through family forum meetings and through a family questionnaire. Inspectors reviewed a number of compliments to the service which detailed parents satisfaction with the provision of a summer camp and respite offered.

There was a complaints log and complaints form which provided inspectors with details pertaining to complaints made in the centre. The complaints related to respite allocation, centre closures and difficulties with prescriptions. Inspectors found that there were complaints from parents which were escalated via the family questionnaires but on some occasions, they were not reflected on the complaints log. Staff members also told inspectors that some complaints were recorded on children's progress notes and not always reflected on the complaints log. All complaints to the centre were managed at local level. Inspectors reviewed the actions taken in response to complaints and there were some gaps in how this was documented. The actions taken to resolve the complaint were not consistently recorded and it was not always documented if the complainant was satisfied with the outcome. There was one on-going issue which the centre manager and supervisor were in the process of resolving however inspectors found that this was not completed in a timely manner. The complaint was escalated to senior management in the centre and although the complaints officer was aware of the difficulty, the complaint had not been formally reported.

There was a policy on rights and on personal finances which guided the practice in relation to resident's money and belongings. An inventory list was completed by each child's parents before the child was admitted to the centre and this ensured that the staff team were fully aware of what belonged to specific children. There was also a record maintained in each child's file which detailed the pocket money they had, what the money was spent on, signatures of staff members and receipts to account for the children's money.

Children had sufficient storage for personal belongings and each child's right to privacy was respected with each child provided with an individual bedroom. There were opportunities for the children to engage in a range of activities. During the inspection, inspectors observed children engaging in arts and crafts, dancing, music, free play and a trip out to feed the ducks. The staff team were energetic and positive in their approach and ensured the children had a safe and varied experience during their respite stay.

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

Findings:

There was a policy on communication with residents and the children's communication needs were assessed. Communication aids were provided to support the children according to their needs.

Staff were aware of the different communication needs of the children and there were systems in place, including external clinical input, where necessary, to meet the diverse needs of the children. Individuals communication needs were assessed and identified through the assessment and personal planning process. Inspectors reviewed a sample of children's files and there was a clear overview of the children's needs regarding communication. The children had access to professionals such as a speech and language therapist, if required, and inspectors saw recommendations from such professionals in some of the children's files. Some of these recommendations were reflected and worked on through the child's goals.

The children were facilitated to communicate in a variety of ways according to their needs. Inspectors observed ample pictures and visual aids to support children who could not communicate verbally. The communication aids used in the centre included the use of a pictorial exchange programme, hand signs, first and then cards and objects of reference. There was a folder of pictures which provided adequate references to support the children in relation to daily routines, activities and food choices. There were picture boards on display in the centre which had photographs of the children and staff members in the centre and another board to outline the routine for the day. Staff were aware of the communication needs of children and felt that such needs were appropriately assessed and provided for.

Children had access to television and radio and internet access for the children was in the process of being installed. Staff members told inspectors that children could bring in their own assistive technology and access to the internet would further improve outcomes for children in relation to access to their personal applications. Inspectors observed staff interacting with the children and being aware of the individual's cues of the children.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

Findings:

Positive relationships between the children and their family members were supported. Children could receive visitors to the centre without restriction but this was not requested on a regular basis due to the respite nature of the service.

Family members were kept informed of their child's well-being. Inspectors were told by staff members that there was regular contact with the children's parents and this was evidenced in the progress notes which inspectors viewed. Inspectors found that although family members did not always attend care review meetings, there was detailed input from the families in the children's files. Questionnaires returned to inspectors outlined that family members felt involved in their child's care.

Parents and family members were encouraged to provide feedback about the centre and service delivery. There was a family forum held on an annual basis. Inspectors reviewed the minutes of these forums and found that a broad range of issues were discussed with the families. Information was also provided during this space which included updates regarding documentation used in the centre, staffing and service planning. There was also a dedicated opportunity for parents to raise any issues of concern.

Family members were also encouraged to provide feedback through questionnaires and inspectors found that participation was high with 28 out of 34 parents responding to this. The feedback outlined that parents felt involved and consulted with, about their child but some complaints and concerns were noted in relation to paperwork and centre closures. These issues were addressed by management in the centre, as discussed previously.

The centre had involved parents in a review of the templates used for the children's assessments and personal plans. Inspectors were provided with information about a pilot group set up with parents regarding a new system to highlight the personal planning needs of the children. Inspectors saw records of four separate meetings held with parents in which their views on the new forms were obtained.

Opportunities for the children to engage in the wider community were created and promoted. During the inspection, children were facilitated to visit a local park. During a summer camp, the children had opportunities to engage in activities and visit the zoo for example.

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

Findings:

There were policies and procedures in place for the admission, transfer and discharge of residents. There was a set procedure for referrals and applications for respite services which included an initial screening. This outlined how management in the centre made a recommendation to the referrals committee as to the suitability of the request following the screening. When a referral was accepted for respite, the assessment process commenced with the development of a personal plan. The admissions criteria was outlined in the statement of purpose, as appropriate.

