



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

Issued by the Chief Inspector

Name of designated centre:	OCS-SM
Name of provider:	Avista CLG
Address of centre:	Dublin 7
Type of inspection:	Announced
Date of inspection:	23 January 2023
Centre ID:	OSV-0004030
Fieldwork ID:	MON-0029269

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	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
Monday 23 January 2023	09:15hrs to 16:30hrs	Sarah Cronin	Lead
Monday 23 January 2023	09:15hrs to 16:30hrs	Karen Leen	Support

What residents told us and what inspectors observed

This announced inspection took place in order to inform a decision about renewal of registration of the centre. The centre provides a respite service for children with intellectual disabilities and is based on a campus in Dublin. The inspection found that children whom they met with were content and happy in respite and were provided with a good level of care. However, the inspection had poor findings in relation to risk management, staff training, governance and management and fire precautions. These will be discussed in detail later in the report.

The house is a four- bedroomed bungalow. It comprises two sensory rooms, a small playroom, a large kitchen and dining area which leads out into the garden. There were three toilets, a large bathroom with a jacuzzi bath, a family room, staff office and staff changing area. The garden is directly accessible from some bedrooms and a side gate on the grounds. The campus has facilities for the children to use such as a swimming pool and a large wheelchair-accessible playground. The service had access to a vehicle in addition to having transport links to local amenities. The house was found to be spacious, bright and child-friendly. At the entrance of the house, there was a teddy bear or a 'worry monster' for the children to use. There was a photo staffing rota up to support children know who was on duty for their stay.

There were 33 children accessing respite on the day of the inspection. Groupings were dependent on childrens' assessed needs and compatibility with one another. Children were offered a minimum of 2 nights per month and the centre had capacity to support crisis admissions where they were required. Children using the service presented with a variety of needs and some children had complex medical conditions and required specialist nursing interventions, which included alternative means of feeding.

On arrival to the centre, the inspectors met with a young person who was on their way to school with a staff member. The inspectors had the opportunity to meet that young person again on their return from school. They were observed to interact with familiar staff and were spending time in the playroom with a staff member after school. They later went out for a walk. Two other children arrived after school who were on a long visit to the centre as part of their transition into respite. Both children appeared to be happy and content. One child was seated on the floor and directing staff to sing songs of their choice. The staff members were observed to sit on the floor and sing with the child and they were using Lámh signs to support and respond to the child's communication. The second child was seated in the sitting room with a member of staff and watching their favourite TV show on their tablet. Staff were noted to follow the childrens' lead on what they wished to do. Children were observed to be smiling and laughing and the house had a friendly and welcoming atmosphere.

The centre used a total communication approach to support children with different support needs. There were a number of visual supports available throughout the

centre to support childrens' communication. For example, in each bedroom there was a visual schedule for the children to be facilitated to know what was happening in their day, but also to make choices how they spent the day. Staff had key rings which they had attached to them which had some symbols to support key verbal messages as they were required. There was a large communication board in the main dining area. Staff were also noted to use child-friendly language and as outlined previously, to use Lámh with the children. Talking tiles were placed in a number of areas to further support the children and young people to convey messages. This lead to a supportive and enabling environment for the children to best understand communication and to express themselves. Where a child had more complex communication needs, staff sampled activities with them and noted their responses to build up a profile of each childs' preferences.

Children in the centre had access to a range of age-appropriate activities and as outlined, they were informed about the daily arrangements in the centre. They had the opportunity to enjoy in a variety of activities, including going for walks, out for meals, swimming, going for drives and using sensory and play rooms in the house. The inspector received two questionnaires which had been completed by family members. These had been sent out prior to the inspection taking place. The questionnaires ask for views on the centre, bedrooms, mealtimes, visitors, rights, activities, staff and complaints. These both gave positive feedback on the service. One of the questionnaires stated that respite had been "a very positive experience". Another described it as being "hugely beneficial " to their family. Staff were described as accommodating and families valued the use of text as a way of sharing messages. Family views in the annual review were equally positive with comments such as "Staff are amazing", another said their child "loves going to respite" and another said that the facilities and the staff were excellent.

