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A designated centre for people with disabilities operated by Brothers of Charity Services Galway, Galway

Item Type	report
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Citation	Orla Murphy, Ann Delany, 'A designated centre for people with disabilities operated by Brothers of Charity Services Galway, Galway', [report], Health Information and Quality Authority, Compliance monitoring inspection report (Ireland. Health Information and Quality Authority. Regulation Directorate). Designated centres under Health Act 2007, as amended., 2015-07
Publisher	Health Information and Quality Authority
Rights	Y
Download date	2026-05-13 21:27:45
Link to Item	https://hdl.handle.net/20.500.14765/74351

**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 Brothers of Charity Services Galway
Centre ID:	OSV-0003706
Centre county:	Galway
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Galway
Provider Nominee:	Anne Geraghty
Lead inspector:	Orla Murphy
Support inspector(s):	Ann Delany;
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

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 following receipt of unsolicited information. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 22 April 2015 09:00 To: 22 April 2015 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This unannounced inspection was carried out over one day in response to information received by the Children's Ombudsman and passed to the Authority for review. This was the second inspection of the service. The information received was from an anonymous source and described allegations of abuse against residents (children and adults) in the Brothers of Charity Service, Galway. The exact location of the incidents of alleged abuse were not specified. The alleged abuse was also reported to the Child and Family Agency (CFA) and the Health Service Executive (HSE), both of whom commenced investigations which are separate to this inspection process.

On receipt of this information, the Authority carried out an unannounced triggered inspection in a designated children's respite centre located in a congregated setting run by the Brothers of Charity Service, Galway. The designated children's centre comprised of two residential units and one of these was not open to children at the time of the inspection. Therefore inspectors only visited the unit that had children in place. This unit was a bungalow located in a congregated setting in the outskirts of Galway city. Children attending both units for respite care had complex intellectual and physical disabilities or a diagnosis of autism with complex behavioural needs. The centre offered respite care to children across two units. One unit was open for 12 nights per month, with the other unit open for 25 nights per month. As stated previously, only one unit was open during this inspection.

This inspection had a specific focus on safeguarding and safe care practices. Inspectors focused on aspects related to safeguarding and safety across all the outcomes reviewed in this report. Inspectors interviewed two centre managers, one nurse, two care staff, two senior managers, two transport staff and two parents of children using the respite service. In addition, inspectors spent over one and a half hours observing children at play, during a mealtime and while interacting with staff and each other.

The children who attended the centre for respite care had high dependency needs. Of those present on the day of the inspection, four out of five children used equipment to mobilise. Inspectors observed staff engaging with the children in the unit in a kind, caring and respectful way on the day of the inspection. Children's care files, personal plans and daily notes were written in a manner which conveyed both respect and the positive regard the children were held in. Staff knowledge regarding safeguarding practices was good overall, and staff demonstrated that they knew the children's needs and vulnerabilities well. Inspectors found that there were safe systems in place to ensure that children's personal care, finances, medication, accidents and behaviour were managed effectively. Children were observed being at ease with staff, and seeking and receiving support and comfort from them. Staff and children were also observed having fun which had a very positive impact on the children's mood and wellbeing.

Inspectors were satisfied that the staff working in the centre were carrying out their duties to the best of their ability, but found that there was minimal staffing at times and a lack of other resources in place to support the children in good quality community participation on a regular basis. As a result staff were limited in what they could offer children outside of the centre. In addition, there was no transport outside of school hours available to one unit in the designated centre. This, with the limited staffing for children with high dependency needs restricted on the children's ability to access the wider community and the opportunities that come with that.

Inspectors found that personal plans were child centred, and reflected the wishes of the children and their families. There were lots of pictures and pictorial signs and symbols throughout the centre to support children to navigate the centre and its facilities. Behaviour support plans were of a good quality, detailed and informed by a multi disciplinary team. A complaints log was maintained. However, inspectors found that the recording of complaints was fragmented and as a result it was unclear if the issues were fully addressed and resolved.

Inspectors identified significant risks in relation to the safety of staffing numbers, particularly at night time. One nurse was allocated to work at night in each residential unit of the centre. If an emergency evacuation of a unit in the case of fire was necessary, staff informed inspectors that the night supervisor would assist the night staff. However, this meant that it may impact on other units nearby. Following this inspection, the provider submitted a revised evacuation procedure for the designated centre to address the safety concerns. All staff working at night time were trained to administer emergency medication for the management of epileptic seizures.

Deficits were found in areas such as training, the recording of risks and consultation.

These are described throughout this report.

The issue of reduced staffing numbers in this centre, particularly at night time, contributed to some non compliances found in the outcomes reviewed on this inspection. A major non compliance was given for Outcome 17: Workforce.

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

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

No actions were required from the previous inspection.

