

**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 Southern Services
Centre ID:	OSV-0002298
Centre county:	Cork
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Southern Services
Provider Nominee:	Una Nagle
Lead inspector:	Tom Flanagan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

To:

22 October 2014 10:00

22 October 2014 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 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This inspection was the first inspection of the centre carried out by the Authority and its purpose was to monitor compliance with the Regulations.

The centre was in existence for approximately two years and was located in one section of a single-storey premises, the other section of which was used as a centre for adults with disabilities. The centre was one of several centres in a congregated setting in the suburbs of a city.

According to its statement of purpose, the centre provided residential care to two children with intellectual disabilities/autism and the centre had capacity for a maximum of two children. Each of the two children had their own separate apartment within the centre and their own secure garden to the rear and side.

As part of this inspection, the inspector met with the sector manager, the area manager, who was the person in charge, the house parent and with two members of staff. The inspector met briefly with the two children and also inspected the premises, viewed policies, procedures, personal plans and a range of records in the centre.

The inspector found that the children received good quality, person-centred care from an experienced staff group. The environment also reflected this person-centred

approach. The children's parents and professionals from a number of disciplines were involved in care planning and both children were attending a special school in the area.

Improvements were required in a number of areas. The quality and safety of care and support provided was not reviewed regularly. Risk management systems were not sufficiently robust, centre-specific risk assessments had not been carried out and fire safety precautions needed to be strengthened. The policy on supervision had not been implemented and further training of staff was required to ensure that all received mandatory training. The inspector found that not all staff who administered medication were trained to do so and an immediate action plan was issued to the provider in relation to this. These improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 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):

This was the centre's first inspection by the Authority.

Findings:

Children had personal plans that set out their individual needs and choices and the supports they required. They had the opportunities to participate in activities that were appropriate to their needs.

The inspector viewed the files of the two children. Each file contained detailed person-centred plans. There was evidence that these plans were developed with the active participation of the children's parents and the children themselves, where possible. The plans were reviewed by the multidisciplinary team in relation to goals which were set out for each child and the children's parents participated in these reviews. The reviews for both children were held off-site on the day of inspection. The files contained evidence of assessments undertaken by various professionals, including the children's general practitioners (GPs), a psychiatrist, a speech and language therapist and a behaviour specialist.

The personal plans were wide-ranging and person-centred. They included all aspects of the children's lives such as medical condition, education, personal care, communication, activities, dietary requirements, sleep patterns and independent living skills. Staff who were interviewed were very familiar with the personal plans for each child and the inspector found that the plans were implemented.

The children's files contained communications passports which had been compiled by a speech and language therapist. These included photos of the children and their families and personal information on each child and their lives. The health and educational needs of the children and arrangements to meet these needs were set out in detail. There were records of annual medical and dental assessments. Intimate care plans and a

range of risk assessments were also in place for each child. These included the assessment of the risk of going missing and risks associated with engaging in activities in the community.

The children were supported as they made the transition to home or school and there was evidence of good communication between staff and parents and teachers. Both children were attending a special school in the city and the area manager attended reviews of the children's progress in the school. The children were provided with escorts to and from school and staff accompanied them on visits to their family homes.

The needs of both children were complex and, while the area manager described the ultimate goal for each child as that of living in the community, the focus of work with each child was on the short to medium term. There was evidence of the children exercising choice in their daily lives in relation to activities and meals. There was also evidence of staff assisting them with the development of daily living skills such as the management of money, social interaction and self care.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

There were measures in place to ensure the safety of children, staff and visitors but risk management systems were not robust and fire safety precautions also needed to be improved.

There was a health and safety statement, dated 6 October 2014. Some measures were in place to ensure the safety of children, staff and visitors. For example, each child had sufficient personal space and each had their own secure garden. A record of all visitors to the unit was maintained and all staff had An Garda Síochána vetting. The majority of staff had received some training in managing behaviour that challenges. They had the support of a multidisciplinary team in the care of the children and were provided with some protective equipment such as two-way radios and personal alarms. However, apart from an assessment of fire safety measures, risks associated with the premises had not been undertaken. This meant that actual or potential hazards that could cause injury to children, staff or visitors had not been identified.

The procedures in place for the prevention and control of infection were satisfactory.

There were sufficient facilities and materials available for hand washing. Colour-coded cleaning materials were used by staff and the premises was clean. Personal protective equipment was available for staff.