Based on short interactions with the children, meeting with the staff and person in charge and reviewing documentation, it was evident that staff were endeavouring to provide the children with a good service while they were in respite. The inspector found practices in place to ensure that children's respite break was fun, safe and that care was provided in line with their assessed needs and personal preferences. However, a number of regulations were found to be non-compliant and these are discussed in the body of the report. The next two sections of the report will outline the governance and management arrangements for the centre and outline how these arrangements impacted on the quality and safety of care for the children.

Capacity and capability

The provider had a clear management structure in place, with the person in charge reporting to the person participating in management who in turn reported to the director of services. There were out-of-hours governance arrangements in place. The provider had carried out an annual review in line with regulations and this included the views of children and their family members or guardians. An action plan

was in progress on the day of the inspection. Six monthly unannounced visits were carried out, but only had a small number of actions identified. It was unclear whether required actions had been completed.

The provider had employed a suitably qualified and experienced person in charge. The person in charge had good knowledge of children and their assessed needs and had been in their role for a number of years. The person in charge had systems to oversee and monitor the quality and safety of care in the centre. However, these audits were not self-identifying some of the areas identified on the inspection. The person in charge met with their manager on a quarterly basis and reviewed audits and progress on actions identified. The person in charge met with another person in charge in the area for peer support regularly.

There were two staff vacancies on the day of the inspection. This meant that vacant shifts were filled using agency and relief staff. It was identified by the provider that a number of incidents had occurred when there was an unfamiliar staff on duty which included assault on staff members and medication errors. Therefore, these vacancies were impacting on both staff and children using the service.

Inspectors found significant gaps in staff training and development. There were nursing care interventions in the centre which required staff to have the necessary competence to perform the procedure in line within their own scope of practice as outlined in the provider's policy. However, the provider did not have systems in place to ensure staff received appropriate training to develop their competencies or to supervise staff appropriately to ensure ongoing competency in relation to this specialised area of practice. These gaps had the potential to lead to risks for children using respite with these specific needs. This is further discussed under Regulation 16 below.

The provider had effected a contract of insurance in line with regulations. Inspectors found that there were suitable arrangements in place for the management of complaints. The person in charge kept a complaints log and there was evidence that complaints were recorded, investigated and resolved in line with the provider's policy. The provider had a 'worry monster' in the centre as an attempt of making the complaints policy more accessible and relevant to the children.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted all of the information required for the renewal of registration within specified time frames.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was suitably experienced and qualified for the role. They worked full-time and were supernumerary. The person in charge demonstrated good knowledge of the children and their assessed needs.

Judgment: Compliant

Regulation 15: Staffing

Inspectors viewed actual and planned rosters in the centre. These were well maintained. Staffing levels were dictated by the group of children attending respite at any one time. On the day of the inspection, children had a ratio of one-to-one staffing which enabled them to do activities of their choosing. There was 1.5 vacancies on the day of the inspection. These were covered by relief staff within the organisation or staff from an agency. A number of incidents had occurred when there were unfamiliar staff in the centre. Therefore, staffing arrangements were having a negative impact on the staff and children using the service at times.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Inspectors viewed the staff training matrix and the training needs analysis which had been done in 2022. This indicated that there were significant gaps in staff training. Following the last inspection of the centre, the provider committed to training staff in PEG, NG, CPR, Communication, Autism and positive behaviour support. Some of these had been completed such as a session on communication and another about autism awareness. A review of mandatory training indicated that a number of staff required refresher training in food safety. Some of these were booked for the weeks following the inspection, while others remained outstanding. The training needs analysis outlined site- specific training courses which staff were required to do to best meet the assessed needs of all of the children attending respite. This analysis recommended that staff were trained in the management of PEG sites, in Anaphylaxis, CPR, sensory processing and communication. There was not evidence of staff having completed anaphylaxis, CPR or sensory processing. The provider had identified specific training in crisis management to best support children with significant behaviour support needs. Fifty eight percent of staff had not done this training. Four of the staff team had done a short online session on managing behaviours of concern. This was of concern due to the high levels of behaviour-related incidents in the centre.