Findings:

Some consultation with families in the service was in progress and children's individual wishes were well reflected in their plans. However, there was insufficient consultation and influence by children and families in the running of the service. Children's choices, dignity and privacy in respect of their care were respected by staff. Complaints procedures were in place but these were out of date and did not comply with the regulations. Children's opportunities to engage in activities outside the centre were significantly restricted, and this impacted on their rights in relation to choice, participation and equal experiences to that of their peers.

Children were treated with dignity and respect by the staff team in all aspects of their care in the centre. Inspectors found that practices and routines were centred around children's needs and wishes. The children had complex needs and their understanding of aspects of their care was limited. Inspectors observed that there were pictorial versions of rights on display in the centre. None of the children present on the day of the inspection could describe their rights to feel safe, to have help and support from staff, for staff to be kind and their right to tell an adult if they were scared or worried. Inspectors found that all staff were keenly aware of the vulnerability of the children in this regard, and all demonstrated through observed practices and interviews that they had a very good understanding of the children's indicators of their moods and wellbeing. Inspectors also observed staff providing care and support to the children in a discreet and respectful way, and staff encouraged children to express their individuality through their play, interests and interactions. Records examined by inspectors were written respectfully and sensitively. However, children's rights were not upheld in relation to accessing the community and the experiences that come with that. A lack of resources was the primary barrier to this.

Privacy was valued and promoted by staff. Records examined by inspectors showed that children's preferences in feeding and routines were identified and implemented. Documents and plans in place for children clearly identified the manner in which children wished to be supported, and identified indicators that would show that each child may be uncomfortable, in pain or unhappy. There were facilities for children to meet their families privately in the centre, and contact records reflected that many of the children had telephone contact with their parents while in the centre. Parents that spoke to inspectors stated they felt welcome in the centre. None of the children accessed internet or social media independently due to their complex needs and specific vulnerabilities.

Children's possessions and finances were respected and cared for appropriately. The centre had a policy in place to ensure that children's possessions and finances within the centre were safeguarded through procedures to record income and expenditure and audits of this. Children brought small amounts of pocket monies for their stay and appropriate records were maintained for this expenditure.

Children and families were consulted with regarding their individual preferences and wishes for their care. However, formal involvement of children and families in the running of the centre was not yet in place. Inspectors conducted a range of interviews and examined a number of records. These showed that families' views were considered by the staff team when caring for the children, and that staff regularly ascertained the wishes of the children in relation to their daily lives. There was good consultation with children and families individually and their wishes, preferences and likes/dislikes were recorded in the assessments, profiles and personal plans in the centre. In addition, an annual satisfaction survey had recently commenced to inform the provider's annual examination of the quality and safety of care in the centre. However, these surveys had not yet been returned and analysed so their outcome was unknown.

The children attending the respite service had complex needs and staff told inspectors that residents meetings were not held due to the children's level of understanding. Inspectors observed staff offering children choices and acting on their preferences, such as providing snacks, favourite toys and music on their return from school. Each child had a personal profile which described them, their key support needs, their interests and their preferences. In addition, the care and personal plans examined by inspectors reflected the children's wishes in relation to areas such as intimate care, food, skills development, clothing, play and activities. However, records did not always reflect the consultation and choices made by the children during their stay in the centre. The organisation had a service user council where residents were represented. But the children were not represented on this council and the council did not impact or effect change for children using the respite service. There was no regular use of independent advocates in the centre. Information was on display regarding external advocacy services. However, staff were not aware of any instances where this service had been accessed by children and their families.

The management of complaints was not sufficient. There was a complaints procedure in the centre. However, it did not meet the requirements of the regulations and was out of date. The complaints procedure was not centre specific. It did not identify the nominated person to deal with complaints by or on behalf of the residents. The

procedure did not outline a nominated person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained. The policy was dated 2008 and made reference to the Health Act 2004 and it did not reference the current legislation and Regulations. There was a pictorial version of the organisation's complaints procedure in place in the centre called "I am not happy" and there were pictures of moods/wellbeing from a picture exchange communication system (PECS) on display throughout the centre to enable children to identify if something was of concern to them. Inspectors found that these were positive tools to help children understand that their views would be welcomed.

There were two complaints logs in the designated centre; one for each unit. These logs were examined and reflected that complaints were recorded and assigned to the unit manager to address. However, inspectors found that the logs did not adequately document the action taken to address the complaint or if the complainant was satisfied with how the complaint was addressed. There were 10 complaints contained within the logs and these related to issues such as the allocation of respite nights, missing clothing, incompatibility of peers during respite and inadequate communication regarding the allocation of respite stays. Inspectors were informed by the centre managers that the action taken and resolution of complaints was recorded in detail in individual files. Inspectors examined these for some complaints in the log and found that this information was recorded and appropriate actions taken to resolve concerns. However, this recording was fragmented and did not allow for sufficient oversight and follow up for staff regarding complaints and their outcome. Inspectors also found that there was no formal analysis of all complaints to identify trends or patterns and to learn from complaint outcomes. Inspectors observed that the children present during the inspection would have a limited ability to raise concerns due to their non verbal communication and complex needs. However, inspectors observed staff interpreting children's moods and wellbeing accurately. In one case, inspectors observed that a young person's discomfort was identified quickly and responded to appropriately and sensitively by staff. Parents that spoke to inspectors knew how to raise concerns with the organisation and reported that a copy of the procedure was sent to them annually. Parents felt that any concerns or queries they had raised were responded to openly and acted upon.

