

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

Issued by the Chief Inspector

Name of designated centre:	150 Gracepark Road
Name of provider:	ChildVision Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	01 December 2021
Centre ID:	OSV-0002092
Fieldwork ID:	MON-0026772

About the designated centre

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

This is a service operated by ChildVision and located near a busy vibrant town in north county Dublin. It provides residential and educational support for six young people (students) with a visual impairment and is open to the students from Sunday to Friday. The house is a two storey dwelling which consists of a kitchen, spacious dining room, fully furnished sitting room, a study room and five bedrooms. Private parking is available to the front of the property and a garden area to the back. Systems and resources are in place to ensure each students assessed social, healthcare and educational needs are provided for. The house is staffed with a qualified social care leader, and a team of qualified social care professionals. Nursing support (as required) is also available to the students.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 December 2021	10:00hrs to 16:30hrs	Anna Doyle	Lead
Wednesday 1 December 2021	10:00hrs to 16:30hrs	Michael Muldowney	Support

What residents told us and what inspectors observed

Overall, the students (residents) here reported that they really liked staying in this centre and found the staff team very supportive. The inspectors also observed this over the course of the inspection. While significant improvements were required in fire safety and some improvements were required in a number of other regulations, it was clear from observing the practices, talking to residents and staff; and reviewing records that the quality of care was to a very good standard in this centre.

Inspectors had the opportunity to meet three of the students on the day of inspection and one was at home with family. Two of the students agreed to talk to inspectors about what it was like to live in this centre. The feedback provided was very positive and students spoke about leading very active lives. There was a strong focus in this centre on promoting people's independence.

It was also clear on the day of the inspection that the residents lived very active lives. All of them attended a local secondary school. After school staff supported them to complete homework and assisted technologies were available to support the students individual needs.

Information boards contained notices that had been converted into Braille such as menu plans for the week and how to access advocacy services. The Wi-Fi code for the centre was clearly displayed in Braille format in the study room. Students met to discuss things they liked and did not like in the centre.

The centre was homely and for the most part clean, some areas needed attention and this is discussed in detail under section 2 of this report. As the students were in school, when inspectors arrived in the centre, the staff had sought their approval for the inspectors to view their rooms and look at their personal plans. This informed inspectors that residents' rights were respected. Some of the students shared rooms, however this was only done if the students agreed to it. The students reported that they were happy with their rooms and the premises in general. They had no problems accessing any areas of their home. There was a large garden to the back of the property. The kitchen was spacious and students spoke about some of the cooking they liked to do. For example; one student spoke to inspectors about how they were learning to cook some of their favourite meals, they were also planning on cooking a traditional meal from their native country.

Two students spoke to inspectors about their views and experience of living in the centre. The students told inspectors that they like living in the centre. The students liked being able to develop skills to be more independent and described how they are learning to cook and bake, and to go on walks independently in the community. The students had a very full routine of learning activities but also engaged in activities for fun such as horse riding. The students said that the staff working in the centre were very kind, patient, and helpful in every way. They liked the food, felt

safe and overall had no complaints about the centre but told inspectors that they would comfortable making a complaint if need be.

One student described moving to this centre as " life changing" as staff supported them in everything they wanted to do and learn. In doing so they were supported to increase their independent living skills which would now enable them to move forward in their life and attend college. They also said that this independence allowed them to lead a very active social live.

Staff members were observed supporting students in a respectful and warm manner. The students appeared relaxed and comfortable in the presence of staff and inspectors observed them conversing openly.

Inspectors viewed a sample of student and family questionnaires from 2021. The feedback from the students and their families was very positive and particularly complimented the staff working in the centre. The responses demonstrated that they were happy with the quality and safety of care provided in the centre. Three students had also completed questionnaires in advance of this inspection. The feedback was overall very positive and demonstrated that the students were happy with staff in the centre and with the activities they engage in.

The next two sections of this report present the findings of this inspection in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being provided.