For other specialist nursing interventions, the training which had been completed by staff was not deemed adequate to provide staff with the required competencies to

carry out these interventions. There was no evidence to indicate that the provider had systems in place to ensure that staff undertaking these specialist procedures were competent and capable of undertaking this procedure within their scope of practice outlined in the provider's policy. Staff were able to tell an inspector that they had shadowed a staff member before doing the procedure themselves. However, there was no documentation to demonstrate competency assessments and ongoing supervision of staff practices in the area. This gap in training and competency assessment had the potential to lead to safety risks for children who required specialist care. This was discussed with the provider on the day of the inspection.

Judgment: Not compliant

Regulation 22: Insurance

The provider effected a contract of insurance against injury to residents and other risks in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place in the centre. The person in charge was a clinical nurse manager and they reported to the person participating in management, who in turn reported to the director of services. The provider had carried out an annual review of the service and this included input from families and guardians. Six monthly unannounced visits had also taken place in line with regulatory requirements. One of these six monthly unannounced visits had actions identified but it was unclear from the documentation reviewed whether these had been achieved. On another six monthly visit for 2022, there was no action plan arising.

At centre level, the person in charge had an audit schedule in place which included medication, complaints, health and safety, incident analysis, training needs and a care plan audit. From these audits, areas for improvement were identified and actions were tracked. The person in charge met with their manager every six weeks and this meeting included outcomes of audits, resident updates and other operational items. The person in charge held a staff meeting every month and there was a standing agenda in place. As previously stated, the provider did not have systems in place to ensure staff received appropriate training to develop their competencies or to supervise staff appropriately to ensure ongoing competency in relation to specialised areas of practice.

Judgment: Not compliant

Regulation 3: Statement of purpose

The provider had prepared a written Statement of Purpose containing required information set out in Schedule 1 of the regulations. The statement of purpose was available to children and their parents or guardians.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. The person in charge kept a complaints log and there was evidence that complaints were recorded, investigated and resolved in line with the provider's policy. The provider had a 'worry monster' in the centre as an attempt of making the complaints policy more accessible and relevant to the children.

Judgment: Compliant

Quality and safety

It was evident to inspectors that staff and the person in charge were endeavouring to provide children and young people accessing the service with a good quality service which enabled them to have a break and enjoy activities of their choice. There was clear evidence of staff engaging with families or guardians on a regular basis. Children had an annual assessment of need carried out and this informed children's health action plans. Annual reviews took place with the children's parents or guardians. The centre had a key-working system in place, with each key worker being responsible for auditing care plans on a quarterly basis to identify any additional needs. Children were supported to set goals in line with their individual preferences and needs on each admission. These were appropriate to a respite service.

There were a significant number of children accessing respite who presented with behaviours of concern. There were positive behaviour support plans or stress support plans in place to guide staff practice in the area. These were subject to regular review. However, where therapeutic interventions had been recommended, there was not clear guidance on what protocol should be used by staff, which meant that there was not sufficient guidance on when medication was to be

administered. There were restrictive practices in the centre which were largely for health and safety reasons such as window restrictors, access to water in toilets and door locks. The person in charge had carried out a self-assessment questionnaire and kept a log of any practices used. These were notified to the Authority on a quarterly basis, as required, and regularly reviewed. There was evidence of elimination of some of the restrictions which were in place at the time of the previous inspection. Some of the documentation relating to restrictive practices for children required review.

Childrens' communication needs were found to be well supported in the centre. As outlined at the beginning of the report, staff were noted using a combination of speech, Lámh signs, visual supports and gesture to interact with the children. There were visual supports available throughout the centre, in addition to talking tiles. Documentation on how best to support interactions with children were also in place.

The provider had systems in place to protect children from all forms of abuse. Safeguarding concerns were identified, reported, documented and investigated in line with policy. Children had personal care plans in place which had been completed with input from the child and family. These were found to be suitably detailed and were written in a manner which upheld the childrens' right to dignity and privacy.

The provider had carried out a significant amount of work on the premises since the last inspection. This included replacing flooring, painting, re-purposing a self-contained apartment into play spaces for the children, replacing shelving and the unit holding the television. The house was brighter and more welcoming.