Opportunities for residents to participate in activities that were meaningful and purposeful to them and that reflected their interests were facilitated in as much as possible inside the centre. However, meaningful activities and opportunities outside the centre were significantly restricted by a lack of appropriate transport and staffing numbers which meant that children were not maximising their participation in the community effectively. The children present on the day of the inspection had varied interests such as listening to pop music, watching movies, listening to stories, self care, sensory toys and relaxation activities. In addition, records examined by inspectors showed that the children enjoyed attending clubs, cinemas, leisure centres, swimming, the beach and having meals out in their communities outside of the centre. Inspectors observed that staff managed the activities and play inside the centre well, and staff engaged with all of the children on their return from school and provided them with play, relaxation and activities that they enjoyed. However, there were three staff available for five children, four of whom used wheelchairs to mobilise. Inspectors observed that staffing numbers could not facilitate the children going outside the centre

more than one at each time as two staff were needed to attend to some children's intimate care needs. On the evening of the inspection one child went for a walk around the campus. There was no transport available to this unit to enable the children to access areas such as city facilities, leisure complexes or beaches. Activity records examined by inspectors reflected that outside activities were mostly limited to on site events such as activities inside the centre or walks and visits to other centres on the campus. There had been occasional trips to have a meal locally or go to the cinema but these were not routine for several children. Inspectors found overall that staff did their best to engage and occupy the children. However, the children's opportunities and rights to be part of the community, experience new things in line with their non disabled peers, and develop and grow socially were significantly restricted by the lack of resources available.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Children's needs were assessed, plans were in place and they received a good quality of overall care delivered by the staff team.

However, some children's personal goals were not progressed in a timely way, and were restricted due to a lack of resources. Progress of personal goals were not adequately recorded.

Children's needs were comprehensively assessed, and routines and life choices were clearly outlined in personal profiles. The centre was suitable in many respects to meet the needs of children. Inspectors examined assessments of need for a selection of children and these were found to be up to date in both units. Assessments were informed by the staff team, a number of professionals involved with the children, and families. These assessments identified the children's needs in areas such as rights, independence, health, mobility, leisure, behaviour support and family and relationships. In addition, children's needs in relation to intimate care and feeding support were fully

assessed. Each child also had an accessible version (with pictures) of their assessed needs, routines and profile. Inspectors found that assessments informed the children's personal plans in the centre. Records examined reflected that assessments had been updated where needs changed. Parents that spoke to inspectors confirmed that they had been involved in their child's assessment.

Children's routines and likes and dislikes were particularly well described. For example, the items or actions needed to help children to sleep at night such as comforters, toys or bedtime stories were specified in children's routines. Inspectors found that the assessments accurately reflected the identified needs of the children in the centre, and parents that spoke to inspectors felt that their child's needs had been satisfactorily identified. Centre records and interviews with staff and parents demonstrated that the team were very cognisant of the children's needs, and were well informed about the care and support they required. Staff were also observed responding confidently to children throughout the inspection and clearly knew the children's support needs in a range of areas such as intimate care, health, play and nutrition.

Personal plans were in place for each child and an achievable number of goals had been identified to develop children's skills while they stayed in respite care. However, in some cases personal plans were not fully implemented. Each child had an accessible version of their plan which was very child centred in its content. For example each plan included information about the child's life at home, a life story book with picture references, details and pictures of the child's likes and dislikes, what was important to the child and photographs of favourite activities and pastimes.

The plans aimed to enable the children to achieve these goals, develop skills and promote their wishes and choices. The children's personal plans were examined by inspectors and found to be detailed, informed by the assessed needs and well focussed on maximising the children's independence while supporting their complex needs. The plans examined typically contained two to four goals and described the children's goals and wishes in areas such as activities of daily living, community access, independence and communication. The views of families were also reflected in plans and parents signed their child's plan. The inspectors found that plans detailed the actions needed to support children to reach their goals. However, inspectors found that for some children there was inadequate progress in some goals and there was little information recorded regarding the reasons for this. In the case of two children, their goals related to access a wider range of activities in the community. This had consistently not been achieved and following discussion with the centre manager, it was evident that this was due to limitations in resources such as staffing numbers and transport. As a result Inspectors found that inadequate staffing levels and resources in the centre impacted negatively on children's achievement of identified goals.