There was a significant period of time where the centre had not accepted any referrals and there was a waiting list in place for respite placements. Inspectors were advised that this embargo was recently reviewed and management at the centre were in the process of considering new admissions. The capacity of the centre was 35 which had been reduced since the last inspection. There was one space available for respite admission and inspectors saw documentation to evidence that a referral was considered.

Contracts of care had been devised in the centre and there were contracts completed for six of the children. The person in charge told inspectors that contracts had been sent out to all of the families and were awaiting their return. The contracts reviewed by inspectors were a generalised document which outlined criteria as detailed on the statement of purpose. Due to the flexible and changing nature of respite services, the specific offer of care was not documented.

There was no formal dependency assessment and inspectors were advised that respite allocations were planned and discussed with the staff team before allocations were offered to the families. A formalised system to manage respite admissions to the centre would benefit the service to ensure the mix of staff and children were appropriate on each respite stay. This will be discussed further in outcome 17.

Judgment:

Substantially Compliant

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

Findings:

Each residents health, personal and social care and support needs were assessed and there were personal plans to guide the care of the children. The centre was in the process of changing the personal planning process for the children and inspectors were advised that 15 files had been fully completed using a new assessment and personal planning tool. Inspectors reviewed a sample of these files and found that both tools offered a good overview of the child's needs. The assessment and personal planning process was overseen by the supervisor in the centre. The supervisor provided inspectors with a schedule for the completion of personal plans which outlined that all files were to be updated by December 2015. Inspectors also saw evidence of audits completed on the children's files which ensured inspectors that management in the centre had a good overview of the children's needs and were monitoring the content of the files to ensure they met the requirements of the Regulations.

The personal files incorporated an 'all about me' document which was an assessment of the child's needs. This documented an overview of the child's likes, routines and family life. It was then divided into sections to include health and nursing supports required, support required in terms of communication and social and emotional development. Inspectors found that this was a comprehensive document to outline all of the child's assessed needs but further work was required to ensure all of the relevant sections were completed for each child. For example, in some files reviewed there was a lack of information relating to the child's health needs or how they communicated in certain circumstances. The assessments were completed by staff in the centre with input from the child's family.

Each child had a personal plan to give an overview of their needs. A new format to present the personal needs of the children had been developed and there was evidence that the staff team had committed to ensuring this was implemented for all of the children. The personal plans reviewed contained details in relation to health and safety, privacy and dignity and safeguarding needs of the children. It also referenced where additional plans were in place to guide the child's care, for example in relation to intimate care. Inspectors found that the information on the residents files provided a clear overview of their needs however additional work was needed to finalise the personal plans.

The children's files were child friendly and had a passport detailing all of the relevant

details about the children. There was evidence that a review had taken place but it was not evident on the new templates used, if the effectiveness of the previous plan had been considered and if goals for the children were reviewed. It was not evident in what manner the assessments, personal plans and reviews had taken place. Staff members told inspectors that family members completed the forms and returned them to the centre. It was not evident that reviews were multidisciplinary to ensure the all elements of the child's care was discussed. However, the level of detail in the children's files was adequate and presented sufficient information to provide care and support to the children.

Goals had been developed for each child. The supervisor told inspectors that one key goal was identified for each child. Inspectors found that goals were documented for each child in the files reviewed however progress made against these goals was not clearly documented. Some of the goals developed for the children included ways to promote their independence and develop life skills such as preparing a snack and improving communication skills. However, inspectors found that the work on goals was limited and further work could be completed with the children, for example, regarding social interaction. Staff members told inspectors about various goals that were worked on with the children but this was not consistently detailed. The concept of working on goals had recently been introduced to the service and there were templates for reviewing the goals and additional forms to record key working sessions. This was in the early stages of implementation and therefore limited information was available for inspectors to review.

There were discharge plans in place for the required children but there were limited in detail. Inspectors were advised by the management team and by senior management that there were limited options to discharge the children to an adult respite service. However, inspectors found that additional work could be completed to ensure the transition plan from the service was planned and discussed with the children in advance of their discharge from the service.

Parents advised inspectors through interview and completed questionnaires that there was a significant amount of paperwork required by the centre in relation to their child and they were not happy about this. Inspectors were advised by the management team that a pilot scheme was implemented to seek feedback from parents on the approaches to care planning used in the centre. This was an effective process to ensure parents were fully informed as to the relevance of the questions and for parents to have input into the operation of the centre. Staff members interviewed were positive about the personal planning process and told inspectors that they had detailed knowledge about the children.

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

Findings:

The design and layout of the centre was in line with the statement of purpose and function.

The centre was clean, well maintained and promoted the safety, dignity and well-being of the children. The capacity of the centre had reduced since a previous inspection and each child had access to their own bedroom. There were sufficient furnishings and private space for each child and storage for the children was adequate.

