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Crannóg Respite Service, Galway

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Crannóg Respite Service
Centre ID:	OSV-0005006
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Anne Geraghty
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	3

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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 13 December 2016 09:30 To: 13 December 2016 17:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a nine outcome inspection carried out to monitor compliance with the regulations and standards. A new person in charge was appointed to the centre in September 2016 and was interviewed as part of this inspection to ascertain her fitness to participate in the management of the centre. The previous 18 outcome inspection was undertaken on the 08 and 09 of October 2015 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with the three children availing of respite in the centre on the day of inspection. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the person in charge, the acting area children programme manager, a staff nurse and care assistant. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the providers' statement of purpose. The centre provided respite care for children, with severe to profound intellectual disability. The centre was funded to provide respite 18 nights per month and could accommodate up to six individuals per night depending on the needs of those attending. The service was a nurse-led service with a staff nurse on duty for every shift.

The centre was located in an urban area on a campus style setting which belonged to the provide. It comprised of a detached six bedroomed bungalow which was in close proximity to other similar centres. It had a rear garden and playground area specifically for children's use.

Overall Judgement of our findings:

Overall, the inspector found that children were well cared for while availing of respite in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had adequate systems in place to ensure that the majority of regulations were being met. The new person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she was a fit person to participate in the management of the centre. Of the nine outcomes inspected on this inspection, two outcomes were compliant, five outcomes were in substantial compliance and two outcomes had moderate non compliances as outlined below..

Good practice was identified in areas such as:

- A record of all incidents occurring in the centre was maintained and, where required, notified to HIQA within the required timeframes. (Outcome 9)
- Children's healthcare needs were met in line with their personal plans (Outcome 11)

Areas for improvement were identified in areas such as:

- Some improvements were required in relation to the management of risk and fire safety arrangements. (Outcome 7)
- Improvements were required so as to ensure that the person in charge engaged in the governance, operational management and administration of the centre in an effective way on a regular and consistent basis. (Outcome 14).
- The frequency of staff supervision was not in line with the frequency set out in the centres' policy or in line with best practice in this area (Outcome 17)

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 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Each child's well-being and welfare was maintained by a good standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities. However, a small number of personal plans had not been reviewed for an extended period.

Each child's health, personal and social care needs were assessed. There was documentary evidence to show that children's parents were involved in assessments to identify their child's individual needs and choices. Each child had a personal plan in place which detailed their assessed needs and choices. There was evidence that some goals were set for the children availing of respite. There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family representative were involved in the revision of personal plans as per the requirements of the regulations. Inspectors reviewed a sample of plans and found that they had been implemented to meet the support needs of the children availing of respite in the centre. However, there was evidence that a small number of personal plans had not been reviewed within the required timeline.

Children were supported when moving on from the service. At the time of the last inspection, the inspector found that the transition plan for one young persons move to an adult service was not sufficiently detailed. On this inspection the inspector reviewed the transition plans for two young people who had recently transitioned to adult services. These plans were found to be adequately detailed and there was evidence that

the move was well organised and that the service users were consulted with, and supported to visit the adult service on a number of occasions prior to the move for activities, meals and overnight stays.

Judgment:

Substantially 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

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of children, visitors and staff were promoted and protected. However, some improvements were required in relation to the management of risk and fire safety arrangements.

There were policies and procedures in place for risk management, dated June 2015 which met regulatory requirements. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had an up to date risk register in place. There was a safety statement in place, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly.

A number of service user required emergency medical oxygen. The inspector reviewed records of weekly checks on the oxygen cylinders storage and usage. However, on the day of inspection, the inspector observed that the release valve on a number of cylinders was not closed off correctly while in storage. This presented a risk to both staff and residents in the centre. It was reported to the person in charge on the day of inspection and rectified.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. A computer based incident management system was used to report all incidents and accidents which also recorded actions taken. All incidents were risk reviewed and signed off by the team leader and also reviewed by the programme manager who monitored reports and entries on the database on a regular basis. The inspector reviewed track and trend reports that were produced on a regular basis. Overall, there were a low number of incidents reported.