Intimate care needs were well assessed and planned for and children were supported by safe intimate care practices. All children had a detailed intimate care assessment and plan in place. Inspectors examined these plans and found they provided clear and detailed instructions for staff in all aspects of intimate and personal care. These plans promoted sensitive and discreet support for children and aimed to maximise children's self care where possible. Inspectors observed staff initiating and attending to personal care discreetly during this inspection.

Children's daily records were written in positive and respectful language. Inspectors examined a selection of children's daily records and found that children's wellbeing, activities, experiences and care provided were described positively and reflected that staff held the children in high regard. Children's achievements were identified as well as their attributes and staff commented on their humour, patience and engagement with their peers.

Judgment:

Non Compliant - Moderate

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:

Health and safety and risk management in the centre was not fully robust, particularly in respect of the identification of all risks and aspects of fire safety. Incidents and significant events were reported, reviewed and acted upon appropriately. Action plans derived from the risk register were not up to date.

Systems were in place to respond to and act on deficits identified from incidents, accidents and medication errors. An electronic system captured data on accidents, medication errors and incidents in the centre. Inspectors found there was a clear process in place to monitor, manage and trend near misses, adverse incidents and no harm events through this Accident and Incident Report System (AIRS). Incidents were risk rated using a risk matrix and then assigned a value rating. Inspectors found that there was a clear process in place to ensure that risks were notified to the relevant personnel. All incidents were reviewed and signed off by the centre manager and reviewed by the programme manager who monitored reports and entries on the database on a regular basis. These were also reviewed by the wider AIRS multi disciplinary team every two months. Records of the AIRS reviews were examined by the inspectors, and these showed that the learning from incidents was discussed and appropriate action was taken where required.

There were organisational policies and procedures relating to health and safety, and the health and safety statement was up to date. There was also a risk management policy in place that covered the identification and management of risks. A risk register was in use in the centre outlining the risks that had been identified, assessed and their management. However, not all risks had been identified on the register. For example, the impact of low staffing on fire safety and on access to the community/implementation

of personal plans were not identified by managers as risks on the register. In addition, an action plan that was produced to reduce risks outlined on the register had been produced. However, several actions had no progress recorded against the actions. These deficits meant that some risks were not appropriately assessed and mitigated against.

Fire safety systems and procedures were not fully robust. All children had individual evacuation plans. These identified that several children required two staff to support them to evacuate the building on the campus. Inspectors identified that the number of staff working at night was inadequate to meet the evacuation needs of children in the event of a fire as there was one member of staff on duty at night in each unit. In one unit the majority of children attending for respite were not independently mobile and needed full staff support to mobilise. In this unit there was up to five children in the unit at night. Staff informed inspectors that the night superintendent and other night staff from the other units on campus would come to their assistance in the event of a fire. However, this meant that other residents could be left unattended in their homes. In the other unit which was not on the campus the children were all able to mobilise independently with a maximum of three children staying overnight at any one time. Inspectors raised these concerns with the centre managers and provider. and evacuation plans were submitted for both units by the provider following the inspection. These outlined a number of systems and actions in place to ensure that the units could be evacuated safely. This plan also noted that security personnel were also available on campus to assist in evacuations of children that could not independently mobilise.

Staff interviewed by inspectors had a good understanding of fire safety procedures and the children's specific needs in being evacuated. The record of fire drills was examined by inspectors. This reflected that there had been three fire evacuations in the year prior to the inspection. All of these were held during the day. Inspectors found that one night staff member had not experienced a drill in over a year and another staff member had not received fire safety training since 2012. Given the identified risks in relation to fire evacuation, inspectors found that the systems and training in place, particularly at night, were inadequate.

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:

Safe Services

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

No actions were required from the previous inspection.

Findings:

On this inspection, inspectors did not find evidence that there was a risk to the safeguarding and overall safety of children attending the centre. Child protection procedures complied with national guidance. Staff were clear about the signs of abuse and of children's vulnerabilities. However, not all staff were fully aware of the protected disclosure procedure.

As mentioned in the summary of this report, this unannounced inspection was triggered by unsolicited information sent to the Chief Inspector. An anonymous letter had been submitted to the Children's Ombudsman alleging that residents (adults and children) were subjected to abuse in the Galway services of the Brothers of Charity and this was forwarded to the Authority. This unsolicited information did not specify or infer which designated centre the alleged abuse was occurring in.