The provider had a risk management policy and a safety statement in place. Incidents were found to be documented and reported in line with the provider's policy. Incidents were audited and trended on a regular basis. They were also discussed at staff meetings to share relevant learning. Risk management procedures in the centre required improvement to ensure that risks assessments were proportionate to identified risks and that appropriate control measures were in place to manage these risks. Risks relating to specific areas of care required immediate review to ensure the ongoing safety of some children. The risk register required an update to ensure that any risks pertaining to infection prevention and control were reflective of the current public health guidance.

The provider had suitable fire detection and fire containment systems in place. Emergency lighting and fire fighting equipment was present and all equipment was maintained and certified as required. Documentation on fire checks and testing of equipment, in addition to fire drills required improvement. In one room in the centre, a door required attention to ensure safe evacuation was possible using this exit. The provider engaged with a fire specialist and provided assurances to the Authority following the inspection.

It was evident that childrens' communication rights and their right to participate in the centre and make choices about their days in respite were upheld and promoted. This was done in a number of ways. There was a meeting held with each child at the start of their stay, visuals were used to promote choice making and a list of

preferences were kept on each child's file in the event they were unable to communicate this to staff. There was an advocacy forum in place and some of the children using respite attended this forum.

Regulation 10: Communication

Inspectors met three children who had complex communication needs. Staff were observed to interact with them using a variety of communication supports. Staff used Lámh and gesture and visual supports to interact with children. There was a sense of fun in the centre and as previously mentioned, staff were noted singing, sitting at children's level on the floor and promoting choice of programme on a tablet device for another child. There were talking tiles available for children to use to enter the kitchen and a communication board had recently been purchased for the kitchen area. Communication support needs were documented on children's care plans.

Judgment: Compliant

Regulation 17: Premises

As outlined above, the premises had significantly improved since the last inspection. Shower tiles had been replaced, floor coverings replaced, radiators, deep cleaning. However, the main bathroom remained an issue. The bath had water dripping onto the floor from the base, there was damage to the seal of the bath. Parts of this bath were on order and the centre was awaiting delivery of these items.

Judgment: Compliant

Regulation 20: Information for residents

The provider had a child-friendly statement of purpose and booklet outlining areas required by the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy and a safety statement in place. Incidents were found to be documented and reported in line with the provider's policy. The person in charge carried out monthly audits of incidents and accidents and this was reviewed quarterly with the person participating in management. Incidents and accidents were routinely reviewed at staff meetings to share learning and ensure any actions arising were carried out.

Risk management procedures in the centre required improvement to ensure that risks assessments were proportionate to identified risks and that appropriate control measures were in place to manage these risks. Risks relating to specific areas of care required immediate review to ensure the ongoing safety of some children. The risk register required an update to ensure that any risks pertaining to infection prevention and control were reflective of the current time.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had suitable fire detection and fire containment systems in place. Emergency lighting and fire fighting equipment was present and all equipment was maintained and certified by external companies on a regular basis. Documentation on fire checks and testing of equipment required improvement. Inspectors found significant gaps in daily, weekly and three monthly fire checks completed by the staff team. Documentation of fire drills also required improvement to ensure that the people present, the scenario used and the evacuation time were recorded. This was in order to identify any learning or actions arising from drills to enable safe evacuation of all children from the centre.

In one room in the centre, inspectors noted that there were two doors leading outside. One of these doors was locked with a key which required staff to have it on their person, while the other was activated in response to an alarm. As this was a final exit door, in line with fire safety guidance, this required review to ensure that the lock could be readily operated without a key in the event of a fire.