There was a risk management policy which was dated May 2014 but it did not meet the requirements of the Regulations. It did not include hazard identification and assessment of risks throughout the centre or the measures in place to control identified risks, including the risks specified in the Regulations. It did not set out the arrangements for the identification, recording and investigation of, and learning from serious incidents involving residents and arrangements to ensure that risk control measures are proportional to the risk identified. There was no risk register and no overall system for the assessment, management and ongoing review of risk in the centre. This meant that staff did not have clear guidance in relation to the identification of hazards and risks, that management did not have a complete overview of hazards and risks in the centre and that risks were managed in a disjointed manner as a result.

Arrangements were in place for recording of serious incidents. Accidents, incidents and near misses were recorded on specific forms which were signed off by the area manager. The area manager told the inspector that a new computerised system of incident reporting had been introduced and that this had the capability of generating reports on the incidents that occurred in the centre, including any significant trends that may emerge. However, this system was not fully functional at the time of inspection.

A number of precautions were in place to guard against the risk of fire. Suitable fire equipment was available and this was serviced in June 2014. Emergency lighting was in place. Fire exits were unobstructed. Fire drills were carried out on two occasions in 2014. Records of these included comments on the participation of the children and the duration of the evacuation of the premises. Staff were familiar with the fire evacuation procedures which were displayed in the centre. Personal emergency evacuation plans were in place for each child and the needs of each child had been taken into account in the preparation of emergency evacuation boxes, which contained clothing and significant items for each child.

The house parent told the inspector that all staff had received training in fire safety but the training records did not confirm this. The inspector viewed the fire safety register and found that checks on the means of escape and the fire alarm were carried out weekly and not daily as required. The fire alarm panel was not located in the centre but in the adjoining unit for adults and this caused difficulties for the staff when trying to organise fire drills. The area manager told the inspector that this issue had been identified as a problem in an assessment carried out on 20 October 2014 and that plans were in place to install a discrete fire alarm for the unit in the weeks following the inspection.

Judgment:
Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There was a range of measures in place to safeguard the children and protect them from abuse. However, not all staff were trained in child protection and the management of behaviour that challenges.

There was a policy and procedures on child protection which was dated February 2013 and was satisfactory. Appendices to the policy included a copy of the standard report form, the details of the designated liaison person and contact details for local duty social work offices. A social worker in the organisation was the designated liaison person for reporting allegations or suspicions of abuse and neglect in accordance with national guidance. The area manager and the house leader were aware of their responsibilities in relation to child protection. They were clear about how to report of any allegations of abuse or neglect and the area manager outlined the steps he would take in the event of an allegation of abuse of a child by a staff member. There had been no allegations or suspicions of abuse and neglect recorded or reported in the centre.

The area manager told the inspector that all staff members attended training in Children First: National guidance on the Protection and Welfare of Children (2011). However, training records did not confirm this. Staff members interviewed by inspectors was knowledgeable regarding the signs and symptoms of abuse and were clear about how to report any child protection concerns they may have. Staff were also aware of a whistleblowing policy and felt confident that they could express any issues of concern that they may have about the safety of the service. The inspector observed that staff members treated the children with warmth and respect.

There were various safeguards in place to protect children. An Garda Síochána vetting was in place for all staff. Risk assessments were carried out in relation to individual children. Children were supervised by two staff each during the day time in the centre and there were two staff on night duty. Each of the children had their own secure garden and their interactions with other people outside the centre were closely supervised. Intimate care plans were also in place for each child.

Efforts were made to identify, understand and alleviate the underlying causes of behaviour that was challenging for each child. There were positive behaviour support plans in place for each child and there was evidence of multidisciplinary input into these

plans. Some staff had completed training on understanding behaviour that challenges and systems were in place to record key information on mood, circumstances and behaviour of each child on a daily basis. This information was then analysed by a specialist behaviour therapist and informed future care planning for the children.

Some restrictive practices were used in the centre. These included the use of a key pad on the front door, a harness used in the centre vehicle, PRN (to be administered as required) medication and, in the case of one child, a seclusion room. All uses of restrictive practices were recorded and closely monitored by a multidisciplinary behaviour standards committee who met monthly. Seclusion was used on one occasion in 2014 for the safety of the child concerned. A detailed protocol was in place for the use of seclusion and its use was strictly monitored. There was evidence that the safety of the child was the key consideration for the committee and the staff concerned. Records showed that some previously-used restrictive practices had been discontinued and staff told the inspector that greater staff awareness of the child's needs and the development of detailed intervention strategies had reduced the need for safety measures to be put in place. The inspector viewed detailed protocols in relation to chemical restraint which were signed by a psychiatrist. These protocols were also linked to the intervention strategies and records showed that the use of chemical restraint had been reduced over time.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place to ensure that medication management was safe. However, some staff had not been trained in the safe administration of medication and some improvement was required in the prescription of PRN (to be administered as required) medication.