There were systems in place to protect and safeguard children. However, some deficits were noted. Staff that spoke to inspectors demonstrated knowledge and understanding of what constituted abuse, the types of abuse and demonstrated an understanding of appropriate actions that should take place in response to witnessing abuse. Staff also demonstrated a good awareness of abuse as it pertained to children with a disability. They were aware of the name and contact details of the designated liaison person (DLP). All staff spoken with throughout the course of inspection were given the opportunity by inspectors to disclose any knowledge of abusive or unacceptable practices they may have witnessed while working in the centre. No staff spoken with reported any abuse to inspectors. Staff spoken to stated they had not witnessed any abuse or reported witnessing any abuse over the time they had worked in the centre. All clearly stated that if they were aware of or witnessed abuse they would report it to senior managers in the organisation or to the Child and Family Agency (CFA) if they felt unable to use internal reporting systems.

The centre had safeguarding and child protection procedures in place. Inspectors found that there was an up to date national policy and procedure for the welfare and protection of children. This policy was consistent with the requirements of Children First (2011) and included sections on the definition, recognition and reporting of abuse, standard reporting procedures, the role and responsibility of the designated liaison person, the management of allegations and confidentiality. There was a designated liaison person (DLP) for the organisation to whom all child protection concerns were reported. Inspectors observed that the contact details for the DLP were on display in the centre.

Inspectors found that children's safeguarding needs were assessed, monitored and managed through individual safe care plans, individual risk assessments and intimate care plans. From an examination of a number of personal profiles, interviews and observations inspectors determined that the majority of children attending the centre had high dependency needs and as such had limited ability to protect themselves from abuse. Inspectors found that the assessments and plans in place provided very clear guidelines to support staff to deliver safe support to individual children. Communication

passports for children were also examined and these outlined a multitude of indicators of children's non verbal cues and wellbeing. Inspectors also found that marks or bruises noted on children during their stay were routinely recorded and followed up on with families and other professionals where required. Both centre managers confirmed that there were no child protection concerns in either centre over the past 12 months.

Updated training in child protection and safeguarding was not adequate. Records examined by inspectors showed that staff working in the centre had received training in client protection between 2012-2014 and some but not all staff had also attended "keeping safe" briefings which addressed safe care practices. Staff meeting minutes seen by inspectors reflected that safeguarding practices were discussed periodically by the team. However, most staff had received client protection training as a once off session without refresher training to ensure their skills were adequately maintained in this area. Children had comprehensive intimate personal care plans which promoted safe care practices. Inspectors reviewed a selection of these and they were found to be comprehensive and detailed. They outlined the assistance each child required and detailed children's preferences in these areas.

Children that required behaviour support interventions had positive support plans in place and these were supported by a policy on positive behaviour support. The policy on behaviour support was up to date and outlined a positive approach to managing and reducing behaviour that challenged staff. Inspectors examined two behaviour support plans and found they were up to date and drawn up by the multidisciplinary team with involvement from children's families. The plans were detailed and outlined the interventions staff should implement to prevent or respond to behaviour that challenged the team. Records were maintained of the interventions carried out based on the behaviour support plans and reviews of the plans seen by inspectors showed there was full multidisciplinary involvement in the reviews. Reviews also reflected that interventions that were not effective were changed and there was a strong focus on children's safety in all behaviour support plans. The daily notes of some children whose behaviour challenged the team were examined by inspectors and were found to be described sensitively and respectfully written, and the descriptions of their daily wellbeing was not overtly focussed on negative behaviour.

There was good oversight of restrictive practices in the centre and the least restrictive procedure was used for the least amount of time. The centre had a procedure relating to moving towards a restraint free service dated September 2013 which advocated that the least restrictive measure should be in place for children for the shortest length of time. It also outlined that there must be evidence that less restrictive alternatives were implemented and found ineffective before a restrictive practice was used.

There were some restrictive practices in use within the centre and these were recorded in a log which was reviewed by inspectors. Each restrictive practice measure had an associated risk assessment and had been referred to and reviewed by a Human Rights Committee to ensure the restrictions were justified and in the best interest of the child. For example, bed rails and transport harnesses were used for some children in the centre. Risk assessments had been completed by the multi disciplinary team for their use. Those risk assessments identified the level of risk associated with their use and the control measures to mitigate any risk identified. Both centre managers and staff told inspectors that physical restraints were not used in the designated centre.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors examined the overall safety of the system in place to administer medication and the use of medication to apply a chemical restraint with regard to children's safety during this inspection and found that this was managed appropriately. A new recording system for the administration of medication had been introduced since the previous inspection.

Most aspects of the medication management system were effective and safe. However, more robust assurances were needed where children's prescriptions changed in between stays. The service had a policy for medication administration and management which included the use of 'as required' medication to address behaviour that challenged. Families sent in children's prescriptions to the centre and a general practitioner then visited the centre to transcribe these onto medication administration record sheets (MARS). As a result, the centre was reliant on families to inform them if prescriptions changed. Inspectors found that medication was administered by a registered nurse or a staff member who had received safe administration of medication training. Prescription sheets were in place for each child with medication dosage and route of administration signed by a general practitioner (GP). Each child had medication information which contained their photograph, instruction on how they received their medication, their current prescription, their seizure management protocol and an up to date medical profile. These were all stored with the MARS record. Parents that spoke to inspectors were happy with how their children's medication was administered and managed.