There was some assistive equipment in use at the centre which included hoists. These had been serviced recently and inspectors viewed the certification of this service. Additional assistive equipment had been purchased recently to ensure the health needs of one child could be promoted sufficiently in the service.

Maintenance issues were effectively managed and an environmental check was completed by the person in charge with findings actioned in a timely manner. There was sufficient communal space for the children and facilities were adequate to provide for the needs of the children. There were suitable areas for the children to play in and the children had access to facilities which were on the grounds of the campus including a playground and sports hall.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Findings:

The health and safety of residents, visitors and staff was promoted and protected. There was a suite of policies and procedures to guide the risk management systems and processes in the centre which included the risk management policy, incident management policy and serious incident management policy. There was an up to date health and safety statement in place.

There was an effective risk management system in the centre which was guided by a comprehensive risk management policy. This policy met the requirements of the regulations. There was a local risk register which contained an overview of all risks in the centre. The identified risks were not placed on the register according to a priority risk rating and improvements were required to ensure this was a working tool. Risks assessments were wide-ranging and identified specific risks with measures in place to control them. Inspectors reviewed risk assessments completed which related both to the centre and specific to individual children. The review dates were not timely and there was a risk that they were not actively managed. Some control measures had been put in place to manage risks for the children but the risk assessments were not updated to reflect this and thus reduce the risk. Further improvements were required to ensure adequate control measures were put in place for each risk. The description of some risks was not always appropriate and in some cases did not outline the actual risk. The majority of risks in the centre were rated as low and the programme manager told inspectors that no risks had been escalated to senior management. However, there was a risk relating to behaviour that challenged for one child that required attention to ensure the assessment detailed all of the risks attached to the issue.

There was an effective system for the review and learning from incidents. Inspectors reviewed the minutes of team meetings and found that learning from incidents was a item on the agenda. Inspectors reviewed the incident forms and found that management in the centre reviewed the incidents and if required, follow up actions were listed. The majority of incidents related to behaviour that challenged and there was a dual system for reporting on such incidents. This will be discussed further in outcome 8.

There were adequate infection control procedures in place. Inspectors observed the centre to be clean with appropriate hand washing and sanitising facilities throughout the centre. There were colour coded cleaning systems and gloves were appropriately locked away. All staff were trained in manual handling.

There were adequate procedures to prevent against fire. There was suitable fire equipment in the centre which was serviced recently. Fire drills were completed on a regular basis and management in the centre were regularly auditing the participation in such drills. The names of the children and staff who engaged in the drill were documented. If difficulties were noted during the drill, a risk assessment was completed to reflect and control the risk attached. Staff had received refresher training since the last inspection but there were gaps in this training for some of the relief workers assigned to the centre. There was regular fire safety checks on a daily, weekly and monthly basis. There were personal emergency evacuation plans for each child which outlined their needs in the event of a fire but these were not consistently dated. There was an emergency plan for the centre.

Judgment:
Substantially Compliant

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

Findings:

There were policies and procedures in place for the protection and welfare of children. The policy on child protection and welfare had not been updated since the previous inspection and deficits remained in relation to information regarding the statutory agency and the designated liaison persons. Staff members had a good understanding of what constituted abuse and there were knowledgeable about the role of the designated liaison officer and who they were in the organisation. There had been no referrals to the Child and Family Agency since the last inspection. The designated liaison person was monitoring an issue of concern and there were regular meetings to ensure the issue was being addressed in line with Children First (2011). The staff team were trained in child protection which included Children First National Guidance for the Protection and Welfare of Children 2011. Staff members interacted in a positive and caring manner with the children and were respectful towards them at all times.

There was a policy for the provision of intimate care and there were detailed intimate care plans in the files reviewed. The policy required updating as per requirements of the regulations but the detail contained within the children's files was adequate to ensure this care was provided in a safe manner. A staff member told inspectors that staff promoted children's right to dignity and independence at all times during the intimate care process.

Incidents of challenging behaviour were recorded on behaviour report forms and at times a duplicated version on an incident report form. The report forms gave an overview of the issues and it was evident that management in the centre reviewed the forms. A new event reflection system was introduced since the last inspection and this was to encourage staff to review what caused the incident and what could have been done differently. Inspectors were told by the supervisor that this had a positive impact on how the incidents were managed in the first instance and following this, the recording had improved. The incidents were sent to the behaviour specialist in the organisation for tracking and trending.

A new behaviour management system was developed in the service since the last inspection. However, this was in the early stages of implementation and some children did not have an interim plan to support staff to manage behaviour that challenged. The new system required significant commitment from the team and management as it was a long term intervention to support the understanding of the behaviours. This was in the initial stages of implementation but inspectors found that both staff and management in

the centre were positive about the process which involved two different steps. The initial step included observations of staff interactions with the children by a behaviour specialist. Following this, meetings were planned to provide positive feedback to the team and also included a space for staff to discuss themes and issues relating to behaviours. The second step was the observation of children and the development of a behaviour support plan in conjunction with the key stakeholders including family members, school and staff. Inspectors saw documentary evidence that assessment clinics were planned for December and in the interim, records of behaviours were forwarded to the behaviour specialist for review.