There were satisfactory procedures in place for the prevention and control of infection. There was an infection control policy in place. The inspectors observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. There were adequate arrangements in place for the disposal of waste.

Precautions were in place against the risk of fire but improvements were required. There was a fire safety policy in place. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. A quick reference evacuation card was maintained in the staff office. Staff who spoke with the inspector were familiar with the fire evacuation procedures.

There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. There was an adequate means of escape from the majority of fire exits. However, the inspector observed that the fire exit leading from the kitchen to the side of the building was obstructed on the day of inspection. Fire drills involving children had been undertaken. However, the inspector found that a number of the children availing of respite in the centre had not been involved in a fire drill in the centre in the preceding 12 month period. A number of staff were overdue to attend fire training but training had been scheduled for all staff for January 2017. It was reported that a training need in relation to the evacuation of children identified at a recent fire drill was to be addressed in the scheduled training. The inspector observed that smoke seals on a number of fire doors had been painted over. These required replacement to ensure they operated as intended in the event of a fire.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

Judgment:

Non Compliant - Moderate

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:

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were appropriate measures in place to keep children safe and to protect them from abuse. However, improvements were required in relation to staff training and arrangements for the provision of intimate care. Children First, National guidance for the protection and welfare of children, 2011 (Children First, 2011).

The centre had a welfare and protection of children policy, dated May 2016. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. The picture and contact details for the designated liaison person for the centre, (as per Children First, National guidance for the protection and welfare of children, 2011 (Children First, 2011) were observed on display and was listed in the child protection policy. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. All staff were over due to attend Children First, 2011 training. There was evidence that this was scheduled for the end of January 2017.

There was an intimate care policy in place, dated May 2016. The inspector reviewed individual intimate care protocols on children's files. Staff interviewed were familiar with the policy and intimate care plans for children. It was reported that children's verbal consent was sought in advance of all intimate care delivery. The level of detail provided on a number of plans varied and in some cases provided limited detail to guide staff in meeting the intimate care needs of children.

Children were provided with emotional and behavioural support. There was a behaviour that challenges policy in place. Records showed that staff had attended training on positive behaviour management support. The inspector reviewed behaviour support assessments and separate plans on a number of children's files. These were found to provide a good level of detail to support the child and guide staff in the management of the child's behaviour. There was evidence that information was shared between professionals involved in the care of the child, outside of the centre, with staff in the centre. This meant that a consistent and responsive approach to the management of a child's challenging behaviour were being promoted.

There were a small number of physical and environmental restraints being used in the centre which had been prescribed by individual children's multidisciplinary teams to meet their support needs. All usage was monitored and recorded. There was a policy and procedure on moving towards a restriction free environment, dated October 2016. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. At the time of the last inspection, the review of restrictive practice referrals by the rights committee were not timely. On this inspection, the inspector found that restrictive practices had been reviewed by the rights committee and that a number of environmental restrictions had been removed based on

the needs of the children availing of respite at the time of inspection.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A record of all incidents occurring in the centre was maintained and, where required, notified to HIQA within the required timeframes.

At the time of the last inspection, inspectors identified that a small number of restrictive practices in use in the centre were not notified to HIQA on quarterly returns. Since that inspection, the inspector found that all notifications were appropriately notified.

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

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

No actions were required from the previous inspection.

Findings:

Children's healthcare needs were met in line with their personal plans and assessments.

The respite service was a nurse-led service with a qualified nurse on each shift. This ensured that children, who had medical conditions that required monitoring, received nursing care. The inspector reviewed a sample of children's file and found that the health needs for the sample of children were appropriately assessed and met by the

care provided in the centre. Hospital passports and medical profile forms were observed on each of the children's files which contained a good level of detail to guide a health professional if so required. Each of the children had their own general practitioner (GP) and an out of hours GP service was also available. Training records showed that staff had received training in first aid and epilepsy management.