Systems were in place to ensure that chemical restraint was used in accordance with good practice guidelines. Chemical restraint was not in use for any children in the centre. The centre manager told inspectors that if any child was prescribed medication to manage behaviour that challenged it would be administered in line with the general practitioners instructions and the centre's policy on safe administration of medication and would be referred to the organisation's rights committee.

Errors were identified and reported appropriately. However, inspectors examined a recent medication audit carried out in the centre and this noted a recent increase in

recording errors that corresponded with the introduction of a new recording system. In addition, an error was reported for one child where their prescription had changed and this did not correspond with administration records.

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):

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

Findings:

Governance of the centre was effective in some areas such as in the oversight of some practices, consistent multi disciplinary involvement in the children's care, visits to the centre by the provider, staff guidance and communication. However, deficits were identified in areas such as the person in charge role, management oversight, the availability of resources and the oversight of complaints.

The designated centre comprised of two residential units in two separate locations. The person in charge of the centre, the programme manager, was on extended leave at the time of this inspection. In his/her absence, two temporary centre managers had been assigned as persons in charge to the designated centre, working separately in the two units. Both worked full time on shift and had been allocated 7.5 hours for their person in charge role with the rest of their time spent on shift in the respective units. In this inspection inspectors found that both units in the designated centre operated independently. However, the service had applied to be registered as one designated centre. Inspectors found that both units operated as designated centres in their own right and although each temporary centre manager had very good oversight of the unit they managed, they did not have the oversight of both, which constituted the designated centre. This meant that they could not be accountable fully for the centre. Following discussions with the director of care, s/he committed to reviewing the status of the centre and whether the units should be registered separately.

Inspectors conducted interviews with both persons in charge and found them to be suitably qualified people with knowledge and experience commensurate to their roles. They had worked in team leader positions within the Brothers of Charity Galway service

for a number of years and had held the position of temporary persons in charge in the centre since February 2015. Both temporary managers were very knowledgeable regarding the needs of the children in their respective units and demonstrated good leadership skills and a commitment to a quality service for children during this inspection. They both demonstrated a good knowledge of their responsibilities and legislative requirements during this inspection and responded to the inspection in an open manner. Staff that spoke to inspectors felt well supported and guided by both centre managers. Staff also described that both centre managers expected a high standard of care to be delivered to the children attending the centre.

Structural lines of accountability within the organisation were clear. However, it was less clear how local issues were responded to and acted upon by the Board. Both persons in charge reported to the acting programme manager (PPIM) who in turn reported to the director of services. The director of services reported to the CEO. The Director of Services reported to the National Chief Executive Officer (CEO) and to the Chairperson of the Local Board. The National CEO reported to the National Board. All directors of the Local Board were members of the National Board. It was unclear to inspectors how the national board was made aware of the operational issues in the centre such as significant risks, deficits or events and how these were acted upon from that senior level within the organisation.

There were some good management systems in place to ensure that the care provided to children was effective and of a good standard but these requires further development in order to ensure that the service provided was consistent and effectively managed and monitored. There was good communication between the centre managers and staff. The managers effectively communicated with the staff team through team meetings, day to day interactions and guidance, and supervision. There were team meetings every 6 weeks with a standing agenda which included the children, incidents, complaints and policy updates. Deficits and actions identified during the centre managers audits or the deputy director's monthly audits were shared with staff in staff meetings and supervision. Monthly centre managers meeting were held with the acting programme manager and the centre managers informed inspectors that he/she attended these and found them useful in sharing learning and developing a consistent approach across services.

There was some good oversight by the provider of the operation of the centre through unannounced visits and audits. However, the schedule of these visits were not all timely. The provider had undertaken an annual review of the quality and safety of care in the centre in the weeks prior to this inspection. A satisfaction survey had been issued to children and families as part of this. The report was not finalised at the time of the inspection and inspectors requested this was forwarded to the Authority once completed.

Inspectors found that there had been two unannounced 6 monthly visits undertaken by the provider to the centre in line with Regulations and reviewed these reports as part of the inspection. These visits assessed the centre against three outcomes of the National Standards for Adults and children with Disabilities at each visit. Inspectors found that the areas examined across the two visits were communication, social care needs, safeguarding, healthcare, rights/dignity and medication management. Inspectors found that the areas were thoroughly assessed and action plans were produced to address

deficits, some of which had been identified at this inspection. However, inspectors found that if the provider only examined three outcomes every six months, it would take three years to fully assess and be assured of the centre's compliance with the standards and this was not timely. In addition, the providers visits had not adequately identified and addressed the deficits in staffing and the implementation of personal plans that had been identified by inspectors.