The staff team had received training in a one day behaviour management technique. Staff members interviewed by inspectors were positive about the new approach being implemented in the service. Behaviour management plans were in the process of being devised for the children who required them but the files reviewed by inspectors lacked guidance to support the children regarding their behaviour in the interim. Staff members were knowledgeable about what constituted abuse however there were limited supports in place to assist and support children to develop this awareness. The children at the centre had a wide range of needs but inspectors did not find that there were programmes in place tailored to the children's needs to assist the children to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

There were a number of incidents of behaviours that challenged. There was no specific child or staff member targeted during the incidents, however there was a concern that the behaviour would impact on the quality and experience of all the children's placements. Inspectors reviewed minutes of meetings which outlined that management had put a number of safeguarding measures in place including additional staff. However, there was no behaviour management plan to guide the staff in managing behaviour. A process had commenced to devise a comprehensive plan as part of the new approach adopted in the centre regarding the management of behaviour but inspectors were not satisfied that there was sufficient guidance for the team on managing the behaviour on a day to day basis. There was a risk assessment completed but this was not comprehensive. Inspectors requested that a detailed risk assessment and behaviour support plan be developed in addition to the safeguarding measures put in place by management in the centre.

Restrictive practices had been reviewed since the last inspection. There were a number of restrictions for some children but inspectors found that there was an effective review process. The supervisor and centre manager had reviewed the use of restrictive practices on two occasions since the last inspection. Inspectors found that some restrictive practices had ceased including the use of a monitor for two children. There was a human rights committee for the organisation and the supervisor was part of this committee. Inspectors observed that all restrictive practices had been forwarded to the committee for review. However, this review had not occurred and inspectors viewed documentation from the chairperson of this committee which advised that the procedures of the human rights committee needed to be reviewed to ensure best practices relating to child protection and Children First (2011) were adhered to. Inspectors were advised that the expected completion of such procedures was January 2016. Inspectors reviewed documentation regarding individual restrictions on children

and found that supporting letters from general practitioners and consent from parents had been obtained. There was also supporting documentation from practitioners such as occupational therapy when restrictions were required for therapeutic reasons.

Judgment:
Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

Findings:
A record of all incidents occurring in the centre was maintained and, where required, notified to the Authority. A system was in place to record all incidents and accidents. The required notifications were made to the Authority in relation to restrictive practices and issues occurring in the centre.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

Findings:
Children's opportunities for new experiences, social participation and education were facilitated and supported. There was an education policy that complied with relevant legislation and the educational achievements of children were valued in the centre.

As this was a respite service the educational attainment of the children was the responsibility of the children's families however all of children attending the centre were in receipt of appropriate education. There were individual education plans in place for the children who attended the organisation's school but these were not consistently in place for children who accessed the service on an outreach basis. However, the children's educational needs were noted in their care plans and there was sufficient information contained within the files to ensure staff had adequate knowledge of the

children's needs in this area. There were progress reports for some of the children which outlined the child's strengths in a variety of areas.

There was good communication and engagement between the centre staff and the relevant schools. Inspectors reviewed documentation which outlined that staff had liaised with schools regarding behaviour management techniques and implemented similar techniques to ensure consistency for the children. There were also occasions when staff observed the children in their school setting which contributed to their assessment.

Judgment:
Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

Findings:

Each child was supported to achieve and enjoy the best possible health. Each child's health needs were appropriately assessed through the health and nursing supports information contained in their assessment. This gave an overview of the child's diagnosis, health conditions, medication and other health related needs. Further information was required on some of the assessments to ensure the health professionals involved with the children were listed. Systems needed to improve to ensure the height and weight of the child was recorded and monitored.

Children had access to health care services as required and there was evidence that the centre made referrals to psychology, speech and language and occupational therapy when required. There were various reports on the children's files to outline the children's needs in these areas.

Food was nutritious, appetising and varied. The centre catered for the children and sourced some of their meals through the canteen on site. There were menu plans which outlined that there was a wide range of foods available to the children and choice was provided at meal times. Inspectors observed one meal time during the inspection and found that this was a pleasant and social experience for the children. The children were eating various meals according to the choices they made. There were goals for some of the children to make snacks independently and there was ample healthy food in the centre available at suitable times for the children.

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

Findings:

There was written guidance relating to the ordering, prescribing, storing and administration of medication to children in the centre. The children's files contained sufficient information regarding their medical needs and the medications required.

Inspectors reviewed the children's prescription and administration sheets and they contained all of the required information. Staff members told inspectors that children were not admitted for a respite visit if their child's prescriptions were not accurate. This caused some difficulties for parents as outlined in the returned questionnaires provided to inspectors and through review of the complaints to the centre. Staff nurses worked at all times in the centre and had responsibility for the administration of medication.