The policies and procedures on medication management, which were signed and dated by the director of services in May 2012, were generic to the entire service but they were largely implemented in the centre. However, the policy stated that staff administering medication should be authorised and trained. The manager told the inspector that only four of the staff who administered medication to children were trained in the safe administration of medication and training records confirmed this. As the practice of

untrained staff administering medication was unsafe the inspector issued an immediate action plan to the provider and the area manager gave an undertaking that only staff who were trained would administer medication from then on.

Medication was stored in a locked cupboard in the staff office and there was separate secure storage available for controlled drugs although there were no controlled drugs in use in the centre. Medication was maintained separately for each child and was clearly labelled.

The inspector viewed the medication folders for each child and each contained a photograph of the child, a staff signature sheet, prescription sheets and administration sheets. All prescriptions and discontinuations of medication were signed by a medical practitioner. However, the prescription sheets did not have separate sections for the recording of PRN medication and the maximum dosage of some PRN medications were not recorded.

Medication was occasionally used as a chemical restraint in the management of behaviour but this practice was closely monitored and reviewed. The inspector viewed a detailed protocol for the administration of PRN medication to one child. This had been developed and signed by key medical and other professionals who were involved in the child's care and was linked to a positive behaviour management programme. The house parent told the inspector that the development of such a programme had heightened the awareness of staff to the needs of the child in relation to their behaviour and that appropriate intervention at an early stage of the escalation of the child's behaviour had reduced the need for PRN medication to be administered.

A process was in place for the recording and review of medication errors. However, no audits had been undertaken on the medication management system. This meant that, apart from receiving information on medication errors from staff, some of whom were untrained in this area of practice, managers had no way of assuring themselves that the medication management system was protecting the children.

While procedures were in place for the assessment of the ability and competency of residents to self-administer medication, neither of the children was able to carry out this task.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

There was a written statement of purpose that set out the aims, objectives and ethos of the centre and described the services provided. The manner in which care was provided to children and the services and facilities reflected the statement of purpose. Some improvements were necessary to ensure that the statement met the requirements of the Regulations.

The statement had been recently reviewed and the updated document was given to the inspector. However, it was not dated and a number of items of information required by the Regulations were omitted. Omissions included the gender of residents and the criteria used for admission. Some information which may identify the current residents needed to be removed from the statement.

The statement had not been made available to the children or their parents as required by the Regulations.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

A management system was in place to support the delivery of care but improvements were required in the areas of risk management, monitoring the quality and safety of the service provided and the recording of management meetings.

The management structure, which identified the lines of authority and accountability in the centre was set out in the statement of purpose. Staff reported to the house parent, who, in turn, reported to the area manager who was also the person in charge. The area manager reported to the sector manager, who reported to the director of services.

Management systems to review the safety and quality of care and support to residents were not fully developed. There were systems in place to ensure that children's rights were promoted and to review and monitor restrictive practices. Systems were also in place to record and review any incidents or medication errors. There was evidence that parents were consulted and were closely involved in the review of their children's care and personal plans. However, there were no unannounced visits to the centre by the provider or nominee to prepare a written report on the safety and quality of care and support provided and there was no plan in place for an annual review of the quality and safety of care and support in the centre. The inspector viewed evidence that outcomes in relation to individual children were monitored. However, there were no audits carried out by the area manager and there was no system in place for managers to sign children's files or reports to indicate that they had read them.

The area manager told the inspector that fortnightly meetings were held between area manager and the house parents but that each house parent recorded decisions relevant to their centre and there were no formal minutes kept of the meetings.

The area manager had a degree in social care and had undertaken management training. His position was fulltime but he was also the person in charge for nine other centres on the campus. While he did not work in the centre, he demonstrated that he managed all aspects of the centre and was very familiar with the children and their needs. He told the inspector that he visited the centre regularly and attended key meetings with other professionals in relation to the children's care and education. He told inspectors that he approved the roster and that he had a key role in the selection of staff who would work in the centre. When interviewed, he demonstrated adequate knowledge of the legislation and of his statutory responsibilities.