The centre had a fully equipped kitchen and a dining area. The service had a food and nutrition policy, dated December 2014. A range of nutritious, appetizing and varied foods were available in the centre for the children. Meal times were at times which suited the children. A good supply of healthy snacks was available for children to choose from.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure the safe management and administration of medications. However, there were some areas for improvement.

Overall, the processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. A medication management policy was in place. There was a secure cupboard for the storage of all medicines. A medication fridge was also available. The inspector reviewed a sample of prescription and administration sheets and found that they had been appropriately completed. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed. However, the inspector found that two children's files, out of a sample of three reviewed, did not include a photo of the child in line with best practice requirements.

Staff had assessed the ability of individual children to self manage medication and found it was not appropriate for any of the children availing of overnight respite to be responsible for their own medications. There were no chemical restraints used in the centre.

There were some system in place to review and monitor safe medication management practices. However, a record was not maintained of the stock of medication received

and sent home from the centre for each child's respite visit. Medication audits were undertaken on a monthly basis and where issues were identified appropriate actions had been taken. The respite service was nurse-led with a qualified nurse on duty for every shift, who held responsibility for the administration of all medications.

Judgment:

Substantially 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

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There was a written statement of purpose in place that accurately described the service being provided. Overall, it contained the information required by schedule 1 of the regulations. However, the age range for children availing of respite in the service was not specified.

The date on the statement of purpose was incorrectly recorded as June 2015. It was evident that it had been revised to include the name and contact details for the new person in charge since her appointment in September 2016.

At the time of the last inspection, services provided in the centre were not all in line with the statement of purpose of function. Since that inspection, the utilisation of the centre by another part of the service had ceased.

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

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

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

Findings:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, improvements were required so as to ensure that the person in charge engaged in the governance, operational management and administration of the centre in an effective way on a regular and consistent basis.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge reported to the area children programme manager who in turn reported to the chief executive officer. At the time of inspection, she had completed one formal supervision session with her line manager but reported that she felt supported in her role and had regular informal contact with her manager.

The centre was managed by a suitably qualified, skilled and experienced person. A new person in charge had been appointed to the centre in September 2016 and was interviewed as part of this inspection. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for children availing of respite in the centre. On call arrangements were in place and staff were aware of these and the contact details. The person in charge was in a full time post and did not hold responsibility for any other designated centre. However the person in charge only had protected time of 12 hours per week for the position of the person in charge. For the remaining hours, she was rostered on duty. This meant that at times the person in charge did not have sufficient opportunity to fulfil all aspects of her role.

An unannounced visit of the safety and quality of care in the centre had been undertaken by the provider in May and November 2016 as per regulatory requirements. An improvement action plan to address issues identified had been put in place, with an appropriate assignment of responsibility and timelines. An annual review of the quality and safety of care and support from July 2015 to July 2016 had been undertaken and made available to families. This report included an overview of consultation with families regarding the quality of care and support in the centre. There was evidence that questionnaires had been sent to 15 families of children who availed of respite in the centre to ascertain their views.

Judgment:

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and to deliver safe services. However, staff supervision arrangements required some improvement.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children availing of respite in the centre. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers. A small number of relief locum staff were used on occasions. It was noted that these staff were not used on a regular basis but when they were, they were rostered on duty with a permanent member of staff.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that a number of staff were not up-to-date with mandatory training requirements. This included training in relation to: children first, national guidance for the protection and welfare of children, 2011; manual handling; and fire safety. There was evidence that training in these areas were scheduled to take place at the end of January 2017. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were effective recruitment procedures in place that included checking and recording all required information. The inspector reviewed a sample of four staff files. These records were found to contain the information outlined as required in schedule 2 of the regulations.

There were staff supervision arrangements in place but the frequency of supervision was not in line with the centres' policy on supervision. At the time of the last inspection inspectors had the same finding. The inspector reviewed supervision records for four members of staff and found that supervision had not been undertaken in recent months since the appointment of the new person in charge in early September.

There were no volunteers working in the centre at the time of inspection.