Capacity and capability

Overall, inspectors found the centre was adequately resourced. There were management systems in place to ensure good quality care was being delivered; however, as stated earlier, significant improvements were required under fire safety and some were required under, staff training, governance and management, records stored, infection control procedures, the premises and medicine management systems.

There was a defined management structure in place which consisted of an experienced person in charge who had recently been appointed and worked on a full-time basis. The person in charge had worked in the centre for several years and had a clear understanding of the service provided to students, and of the operational management and administration of the centre. The person in charge demonstrated that they had adequate management and supervisory experience. The person in charge was undertaking an appropriate management qualification. They were due to complete the qualification in the coming months and in the mean time

were receiving close supervision from the director of the centre as well as mentoring from a person in charge of another centre.

The provider had completed an annual review and six-monthly reviews on the quality of care and support provided in the centre. The annual review and six-monthly audit had included consultation with the students and their families. Audits were also taking place in areas such as medication, fire, and the premises. Where these audits found areas for improvement, the actions required were not reflected in SMART format to support achievement. However, inspectors did find that the learning identified from inspections of other centres was shared with the centre.

The centre had enough staff with the right skills, qualifications and experience to meet the assessed needs of the students. Nursing care and allied health care services were provided as required. The staffing levels in the centre reflected the staff complement in the statement of purpose. The person in charge was maintaining a planned and actual rota. Improvements were required as the rota did not include the full names or titles of staff and included staff who were not on duty in the centre.

Inspectors observed staff to engage with the students in a very professional, warm and kind manner. Inspectors spoke to a number of staff during the inspection and found them to be very competent, knowledgeable, skilled, and motivated in supporting the students to achieve their full potential. Staff spoken with described to inspectors how the students needs are assessed and supported. Staff spoken with also explained the fire evacuation procedures, safeguarding arrangements and procedures, and how residents are supported to have choice and control in all aspects of their lives in the centre.

Staff had received education and training to enable them to provide care that reflected up-to-date evidence based practice. In addition, to mandatory training, some staff had undertaken further training in relevant areas such as human rights, diversity, and Braille. The person in charge maintained a training log for staff in the centre. Inspectors found that most staff had completed all required training, however, two staff members required practical training in adult safeguarding and one staff member required practical manual handling training.

The person in charge provided informal and formal supervision to staff members. Staff spoken with were very satisfied with the level of supervision provided to them and with the support they received from the person in charge.

The centre had a statement of purpose containing the information set out in Schedule 1. The statement of purpose was recently updated to reflect changes to management. The statement of purpose was in a format accessible to the students and their families.

The centre's admissions processes were in line with the statement of purpose. The provider had also prepared an admissions policy. The inspectors reviewed a sample of students agreements for the provision of services and found them to be satisfactory.

The registered provider had prepared and implemented written policies and procedures. The policies and procedures were readily available to staff and were implemented in practice. However, some of the policies had not been reviewed and updated within three years such as the policy on recruitment, the policy on students personal property and money, the policy on transitions and discharge, the policy on emergency planning, and the policy on supervision. The risk management policy also required further consideration to ensure that it met the requirements of regulation 26.

Students were encouraged and supported to express any concerns. The registered provider had established and implemented systems to address and resolve issues raised by the students or their representatives. The provider had prepared a written policy on complaints which was in a user-friendly format, accessible to all students and displayed prominently in the centre. One complaint was raised by a student in 2021; the complaint was addressed promptly and resolved to the satisfaction of the resident.

From a review of incidents that had occurred in the centre since January 2021, the person in charge had also notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the centre.

Regulation 14: Persons in charge

The registered provider had appointed a full time person in charge. The person in charge demonstrated adequate supervisory and management experience and skills, and was completing an appropriate management qualification.

Judgment: Compliant

Regulation 15: Staffing

Improvements were required to the rotas as they did not include the full names and titles of staff on duty, and did include staff who were not on duty in the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Some members of staff required training in adult safeguarding and manual handling.