The area manager told the inspector that there was a service level agreement in place with the Health Service Executive (HSE) but the inspector did not review this document as it was not located in the centre. The area manager was not aware of any key performance indicators required by the HSE in relation to the centre and told the inspector that the director of services liaised with the HSE on behalf of the entire service.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

Staffing levels were sufficient to provide adequate care for the residents. Managers ensured that the children were provided with continuity of care and staff were very familiar with the children and their needs. There was no individual supervision for staff and not all staff had received mandatory training. Staff files required updating.

The staff roster was planned one month in advance and this took into account the assessed needs of each child. There were ten staff members, which comprised social care workers, care assistants and one nurse. The social care leader told the inspector that one full time staff member had recently left and had yet to be replaced.

The social care leader was responsible for the day-to-day management of the centre and was included in the staff rota. There was an appropriate allocation of staff. There were no staff on duty while the children were attending school. While the children were in the centre, four staff were on duty with two staff assigned to each child. Overnight there was one waking staff and one sleeping staff.

There was a programme of training in place which was organised by a training officer. Records showed that five of the ten staff had received training in fire safety and in child protection. Seven staff had received training in a recognised form of managing behaviour that challenges. Six staff had undertaken training in positive behavioural support. Four staff had received training in the safe administration of medication. Training had also been provided to some staff in risk assessment, manual handling and in supervision. There was no overall training matrix in place which was centre specific and no training needs analysis had been completed for the staff team. This meant that the person in charge did not have sufficient information about the training needs of this particular staff group and could not assure himself that all staff had the up-to-date training they required to meet the children's needs.

Staff who were interviewed by the inspector presented as experienced and competent. They were familiar with the Standards and Regulations. Their interactions with the children were observed to be warm and caring.

Records showed that team meetings usually took place monthly, except during the summer months when the children were on holiday from school. The inspector viewed minutes of the three most recent meetings. They were attended by an average of six staff. The agenda items included the care of the residents and a range of other issues such as policies and procedures, rosters and practical issues such as cleaning of the centre.

There was no system of formal supervision or appraisal in place. Staff told the inspector that they were supervised informally by the house parent but that this was not recorded. The person in charge told the inspector that a policy on supervision had been developed but had not yet been implemented. There were no plans to provide individual

supervision. Instead, a system of group supervision was planned and training for this had begun. Staff told the inspector that they felt supported by the house parent and that an employee assistance facility was also available to them. However, the lack of supervision meant that staff did not have a formal mechanism of support in which they could reflect on and be held accountable for their individual practice, raise issues of concern or difficulty or discuss possible opportunities for further training or career development. Managers, in turn, did not have a forum in which to foster improvement in the practice of individual staff members.

The inspector viewed four staff files, each of which contained An Garda Síochána vetting. However, none of the four files contained all of the information required by Schedule 2. In one file there were some gaps in employment history that were not adequately explained. It was not clear from some of the files when the staff members commenced employment, the positions they held, the work they performed and the number of hours for which they were employed.

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

Judgment:

Non Compliant - Moderate

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:

Tom Flanagan
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 Southern Services
Centre ID:	OSV-0002298
Date of Inspection:	
Date of response:	26 January 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 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:

The risk management policy did not include hazard identification and assessment of risks throughout the centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

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

centre.

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

- The Risk Management Policy has been reviewed to include to include hazard identification and risk assessment throughout the centre.
- The policy will be implemented using a risk register system.
- Staff team will be trained on this new procedure.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of accidental injury to children, visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

- The revised policy ensures that all identified and assessed risks in relation to accidental injury to residents, visitors or staff, have associated control measures and action plans in place.
- Accidental Injury is a specific heading on the local risk register.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

- The revised policy summarises the Services approach to the Management of Behaviours that Challenge and ensures that all identified and assessed risks in relation to aggression and violence have associated control measures and action plans in place.
- Challenging Behaviour including aggression and violence is a specific heading on the

local risk register.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risk of self harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

- The revised policy summarises the Services approach to the Management of Behaviours that Challenge and ensures that all identified and assessed risks in relation to self harm have associated control measures and action plans in place.
- Challenging Behaviour including self harm is a specific heading on the local risk register.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

- The Risk Management Policy has been revised to include the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.
- A new computerised Accident/Incident Reporting System will be used to assist in monitoring and learning from serious and adverse incidents

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

- There will be a local risk register; The control measures and action plans identified in the local risk register will be reviewed to ensure that they do not unduly negatively impact of the quality of life of service users.

Proposed Timescale: 27/03/2015

Theme: Effective Services

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

The system in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies was not sufficiently robust.