There was a section on the children's assessment to outline if the child had the capacity to self administer medication. The supervisor told inspectors that this had been assessed for the children. She advised that the children who would have the capacity were not prescribed any medication. She further advised that in the cases of children who required medication, parents had not consented to self administration.

The processes in place for the handling of medicines were safe and in accordance with current guidelines and legislation. Inspectors found that medication was appropriately stored in the centre and the nurse on duty held the keys for the storage units. All medication was returned to the children's parents following each respite visit and there was no medication stored on site. There was a medication fridge for storage of the required medication and there were regular checks of the temperature.

There was one recorded medication error which was appropriately reviewed and managed. Inspectors observed a second error on the day of the inspection where the date the medication was administered was incorrect. There were effective systems in place for staff to check in medication when the child arrived for respite. There was a signature sheet present in the centre.

Systems were in place for the on-going review of safe medication management practices in the centre. Inspectors reviewed the minutes of a meeting in April 2015 where concerns and queries in relation to such practices were discussed. All issues identified, such as prescription sheets being inadequate were appropriately addressed. There was a comprehensive medication audit completed in November 2015 and following this an additional audit of the prescription and administration records was completed. Some minor issues were identified and inspectors found that these had been rectified. The supervisor had also completed practical observation of the administration of medication and each staff nurse was graded during this process.

Judgment:
Compliant

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

Findings:

The statement of purpose was reviewed in October 2015 and this contained most of the requirement of the regulations. Inspectors found the criteria for admissions to be very broad and catered for a wide range of ages and abilities. This impacted on service delivery, in terms of the staffing levels and skill mix required to provide for the varied dependency levels of the children. This will be discussed further in outcome 16 & 17.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

Findings:

The quality of care and experience of the children was monitored and developed on an on-going basis. Effective management systems were in place that supported and promoted the delivery of a safe, quality care service.

There was a clearly defined management structure that identified lines of authority and accountability. The centre was managed by the person in charge who was also the person in charge for another designated centre. He presented as competent and experienced in the provision of services for children and adolescents with disabilities. He was present in the centre on a regular basis and reported a positive transfer of learning between the two centres he managed. The person in charge was supported in the day

to day management of the centre by a supervisor. The supervisor was knowledgeable about the service, had sufficient understanding of the children's needs and was proactive in the monitoring of the service. An on call rota was maintained to provide support to the staff team outside of normal working hours. Staff interviewed as part of the inspection were positive about the management team and felt supported and guided appropriately in their role. Both the manager and the supervisor had sufficient knowledge of the regulations, standards and relevant legislation applicable to the service.

Management systems had improved since the last inspection completed in March 2015. A number of audit systems were developed to effectively monitor the service on a regular basis. Inspectors reviewed a number of audits completed in the service covering medication management, environmental checks, and audits of children personal plans, restrictive practices and a review of accident and incident forms. The audits were comprehensive with appropriate actions attached however as some of the auditing system had been recently introduced, there had been a limited number completed. A schedule was devised to indicate how specific audits were to be completed such as on a monthly or quarterly basis.

There was an annual review of the quality and safety of care in the centre. This was completed in November 2015. This was a good overview of certain aspects of service provision and included a detailed analysis on feedback from a parent's satisfaction survey. However, it could be improved to include how children's rights, health and education were promoted in the service and details as to the frequency of supervision provided to the team.

Two unannounced visits had taken place in 2015 as required by the regulations. These contained a good level of detail and there was evidence that a number of outcomes as per the national standards were assessed. Comments and areas for improvement were contained in the report. Management in the centre told inspectors that there were a number of issues being contested as documented in the most recent report. Inspectors found that some of the findings from the monitoring inspection were contained within the report from the unannounced visit.

There was a quality enhancement plan for the service. This included recommendations and actions from previous inspections by the Authority and from unannounced visits completed by the organisation. This was an effective tool for monitoring progress against the identified actions but inspectors found that this was not updated regularly enough to ensure completed actions were documented. Some actions had been reviewed in July 2015 but the enhancement plan did not document if further work had been completed since then. For example, the status of the recommendations regarding supervision had not been updated since July. Therefore, additional work was required to ensure the enhancement plan was effective in terms of highlighting key areas that required improvement.

Arrangements were in place to ensure staff exercised their personal and professional responsibility for the quality and safety of services they were delivering. There were regular team meetings in the centre with a standing agenda which included learning from incidents and risk in the centre. It was also evident that staff used this space to

highlight issues of concern regarding the children. The management team met on a regular basis and the minutes of these meetings were available for review. Discussion documented on the minutes highlighted that the children, incidents, safeguarding issues, policies and staffing were discussed regularly. There were also formal meetings with the programme manager and there were two sets of minutes to review from September and November 2015. The person in charge was supervised by the programme manager and this had commenced on a formal basis in October 2015. There was a record of this supervision however inspectors found that this support needed to be provided on a consistent basis with a supervision record maintained. The staff team were supervised by the supervisor and records reviewed by inspectors were of good quality and ensured practice and development issues were discussed regularly. There was a suite of policies and procedures to guide staff in the effective delivery of services. Policies were a standing agenda item for team meetings.