There was a facility for staff to raise concerns about all aspects of the operation of the centre. However, not all staff were fully aware of this. The organisation had up to date procedures on protected disclosures of information in the workplace which were on display in the centre. This procedure was examined by inspectors and promoted a culture of openness and accountability so that employees could report any concerns they may have in relation to their workplace. Most but not all staff interviewed by inspectors were aware of the protected disclosure procedure. However, all staff could describe their obligations under a protected disclosure procedure.

Inspectors conducted an interview with the provider nominee who was the director of services. On receipt of the allegation s/he wrote a letter to all staff working in the Brothers of Charity Service requesting that staff come forward with any concerns they had about the care delivered to residents. The organisation had commenced an investigation into the allegation of abuse as outlined in the summary of this report and concurrent investigations were also being carried out by the CFA and the HSE.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

Inspectors found that the numbers of staff on duty during the day and the number of staff for safety procedures at night time were inadequate. These were not appropriate to meet the assessed needs of the residents. Staff required refresher training in child protection and keeping safe to ensure their skills were adequately maintained.

The children attending the respite centre presented with complex care needs and

vulnerabilities. Inspectors reviewed the numbers and skill mix of staff in each residential unit of the designated centre and were not satisfied there were sufficient staff working in the centre during the day to ensure the children's social care needs and personal plan goals were met/achieved. For example, one child's goal was to access community events and leisure pursuits outside the centre, widening their experiences within the community. However, there had been little progress of this goal in over a year, as this child used a wheelchair and required a one to one staffing ratio to mobilise outside the centre. With two to three staff on duty during the day and up to four children using wheelchairs or mobile children with autism that required two to one staffing outside the centre, it was impossible for all children to have trips outside the centre and engage in the community meaningfully. In addition, there was no suitable adapted transport available to one unit to use in the evenings and weekends when children came to stay.

Inspectors found that there were experienced teams working in the centre who knew the children well. This inspection found that children and young people were cared for in a kind and respectful manner by the staff team. The children appeared comfortable with the staff on duty and staff were observed being very well attuned to the children's communication indicators and responded to these promptly.

There were some gaps in staff training and not all staff were up to date with refresher training. Staff had received mandatory training in a range of areas, including client protection, medication management and specialised feeding. However, not all staff working in the centre had received updates or refresher training in child protection and keeping safe to maintain their skills. One staff member had also not received up to date fire safety training but worked alone at night.

Staff and managers were effectively supervised and accountable in their roles. Formal supervision had been introduced in the organisation in the year prior to this inspection and a policy was in place to support this. Inspectors examined a selection of supervision records for care staff and centre managers and found that safety, risks to children and child protection and safeguarding practices were discussed regularly and actions identified and followed up on. A review of team meeting minutes showed that these areas were also discussed at each team meeting, and children's behaviour support plans and restrictive practices were also reviewed at meetings. However, permanent night staff did not attend many team meetings and inspectors found that there was a risk they may not be communicated with effectively around practices, policy and updates regarding children because of this.

Inspectors found there were deficits in night time staffing numbers to ensure that children could be evacuated safely in the event of a fire, as there was one waking staff member on duty at night. The provider submitted an evacuation plan to the Authority following the inspection to provide assurances that sufficient personnel on site would be available in the event of an evacuation.

The vetting and recruitment of staff was robust. Inspectors reviewed a selection of staff files and found that these files contained contracts and evidence of An Garda Síochána vetting and two written references. Nursing staff held up to date registration with Bord Altranais agus Cnáimhseachais na hÉireann (the Nursing and Midwifery Board of Ireland). In addition, there was photographic identification on file for staff.

Judgment: Non Compliant - Major

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:

Orla Murphy
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 Galway
Centre ID:	OSV-0003706
Date of Inspection:	22 April 2015
Date of response:	29 May 2015

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:

Children and families were not formally consulted and involved in the running of the centre.

Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

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

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

Crann Services will formulate a questionnaire to be circulated to all families inviting feedback and suggestions regarding service delivery. Information collated from the questionnaire and through the annual review will be discussed at a family meeting to be convened annually to inform service delivery and planning.

Team leaders will spend time at the annual Individual Planning meetings with families discussing preferences and goals for their child. The minutes from this discussion will be documented and kept in each individual's personal profile.

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

Children did not experience a sufficient range of activities and community participation outside the centre due to a lack of resources.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Team Leaders will link with the Volunteer Co-ordinator to explore volunteer availability to support facilitation of social activities and community participation.

Explore the availability of a bus to be used by Crannóg to facilitate social outings and identify two staff to acquire a D1 licence.

Prepare costings for the provision of 3hrs additional staffing on evenings and weekends to facilitate social and recreational activities and seek additional funding for same.