Judgment: Substantially compliant

Regulation 21: Records

The maintenance of records required some improvement, for example, there were minor gaps in relation to the dating of documents in personal plans. However, these gaps did result in a medium or high risk to residents.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had appropriate insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

The auditing arrangements required enhancement to ensure that actions identified for improvement were acted upon and monitored.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider ensured that adequate admission policies and practices were in place. A review of a sample of contracts of care found them to be satisfactory.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose containing the information set out in Schedule 1. The statement of purpose was reviewed and revised as required and a copy was available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incidents that had occurred in the centre since January 2021, the person in charge had notified the Health Information and Quality Authority (HIQA) in line with the regulations when an adverse incident had occurred in the centre.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The registered provider had notified the office of the chief inspector, in writing, of the procedures and arrangements that were in place for the management of the centre during the absence of the person in charge.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had provided an effective complaints procedure for students and their representatives. The procedure was in an accessible and age-appropriate format and included an appeals procedure. The procedure was displayed prominently in the centre. Residents had access to advocacy services if they wished. Inspectors found one complaint was made 2021; the complaint was addressed promptly and resolved to the residents satisfaction.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had adopted and implemented the written policies and procedures set out in Schedule 5. The policies and procedures were readily available to staff, however, several policies had not been updated within three years.

Judgment: Substantially compliant

Quality and safety

Overall, the residents (students) here had a very good quality of life. The care and supported provided enabled the students to be independent and lead self directed lives. As stated, the arrangements in place to contain fire and ensure a safe evacuation of the centre needed review. Improvements were also required in infection control measures and medication management.

While the provider had fire safety management systems in place on the day of the inspection, a number of improvements to the fire containment measures following a walk around of the centre were identified. Three doors down stairs were not fire doors even though high risk equipment was stored in them. The fire evacuation procedures in the centre did not fully guide practice as it did not ensure that the fire services were called in a timely manner. A fire drill had not been carried out to ensure that all staff and residents could be evacuated when the staffing levels in the centre were reduced to one staff member being on duty. Inspectors required the provider to seek assurances from a competent person that the fire containment arrangements in the study room / staff sleep over room and the kitchen main living area were acceptable. It was observed that some fire doors were wedged open, albeit for a short time.

In addition, the exit to the back garden was key operated and the requirement to use a key to exit the centre could prevent a timely evacuation of the centre.

The centre was found to be warm, comfortable, homely, and tastefully decorated. Students could access all parts of the centre, there was adequate communal space and facilities providing opportunities for rest and recreation. Students were able to decorate their bedrooms to their preferences. There was a large garden at the back of the house that students could avail of. Generally, the centre was clean and well maintained and some areas that required attention had already been identified by the provider through their own audits and had been reported to the maintenance department for their attention. For example; the person in charge had requested for the centre to repainted internally and for curtains in the living room and some bedrooms to be replaced. However the inspectors observed that the carpets in one bedroom and a staff room were also stained in areas. The flooring in the downstairs bathroom required a deep clean as did the shower in the main bathroom upstairs. There was also some mould around the window in one bedroom. The flooring in the sitting room was marked and scratched in areas and required attention.

Inspectors reviewed a sample of students individualised assessments and personal plans. Inspectors found the assessments to be comprehensive in identifying the students health, personal and social care needs. Associated personal plans were developed with student and family involvement. The plans were reviewed as required and reflected multidisciplinary input where required. Students received appropriate health care and had access to allied health care professionals and services as appropriate. Students were provided with appropriate care and support in accordance with evidence-based practice, their assessed needs, and their personal will and preferences. Students had opportunities to participate in activities within and outside the centre, to develop and maintain their wishes, goals, relationship, and general development. Students engaged in activities for their development such as typing lesson and orientation training, as well as activities for leisure such as going out for meals, shopping trips, yoga and exercise, and playing music.