Judgment:
Substantially Compliant

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

Findings:

There had been no incidences where there was an absence of the person in charge for more the 28 days. Inspectors spoke with members of the management team and they were aware of the requirement to notify the Authority should the need arise. The person identified to act on behalf of the person in charge was the supervisor. Inspectors met with the supervisor during the inspection and found that she was appropriately qualified and experienced to assume this role if required.

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

Findings:

There were sufficient resources to support residents in achieving their individual personal plans however on occasions the centre had to close due to unexpected staff leave.

The centre was staffed by nurses and care assistants, complimented by relief workers when required. Management in the centre reported that there was an on-going difficulty of covering unexpected gaps in the rota which impacted on the delivery of services in line with the statement of purpose. This will be discussed further in Outcome 17.

There were some risk averse practices in the centre identified during a previous inspection where by children had to be accompanied on activities by a staff nurse at all times to ensure PRN (as required) medication could be administered if required. Care workers in the centre had been trained in the administration of emergency medication for conditions such as epilepsy and this ensured that children were not restricted on going on outings if there was not a nurse available to accompany them. This had positive outcomes for the children.

There was a budget allocated to the centre which the supervisor had responsibility for. The person in charge told inspectors that all purchases required were managed through a purchasing order system. The person in charge had to sign off on requests which were then processed through the organisations administration team. Staff and management reported that the centre was sufficiently resourced to ensure the children had what they required on a day to day basis. Inspectors observed plenty of toys and equipment for the children to use. Over the two days of the inspection, inspectors observed children playing with toys, musical equipment, engaging in arts and crafts and dance.

Judgment:

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

Findings:

The number of staff was not appropriate to ensure the effective delivery of services at all times. There were care assistants and qualified nurses providing care and support to the children. The range of need and ability of the children was extensive in the service but there was no formal dependency assessment completed to ensure the mix of staff was adequate to support the needs of the children. Staff nurses were present on every

shift and although there were some children who required nursing assistance, this was not the case for all the children. The requirement to have a nurse on duty at all times impacted on the roster and on a number of occasions the service had to close due to staff taking leave at short notice. Inspectors were advised of two occasions recently when the centre had to close over night as there was no nurse to cover a shift. The person in charge also told inspectors that on occasions the manager on call provided assistance to ensure the delivery of services to the children was not impacted. The person in charge and the programme manager advised inspectors that interviews had taken place within the organisation to ensure there was a reliable panel of staff to support the children if required at short notice. There was also a system where by weekend staff were phoned in advance of the weekend to try to lessen the likelihood of staff absenteeism impacting on service delivery. However, a detailed contingency plan was not in place to manage this issue and there was a risk that there would be negative outcomes for children and families as a result.

Inspectors met with some staff members during the inspections and found that they had adequate knowledge of the children and were aware of the policy and procedures that guided their work. Staff were observed interacting with the children in a positive and respectful manner and they tried to ensure the children had fun during their respite visit.

Staff files contained all of the required information. Inspectors reviewed a sample of staff files and found that they were well maintained and contained all of the requirements of Schedule 2 of the Regulations. There was up to date Garda Siochana vetting in each of the files reviewed.

A new system was introduced to ensure staff were supervised appropriately for their role. This included supervision on a monthly basis and governance reviews on a quarterly basis. Inspectors found that supervision was provided on a regular basis and there were detailed discussions with the staff members regarding their work with the children, their development, goals and any concerns. Staff reported that this was effective and felt supported in their role by the supervisor.

The training needs of staff were met. Inspectors were advised that a training week took place in September to provide the required training to the staff team. Inspectors reviewed documentation relating to the training programmes provided. Staff were trained in risk, behaviours that challenged, restrictive practices, intimate care, Children First, complaints, communication techniques and infection control standards and food hygiene. It was documented that all staff had completed this training. The supervisor told inspectors that all staff had completed the mandatory training and identified training in infection control and report writing as the priorities for 2016. However, inspectors reviewed the training overview provided and found that four relief workers assigned to the centre had not completed fire training. One permanent member of the team had not completed training in Children's First however had completed the safeguarding vulnerable people training in 2014. All staff were up to date with training in manual handling and a number of staff had completed training in epilepsy. A one day training in a behaviour management programme was attended by all of the staff in the centre.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

Findings:

Records were well maintained in the centre, were easily retrievable and stored securely to protect confidentiality. Inspectors observed that all of the children's files were appropriately stored within the centre and there were appropriate storage facilities for all files, records and documentation.