Fire fighting equipment was in locked cabinets in line with childrens' assessed safety needs. The person in charge informed inspectors that there was a key above the box to open the cabinets. However, staff were unable to tell the inspector how they would open the box when questioned, which did not assure inspectors that they could access fire fighting equipment in a timely manner, were they to be required.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each child had an annual assessment of need carried out and these assessments informed health action plans. There was a key worker system in place and key workers had the responsibility of auditing and updating plans on a six monthly basis. A pre-admission checklist was carried out with families prior to each admission to get an update on the child's health and well being. There was evidence of children engaging in activities which they enjoyed while they were in respite.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behaviour support plans or stress support plans were in place for children who required them. Inspectors viewed a sample of these plans and found that they were reviewed by relevant healthcare professionals. Plans outlined a number of proactive and reactive strategies to guide staff. Where therapeutic interventions had been recommended by a medical professional, there was not a clear protocol in place as part of the behaviour support plan to guide practice on when to administer medication. This meant that guidance was not sufficient to guide consistent practice in the administration of PRN medication.

There were a number of restrictive practices in place in the centre, which were largely for health and safety reasons. Some restrictions in the centre affected all children, while other restrictions were in place for specific children in line with their assessed needs. Documentation of restrictive practises required review to ensure that the information relating to restrictions in place within behaviour support plans was current. For example, one child had a physical restriction discontinued, but this was documented as being in place. Other restrictive practices in place were regularly reviewed and it was evident that some restrictions were discontinued where appropriate.

Judgment: Not compliant

Regulation 8: Protection

The provider had systems in place to protect children from all forms of abuse. Staff had all received training in safeguarding in line with national policy. Safeguarding concerns were identified, reported, documented and investigated in line with policy. Children had personal care plans in place which had been completed with input from the child and family. These were found to be suitably detailed and were written in a manner which upheld the childrens' right to dignity and privacy. There was a clear list of mandated persons in the centre accessible for staff. This was to identify relevant staff members with an additional statutory responsibility in the mandatory

reporting of any child protection concerns in line with national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Childrens' rights were upheld and promoted in the centre in a number of ways. Childrens' right to communicate using a method of their choice was promoted by staff, particularly relating to making choices in their day. Children had access to a range of age-appropriate activities and where children had more complex communication needs, staff sampled activities and kept a list of known preferences on each childs' care plan to inform their schedules. Childrens' right to privacy and dignity was upheld by staff by knocking on doors and ensuring that childrens' personal care plans were closely followed. The 'worry monster' at the front of the centre was another example of the person in charge and staff making efforts to ensure that the complaints procedure was child-friendly to best support children in the service.

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	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for OCS-SM OSV-0004030

Inspection ID: MON-0029269

Date of inspection: 23/01/2023

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
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> • 1.5 vacancies currently in OCS-SM, advertisements in place for vacant positions. To counteract this deficit, regular relief and agency staff are utilised where possible. PIC links directly with agency and relief staff • Two regular agency staff, HCA x1 and staff nurse x1 will attend Managing Behaviours of Concern training in Avista Services on 6th March 2023 • PIC will ensure induction & orientation documentation of OCS-SM, for unfamiliar staff, will highlight children with specific high risk needs in relation to behaviours of concern and complex medical needs. • One-page Personal Profile of each individual, contained within Personal plan, will indicate highlighted risks as per Behaviours of Concern, Manual Handling, Risk of Fall, PEEPS and Individual Risk assessments. • As part of daily Safety Pause at handover, shift-leader will reference specific risks of children availing of respite that day or night. 	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <p>Mandatory and Identified Training Needs of OCS-SM staff:</p> <ul style="list-style-type: none"> • Training gap analysis completed on the 17.02.2023 and subsequent Training calendar for OCS-SM collated on 26.02.2023 to address training gaps in mandatory and identified training needs for staff for 2023. • PIC will compile a Training Monitoring log to ensure no further gaps in training. • PIC & PPIM will review Training Monitoring log every Quarter to ensure compliance and oversight of training needs of staff, in addressing the care and support required for children / young people availing of OCS-SM respite service • Training & staff development will be part of the agenda at staff meetings, clinical supervision, and PIC & PPIM meetings. • PPIM has negotiated a training schedule for 2023 with Avista Children’s Disability Network Managers to address Training Needs Analysis of OCS-SM 	