Students were assisted and supported to develop their knowledge, self-awareness, understanding and skills needs for self care and protection. Robust policies and supporting procedures were implemented to safeguard students from all forms of abuse. Students were protected by practices that promoted their safety such as access to advocacy services, recruitment and supervision arrangements, and staff training in Child First and safeguarding adults from the risk of abuse. Inspectors spoke to some staff members in relation to the safeguarding procedures in the centre. The staff members were knowledgeable in recognising the signs of abuse and responding appropriately to any safeguarding concerns.

A student handbook was available to the students in accessible formats. The handbook was comprehensive and outlined all the information relevant for the students such as the management and running of the centre, rights, complaints, communication, and the provision of services. The provider had prepared other relevant information such as the statement of purpose into plain English text, Braille, and into the language for students for whom English is not their first language.

There was arrangements in place to identify, assess, control, and monitor risks in the centre. The safety of students was promoted through risk assessments, learning from events, and the implementation of policies and procedures designed to protect residents. The centre maintained a comprehensive risk register which was regularly reviewed and updated. The risk register outlined the main risks presenting in the centre and the controls in place to mitigate the risks. Since the last inspection, the centre had a new vehicle used to transport residents which was found to be safe and roadworthy. The risk management policy and emergency planning policy is referred to under regulation 4.

There was infection prevention and control arrangements and policies implemented in the centre. Staff members had completed training in infection prevention and control, and inspectors observed staff to wear face coverings, maintain social distancing, and adhere to standard precautions. The centres infection prevention and control strategy had been recently updated and was readily available in the centre. COVID-19 associated risks had been assessed and associated control measures were identified and implemented. There was adequate hand washing

facilities, and information on COVID-19 was displayed throughout the centre. Public health guidance on infection prevention and control was available to staff and to students in multi-language format and in Braille. Staff and students were completing daily monitoring checks and some visitors to the centre were also symptom checked. Enhancements were required to the symptom checking of staff and visitors. On the morning of the inspection, a staff member from another part of the organisation was in the centre, however had not completed a symptom check at the centre before entry. In addition, the timing of symptom checking of staff working overnight shift needs to be clarified and communicated to staff. The self assessment questionnaire issued by the Chief Inspector in August 2021 had not been completed.

The provider had a policy in place for the safe administration of medicines in the centre. This had recently been reviewed along with some of the practices in the centre following a recent inspection by the Health Information and Quality Authority of another designated centre under this provider. This provided assurances that the provider was taking actions to address the improvements required to the management of medicines in this centre. At the time of this inspection improvements were required to ensure that a registered medical practitioner had signed off on any of the medicines prescribed to students, the practice of transcribing medicines needed to be reviewed, that medicines were stored securely in the centre and the practices in relation to over the counter medicines were reviewed. Following a discussion with the person participating in the management of the centre, assurances were provided that these issues were under review. This was taken into consideration as part of the judgment along with the fact that there was no major risk to the residents who either self-medicated or were prescribed vitamins.

The centre promoted a human rights based approach to care and support, and the environment was free of restrictions. Some staff members had completed training on human rights to further strengthen the human rights based approach implemented in the centre. There was guidance and information for students on accessing advocacy services, and their rights. Students had attended advocacy classes and some had completed learning programmes on Advocacy. The students attended monthly house meeting and discussed topics such as complaints, infection prevention and control, household chores, and leisure activities. Inspectors observed the students to be independent in the centre and to have full access to the environment. Students also told inspectors of how they have been supported to develop their independence within and outside of the centre.

Regulation 13: General welfare and development

The registered provider had provided each student with appropriate care and support in accordance with evidence-based practice, assessed needs, and the students personal will and preferences. The registered provider had provided

facilities for occupation and recreation, and opportunities to participate in activities of the students interests and development needs.

Judgment: Compliant

Regulation 17: Premises

Some improvements were required in relation to the bathrooms, carpets, mould in one bedroom, and flooring in the sitting room.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide in respect of the designated centre and ensured that the guide was in a format accessible to the students and to their families. The guide included a summary of the services and facilities provided, terms and conditions of residency, arrangement for the involvement of students in the running of the centre, complaints procedures, and visiting arrangement.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had ensured that arrangements were in place to identify, assess, manage, and monitor risks presenting in the centre. The registered provider had arrangements for the review and learning from events. The vehicle used to transport students was insured, roadworthy and suitable for the students use.