Management had a suite of policies and procedures to guide practice in the centre. All of the policies as required by Schedule 5 of the Regulations were in place however some policies had not been reviewed and updated to reflect best practice at intervals not exceeding 3 years. The policy on the provision of intimate care, behavioural support and rights required updating. Some policies had no date of completion listed and this was required to ensure management had oversight of what policies and protocols required updating. The child protection policy had not been updated to incorporate gaps which had been highlighted during a previous inspection.

There was a directory of residents which contained information about the young people who were currently availing of a service. This was a computerised system which allowed for a printed copy of relevant information relating to the each young person. This also contained a photograph of the child. This directory together with the children's files provided all the information as required by Schedule 3 of the Regulations. There was a resident's guide that provided a summary of the services and facilities provided at the centre.

Inspectors found that management in the centre had good systems in place to ensure records were maintained and accessible to inspectors when requested. Records as required by Schedule 4 of the regulations were in place. There was an adequate system in place for the storage of documentation and the centre had access to the organisations archiving system. There was adequate insurance in place.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Una Coloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003576
Date of Inspection:	24 November 2015
Date of response:	12 January 2016

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 maintenance of documentation pertaining to complaints required improvement. The level of detail recorded on complaints forms was not adequate and it was not always documented if the complainant was satisfied with the outcome of the complaint. Some complaints were not recorded on the complaints log.

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

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 whether or not the resident was satisfied.

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

All complaints received will be recorded on the complaints form, this form will record the following; 1. Initial complaint, person making the complaint, date of complaint and person receiving the complaint. 2. Tracking progress of the complaint, who is dealing with the complaint, dates and details of actions taken; 3. Outcome of initial investigation/handling of the complaint and record if compliant was satisfied. 4. Where not resolved record of same and formal reporting of complaint through next stage. 5. Further actions taken tracking of progression through the various stages. 6 All staff will be re-inducted in the complaints policy to ensure compliance and to ensure all complaints received are recorded on the complaints form and reported to the supervisor/PIC. All complaints to be filed on the complaints log and discussed at monthly staff meeting where appropriate.

Person Responsible- Person In Charge

Proposed Timescale: 31/01/2016

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:

Contracts of care had been devised but they were not in place for all of the children.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

Where the contract of care has not been signed, a letter will be sent to all parents inviting them to attend a meeting at the designated centre, at their earliest convenience to review and sign the contract of care for their child. Person Responsible-PIC

Proposed Timescale: 31/01/2016

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:

The annual review of the assessments were scheduled but had not been finalised for all of the children.

Some completed assessments required additional information to ensure they presented a comprehensive overview of the child's needs.

3. 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:

A comprehensive assessment of needs will be in place for each child, this will be reviewed on an annual basis or as required. Where an assessment has not been completed, a letter will be sent to all parents inviting them to attend a meeting at the designated centre, at their earliest convenience to review and sign the assessments document for their child. Person Responsible-PIC.

All assessments to be reviewed to ensure all relevant sections have been completed, where assessments are incomplete, a letter will be sent to all parents inviting them to attend a meeting at the designated centre, at their earliest convenience to review and sign the contract of care for their child. Person Responsible-Supervisor

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

The review of personal plans were scheduled but the personal plans were not finalised for all of the children.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

A comprehensive assessment of needs will be in place for each child; this will be reviewed on an annual basis or as required. This assessment of needs will inform the development of a personal plan for each child. Each child's personal plan shall be reviewed on an annual basis or as required. Where personal plans have not been finalised, a letter will be sent to all parents inviting them to attend a meeting at the

designated centre, at their earliest convenience to review and sign the personal plan for their child. Person Responsible-PIC

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

It was not evident that reviews of personal plans were multidisciplinary.

5. Action Required:

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

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

Where multi-disciplinary input is indicated as part of the assessment process, a letter will be sent to all relevant professionals/clinicians inviting their input at their earliest convenience to review and amend if required, the residents personal plan. Person Responsible-Supervisor

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

Personal plan reviews did not document if the effectiveness of the previous plan was reviewed.

6. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

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

The care review template will be reviewed and amended to ensure it reflects on the effectiveness of previous plans and goals of each resident. This review process will take on an annual basis, or as and when required, and where necessary will be multi-disciplinary in nature. Person Responsible-Supervisor

There will be an annual audit of this review process. Person Responsible-PIC.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

Discharge plans contained limited information and did not reflect the planned transition phase for the young people.

7. Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

Discharge plans will be reviewed to ensure they are child friendly and aid the resident in a planned transition out of the service. The process shall include a transition passport in a picture format to support their understanding. Person Responsible-PIC

Proposed Timescale: 28/02/2016

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 assessments required further work to ensure they adequately described the risk, had appropriate timeframes with adequate control measures in place.
The risk register was not effective tool for managing high rated risks.