Proposed Timescale: 31/10/2015

Theme: Individualised Supports and Care

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

The complaints procedure was out of date.

Complaints information was logged in separate records and this was fragmented.

There was no formal trending or learning identified from complaints in the centre.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure

for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

The Complaints Policy & Procedure is under review and will address Regulation 34 (1)

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The complaints procedure did not identify the nominated person to deal with complaints by or on behalf of the children.

Action Required:

Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

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

The revised Complaints Policy & Procedure will address Regulation 34 (2) (a)

Proposed Timescale: 30/09/2015

Theme: Individualised Supports and Care

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

The procedure did not outline a nominated person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

Complaints Policy & Procedure will address Regulation 34 (3)

Proposed Timescale: 30/09/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

Some children did not have their goals progressed in a timely way due to a lack of resources.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Children's goals based on developmental needs will be regularly reviewed and barriers identified to highlight action areas and required responses.

Proposed Timescale: 30/09/2015

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:

Progression of the action plan derived from the centre's risk register was not recorded.

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:

Training will be arranged for managers & team leaders to improve understanding of systems required in designated centres for effective assessment, management and ongoing review of risks. Training will include an analysis of individual risk assessment and how this relates to risk registers for designated centres.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Staff numbers at night were not adequate to fulfil all children's personal emergency evacuation plans (PEEPS) at the time of the inspection.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

evacuating all persons in the designated centre and bringing them to safe locations.

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

Evacuation plan for nights has been reviewed and amended. Copy sent to HIQA. All staff made aware of changes and new protocol has been read and signed off.

Proposed Timescale: 06/05/2015

Theme: Effective Services

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

One staff member had out of date fire safety training.

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 training is now up to date.

Proposed Timescale: 18/05/2015

Theme: Effective Services

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

There was an inadequate number of night time fire drills.

One night staff member had not experienced a fire drill in over a year.

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:

Team Leaders will ensure participation of all staff in fire drills to be scheduled in accordance with safety regulations.

Proposed Timescale: 31/07/2015

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:

The training for some staff in safeguarding was overdue.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

There will be mandatory Children's First refresher training for all staff annually.

Proposed Timescale: 30/09/2015

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:

The practices of ensuring prescriptions were up to date was not fully robust for one child.

Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- o Medication Kardex signed off by Doctor on receipt of prescription letter.
- o A Medication AIRS form has been completed for the incident highlighted at inspection.
- o All staff who administer medication will ensure that medications are administered in accordance with the Medication Administration Policy.

Proposed Timescale: 23/04/2015

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 accountability of the person in charge role was not adequate as there were two persons in charge of the designated centre.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Provider plans to divide the designated centre into two designated centres & in this process will review the PIC.

Proposed Timescale: 31/07/2015

Theme: Leadership, Governance and Management

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

A copy of the annual report on the quality and safety of care in the centre was not available at the time of the inspection.

Action Required:

Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

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

Annual Review is currently underway. A finalised copy will be sent to the Chief Inspector and will be made available to families.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

The number of outcomes examined at the 6 monthly unannounced visits by the provider were insufficient to reach a timely conclusion regarding the quality and safety of care in the centre.

Provider visits had not identified all risks and deficits in the centre.

Action Required:

Under Regulation 23 (2) (a) you are required to: 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 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.

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

The format of the six month unannounced visit will be reviewed and will include an audit of identified risks, deficits and recommendations from any inspections. It will also review the management of any complaints received in the previous six months and may focus on themes such as social care needs or health & safety risk management.

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

Not all staff were aware of the organisation's procedure regarding protected disclosure.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

Team Leaders have instructed all staff (through Communication Book), to read and sign off on the Procedures for Protected Disclosure.

The procedure will be discussed at the next team meeting.

Proposed Timescale: 31/07/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were insufficient staff on duty at times to meet the safety needs and social care needs of children.

There were insufficient staff on duty at times to fulfil children's personal plans.

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:

o Concerns relating to night time fire safety have been addressed through the revised fire evacuation plan.

- o Team Leaders will link with the Volunteer Co-ordinator to explore volunteer availability to support facilitation of social activities and community participation.
- o Prepare costing for the provision of 3hrs additional staffing on evenings and weekends to facilitate social and recreational activities and seek additional funding for same.

Proposed Timescale: 31/10/2015

Theme: Responsive Workforce

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

Some staff had not received timely refreshers in child protection and safeguarding.

Some staff had not received up to date fire safety training.

Some night staff did not attend staff meetings.

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:

- o All staff training is up to date.
- o The schedule of Team Meetings will be reviewed to accommodate maximum attendance including night staff.
- o Detailed team meeting minutes are documented and staff that were not in attendance must read and sign the minutes.
- o There will be mandatory Children First refresher training for all staff annually.

Proposed Timescale: 30/09/2015