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:

- The Risk Management System provides for regular review of the assessment and management of risks and procedures to be followed in the event of an Emergency.

Proposed Timescale: 27/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control identified risks, including the risks specified in the regulations.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- The revised policy will ensure that control measures and action plans are in place for all identified risks.

Proposed Timescale: 27/03/2015

Theme: Effective Services

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

Not all staff were trained in fire safety.

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 received Fire Safety Training.

Proposed Timescale: 30/01/2015

Theme: Effective Services

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

Daily checks were not carried out on fire precautions, including the means of escape and the fire alarm.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

- A new system has been put in place that daily checks are carried out by senior staff on duty.

Proposed Timescale: 01/01/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The fire alarm panel was located in the adjoining centre and this made it difficult for staff to check the fire alarm panel and to arrange fire drills.

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:

- A new Fire Panel is installed in this Unit and is fully operational.

Proposed Timescale: 12/01/2015

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:

Not all staff were trained in the management of behaviour that challenges.

Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- The Training Needs Analysis for 2015 has been completed and staff will receive training on Positive Behavioural Support Training

Proposed Timescale: 30/04/2015

Theme: Safe Services

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

Not all staff were trained in Children First (2011).

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:

- The Training Needs Analysis for 2015 has been completed and staff will receive Children's First Training.

Proposed Timescale: 04/02/2015

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:

Not all staff who administered medication were trained in the safe administration of medication.

The maximum dose for some PRN medications was not recorded on the prescription sheets.

No audits of medication management were carried out.

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:

- The Training Needs Analysis for 2015 has been completed and staff will receive Safe Administration of Medication Training.
- All maximum dose of PRN medications have now been recorded on the prescriptions sheets.
- Audits of medication management are now carried out on a 7-day basis.

Proposed Timescale: 30/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not dated and a number of items of information required by the Regulations were omitted. Some information which may identify the current residents needed to be removed from the statement.

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 Statement of Purpose will be updated and reviewed as required and will be displayed in the service area.

Proposed Timescale: 13/02/2015

Theme: Leadership, Governance and Management

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

The statement of purpose had not been made available to the children or their parents.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

- We will advise parents that the Statement of Purpose is available for their perusal from the Service Provider.

Proposed Timescale: 13/02/2015

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:

There was no annual review of the quality and safety of care and support in the centre.

Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Brothers of charity have put a system in place for an annual review.

Proposed Timescale: 15/05/2015

Theme: Leadership, Governance and Management

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

There were no unannounced visits to the centre by the provider or nominee every six

months to prepare a written report on the safety and quality of care and support provided.

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:

- An unannounced visit was completed.

Proposed Timescale: 22/01/2015

Theme: Leadership, Governance and Management

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

There were no audits carried out by the area manager and there was no system in place for managers to sign children's files or reports to indicate that they had read them.

A number of management meetings were not formally recorded.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- A new reporting system has been put in place and the PIC signs off weekly reports from this service area. PIC will sign off on children's daily reports as part of the formal meeting with the manager.
- All management meetings are now formally recorded.

Proposed Timescale: 19/01/2015

Theme: Leadership, Governance and Management

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

A written report on the safety and quality of care and support provided was not maintained and made available on request to residents and their representatives and the chief inspector.

Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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

- Unannounced visits commenced and a copy of the report will be made available after these visits to the parents, and the Chief Inspector if requested.
- The second six monthly inspection is planned.

Proposed Timescale: 13/02/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support in the centre which provided for consultation with residents and their representatives.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

- The Services will put a system in place so that Annual Reviews will be completed to include residents and families.

Proposed Timescale: 15/05/2015

Theme: Leadership, Governance and Management

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

There was no copy of an annual review of the quality and safety of care and support in the centre made available to residents and, if requested, to the chief inspector.

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:

- A copy of the Annual Review will be made available to residents, their families and if requested, to the Chief Inspector.

Proposed Timescale: 15/05/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

None of the staff files contained all the information required by Schedule 2.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- All Staff files in this Unit will be updated as per Schedule 2.

Proposed Timescale: 27/02/2015

Theme: Responsive Workforce

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

Not all staff had received training in fire safety, Children First (2011), safe administration of medication and in managing behaviour that challenges.

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:

- The Training Needs Analysis for 2015 has been completed and staff will receive the above training.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

The policy on supervision had not yet been implemented and there were no plans for the individual supervision of staff.

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 manager has been trained on supervision and is providing one-to-one supervision to the staff.

Proposed Timescale: 06/01/2015