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:

All risk assessments will be reviewed to ensure they adequately describe the risk that timeframes are appropriate, and that adequate control measures are in place. A live risk register will be developed to record, prioritise and monitor all risk. This will be reviewed and updated on a monthly basis or as and when required. The live risk register will have a schedule of review dates to ensure all risks are reviewed and updated as required within the designated timeframe. Person Responsible- PIC.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

Not all staff assigned to the centre had completed training in fire safety.

9. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Staff training calendar to be reviewed, where it is identified that staff have not completed training in fire safety, they will be scheduled on the next available fire safety training. Person Responsible- Supervisor.

Proposed Timescale: 31/01/2016

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:

Behaviour management plans were not in place for the children who required them.

10. 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:

Where required an interim behaviour management plan will be developed, in consultation with external expert guidance, to ensure there is consistency across the staff team in managing behaviours that challenge as well as supporting and safeguarding all residents. Person Responsible-PIC and Supervisor

Proposed Timescale: 28/02/2016

Theme: Safe Services

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

There were no programmes in place to assist and support children to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

11. Action Required:

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

Review to take place of current programs in place both within the service and external to the service with a view to putting in place tailored programs with regards to the capacity and understanding of each child to develop their knowledge, self-awareness, understanding and skills needed for self-care and protection.

Person Responsible – Person In Charge and Supervisor.

Proposed Timescale: 30/03/2016

Theme: Safe Services

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

There were some incidents of behaviour that challenged which involved peers.

12. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Awareness of each residents right to be protected from all forms of abuse, as well as reviewing the centres policy on abuse and children's first national guidance for the protection and welfare of children will be added as a standing agenda item for monthly staff team meetings. Where required an interim behaviour management plan will be developed, to ensure there is consistency across the staff team in managing behaviours that challenge as well as support and safeguarding all residents. Person Responsible-Supervisor. Training in supporting and developing children with disabilities self-awareness around abuse to be sought and delivered to all staff.

Proposed Timescale: 28/02/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some information was absent from the children's files including details of the health care professionals involved with the child and the monitoring of children's height and weight.

13. Action Required:

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

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

All files will be reviewed to ensure they contain all relevant details of any health care professionals involved with each resident. Person Responsible-PIC. A height and weight monitoring chart will be developed and utilised to record each resident's height and weight. This will be updated for each resident on a bi-annual basis. Person Responsible-Supervisor.

Proposed Timescale: 31/01/2016

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 required updating to ensure the service and resources provided in practice could meet the demands of the range of children and abilities, the centre catered for.

14. 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:

There is currently a review of all respite services within St. John of God Dublin South East Community Services. The children's service is represented by the Program Manager. Upon completion of this review the statement of purpose will be updated to ensure the service and resources provided in practice will meet the demands of the range of children and abilities, the centre catered for. Person Responsible-PIC

Proposed Timescale: 30/03/2016

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:

Although there was schedule for audits, they needed to be completed on a regular basis.

The quality enhancement plan was not updated regularly.

15. 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:

The schedule of Audits will be reviewed to ensure it is comprehensive and that review dates are timely and realistic. The schedule of Audits will be reviewed at each PIC/Supervisor meeting as well as at monthly staff meetings, with feedback of audits given to all staff. The quality enhance plan will be updated. Person Responsible-PIC

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

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

The annual review required additional work to ensure the review was comprehensive.

16. 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 annual review will be reviewed to ensure it reflects how children's rights, health and education were promoted as well as the frequency of supervision provided to the staff team. Person Responsible- Program Manager.

Proposed Timescale: 28/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The dependency levels of the children in the centre had not been assessed.
The number, qualifications and skill mix of staff on the roster was not always appropriate to the number and assessed needs of the children.
There was no contingency plan to cover staffing shortages.

17. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the

statement of purpose and the size and layout of the designated centre.

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

There is currently a review of all respite services within St. John of God Dublin South East Community Services. The children's service is represented by the Program Manager. As part of this review the dependency level of residents will be reviewed. Upon completion of this review a dependency level assessment tool will be developed to ensure the service and resources provided in practice will meet the demands of the range of children and abilities, the centre catered for. A contingency plan inclusive of the on-call policy will be developed to cover any staffing shortage shortages. Person Responsible-PIC

Proposed Timescale: 30/03/2016

Theme: Responsive Workforce

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

Four relief workers assigned to the centre had not completed training in fire safety.

18. 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:

Staff training calendar to be reviewed, where it is identified that staff have not completed training in fire safety, they will be scheduled on the next available fire safety training. Person Responsible- Supervisor.

Proposed Timescale: 30/01/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some policies were not reviewed within a three year time frame.

Some policies had no review date listed.

The child protection policy had not been updated to reflect changes in national guidance.

19. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

An audit of policies shall be carried out. Person In Charge to identify policies in need of review with the organisations Quality Team, who have the responsibility of updating and disseminating policies to seek date as to when policies identified will be updated. In the interim the person In Charge shall draft local protocols to inform service provision in the intervening period. Person Responsible-Person In Charge.

Proposed Timescale: 28/02/2016