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:

Maureen Burns Rees
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0005006
Date of Inspection:	13 December 2016
Date of response:	02 February 2017

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 05: Social Care Needs

Theme: Effective Services

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

There was evidence that a small number of personal plans had not been reviewed within the preceding 12 month period

1. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

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

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 Review and update of all personal plans will begin immediately. Full review will be completed within 8 weeks.

Proposed Timescale: 11/04/2017

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:

On the day of inspection, the inspector observed that the release valve on a number of cylinders was not closed off correctly while in storage.

2. 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:

This action has been addressed. The release valve on the two cylinders are now maintained in a closed position and returned to the closed position following the regular checks. All staff have been advised of this requirement and prior practice corrected.

Proposed Timescale: 02/02/2017

Theme: Effective Services

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

Smoke seals on a number of fire doors had been painted over. These required replacement to ensure they operated as intended in the event of a fire.

3. Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The smoke seals on the doors in question will be replaced. The work has been assigned to a contractor and is expected to be completed within the next 2 weeks.

Proposed Timescale: 13/02/2017

Theme: Effective Services

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

A number of staff were overdue to attend fire training.

4. 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:

All staff have now attended Fire Training. Attendance documentation is held both in the centre file and with the Training Department.

Proposed Timescale: Completed 05/01/2107

Proposed Timescale: 05/01/2017

Theme: Effective Services

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

The inspector observed that the fire exit leading from the kitchen to the side of the building was obstructed on the day of inspection.

Fire drills involving children had been undertaken. However, a number of the children availing of respite in the centre had not been involved in a fire drill in the centre in the preceding 12 month period.

5. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

1: The bins which were deemed to be obstructing the fire exit from the kitchen have been removed.

2: The PIC will ensure that all children participate in a fire drill during the course of the year.

Proposed Timescale:

1: Completed 18/01/2017

2: December 31/01/2017

Proposed Timescale: 31/12/2017

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:

All staff were over due to attend Children First, 2011 training. There was evidence that this was scheduled for the end of January 2017.

6. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

All staff will have attended Children First Training by the end of February 2017.

Proposed Timescale: 28/02/2017

Theme: Safe Services

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

The level of detail provided on a number of plans varied and in some cases provided limited detail to guide staff in meeting the intimate care needs of children.

7. Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

Intimate care plans will be reviewed to ensure that they are adequately detailed.

Proposed Timescale: 31/05/2017

Outcome 12. Medication Management

Theme: Health and Development

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

Two children's files, out of a sample of three reviewed, did not include a photo of the child in line with best practice requirements.

A record was not maintained of the stock of medication received and sent home from the centre for each child's respite visit.

8. Action Required:

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

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

- 1: All Children's IMARS have a photo attached as required.
- 2: A stock recording system appropriate to Children's respite will be developed.

Proposed Timescale:

- 1: Completed by 31/12/2016
- 2: 30/04/2017

Proposed Timescale: 30/04/2017

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 age range for children availing of respite in the service was not specified.

9. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The lower age of admittance has been added to the Statement of purpose document

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

The date on the statement of purpose was incorrectly recorded as June 2015. It was evident that it had been revised to include the name and contact details for the new

person in charge since her appointment in September 2016.

10. Action Required:

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

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

The date on the front cover has been adjusted to reflect the correct revision.

Proposed Timescale: 31/01/2017

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:

The person in charge only had protected time of 12 hours per week for the position of the person in charge. For the remaining hours, she was rostered on duty. This meant that at times the person in charge did not have sufficient opportunity to fulfil all aspects of her role.

11. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

As discussed with the Inspector on the day of inspection, the plan in place to increase the protected time to 15 hours a week, has now been sanctioned. The allocation of these hours will be reviewed annually in line with the needs of the role. The Person in Charge will be able to avail of this time once recruitment has been completed for a staff nurse. The process for this has begun.

Proposed Timescale: 30/04/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were staff supervision arrangements in place but the frequency of supervision was not in line with the centres' policy on supervision.

12. Action Required:

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

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

The PIC will ensure that all staff receive Support & Supervision in line with organisation policy. The PIC plans to conduct one individual Support and Supervision meeting with each member of staff in the first quarter of this year.

Proposed Timescale: 31/03/2017