<p>Specific Health care interventions: Reference to a child requiring specific health care by nursing staff, in relation to a Nasogastric (NG) intervention;</p> <ul style="list-style-type: none"> • Nursing staff will partake in a workshop on the Care and Management of NG for children, in CHI Crumlin on the 20th of March and the 5th of April 2023. • The Clinical Procedure and Guidelines (CPG) on NG have been reviewed and updated by PIC and Avista Nurse Practice Development Team, dated 14th of February 2023 and addresses the following; <ul style="list-style-type: none"> • Guidelines in carrying out the procedure. • assessing the competency of staff carrying out the procedure and, on-going supervision of staff 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The PPIM will ensure that a clear action plan is developed for 6 monthly provider audits. Action plans from six monthly unannounced visits, Annual Quality review and HIQA Compliance plans will be documented by the PIC on the One Action Monitoring log and reviewed with the PPIM every quarter to ensure outstanding actions are monitored and addressed accordingly. • PIC will update and maintain a Training Monitoring log to address mandatory and identified training needs of OCS-SM staff and this will be reviewed every quarter with PPIM • Avista Clinical Procedure & Guideline in relation to NG addresses competency assessment and supervision of nursing staff carrying out this specific health care intervention. 	
Regulation 26: Risk management procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Risk Register reviewed on 30.01.2023 by PIC.</p> <ul style="list-style-type: none"> • IPC risk rating and controls have been reviewed & updated to reflect illnesses such as Strep A, RSV, COVID-19, Flu, etc. • Risk assessment in relation to specialised Nursing health care intervention for NG has been reviewed and updated to reflect the risk and control measures required to meet the individuals needs • Risk Register to be reviewed by PIC and PPIM every quarter 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire precautions: Fire Checks as per Avista Fire Policy will be completed by staff as per schedule. Shift-leader to identify staff responsible for completing checks at daily handover. Gaps in documentation in relation to Fire Drills has been addressed by PPIM in writing to all OCS-SM staff on the 21st of February 2023 and PIC will address at subsequent staff meeting in March 2023.</p> <p>Fire drill documentation The Person in Charge of the Drill / Evacuation will document;</p>	

- the full names of all staff and children present during fire drill.
- include a comparison of the drill time with a safe evacuation time, to document in required section of Fire drill / evacuation recording sheet.
- scenarios of fire drills will account for a range of fire evacuation drills, to address difficult scenarios. PIC and PPIM will carry out audit of Fire drills / evacuations for preceding year in OCS-SM to address any gaps and identify trends. Learning actions of Fire drills will be on the agenda of staff meetings.

Final Exit door in room 17 locked with key was inspected by Director of PETS, Maintenance Manager and PPIM on 20th February 2023, and can confirm the following:

- The room is provided with two marked means of escape, one via the access corridor and one via the Final External Exit (Fitted with Electromagnetic locking linked to release on activation of the fire alarm), this is in compliance with the Building Regulations (Pt. B Fire).
- The additional external door from the room is not a designated fire escape route and therefore does not require to be fitted with ease of escape ironmongery. Noted the fire evacuation plans displayed are accurate in this regard.

Orientation and induction of unfamiliar staff will include location of emergency fire equipment and how to access same

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Clear protocol for the administration of prn medication updated by OCS-SM team in conjunction with CNS in Behaviour & Autism, CNS CAMHS-ID and Consultant Child and Adolescent Psychiatrist. The protocol is reflected in the Crises Management plan within the supported individual's Positive Behaviour Support Plan. Completed on 15th February 2023.</p> <p>Physical restriction (medical hold) prescribed for a young person is no longer in use in OCS-SM and is now reflected in restrictive practices documentation of the supported individual. Completed 30.01.2023.</p>	

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(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	10/03/2023
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.	Not Compliant	Orange	17/03/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	14/02/2023
Regulation 23(2)(a)	The registered provider, or a person nominated	Substantially Compliant	Yellow	10/03/2023

	by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			
Regulation 23(3)(a)	The registered provider shall ensure that effective arrangements are in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.	Not Compliant	Orange	10/03/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment,	Not Compliant	Orange	17/03/2023

	management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 28(2)(b)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	21/02/2023
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	20/02/2023
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	06/03/2023
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	10/03/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to	Not Compliant	Orange	28/04/2023

	respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 07(3)	The registered provider shall ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.	Not Compliant	Orange	15/02/2023