Judgment: Compliant

Regulation 27: Protection against infection

The monitoring of staff and visitors for COVID-19 symptoms required improvement and the centre had not completed the self assessment questionnaire issued by the chief officer.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had not made adequate arrangements for the containment of fires.

There were three doors downstairs that were not fire doors.

The fire evacuation procedures in the centre did not fully guide practice.

A fire drill had not been carried out to ensure that all staff and residents could be evacuated when the staffing levels in the centre were reduced to one staff member being on duty.

Inspectors required the provider to seek assurances from a competent person that the fire containment arrangements in the study room / staff sleep over room and the kitchen main living area were acceptable.

It was observed that one fire door was wedged open.

The exit to the back garden was key operated and the requirement to use a key to exit the centre could prevent a timely evacuation of the centre.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

At the time of this inspection improvements were required to ensure that a registered medical practitioner had signed off on any of the medicines prescribed to students, the practice of transcribing medicines needed to be reviewed, that medicines were stored securely in the centre and the practices in relation to over the counter medicines were reviewed.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of the the health, personal and social care needs of each student had been carried out.

Associated personal plans were developed and implemented with resident involvement. Personal plans were reviewed as required.

Judgment: Compliant

Regulation 6: Health care

The registered provider had provided appropriate health care for each student as required. The person in charge had ensured that students had access to allied health care services as appropriate.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured that staff had up to date knowledge and skills to respond to behaviours of concern if required. The centre implemented a human rights based approach to the care and support provided to students, and a restriction free environment.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured that each student was assisted and supported to develop the knowledge, self-awareness, understanding and skills needs for self-care and protection. The registered provider had adopted and implemented policies and procedures on the protection and safeguarding of students from all forms of abuse. Staff members were knowledgeable and competent in responding to any concerns of a safeguarding nature.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had ensured that the centre was operated in a manner that respected the rights of each student. The registered provider had ensured that the students participated fully in decisions about their care, had freedom to exercise

choice and control in their daily lives, and that their privacy and dignity was respected. Students had access to advocacy services and information about their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for 150 Gracepark Road OSV-0002092

Inspection ID: MON-0026772

Date of inspection: 01/12/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-

compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: In the immediate aftermath of the inspection, staff rotas were adjusted to show the full names and job titles of staff on duty in the centre. In respect of one team member, who also works elsewhere in the organisation, this team members rota has been adjusted so that only those hours which are specifically worked in the centre are now recorded on it.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: Identified deficits in training are scheduled to be fully resolved by no later than 21st February 2022.</p>	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: All deficits identified in respect of records management have now been addressed. New care agreements, properly dated, are in place since 16th December 2021. The Chief Inspector's self-assessment tool (Infection Control) has now replaced ChildVision's in-house self-assessment tool and will be updated every 12 weeks as per the HIQA requirement. In addition, an over the counter medication permission form in respect of one young person has now been updated by the young person's parent to include a date on which the parent signed it.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: As to the matter of audits generally the six monthly un-announced inspections now have a specific focus on the range of audits required, the in-house template having been adjusted to reflect this. With specific reference to maintenance issues and the ongoing refurbishment of the centre a more effective SMART tracking system is now in place to ensure that necessary physical improvements are delivered in a timely manner. As to the detail of the audit tracking there are clear reporting lines in respect of issues arising from audit with these being escalated to the Director of Social Care for review and action if they are not resolved at local level.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: An ongoing review of policies is in place but aspects of its work have been curtailed due to the pandemic; all of the outstanding policies which remain to be reviewed will be reviewed by no later than 31st January 2022.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: While the fabric of the house is generally of a very high standard, the physical improvements identified by the inspectors will be addressed, or have been addressed, in accordance with the following timeframe: the mould found on a window frame in one bedroom was treated on the 1st December 2021 and is being monitored weekly on Friday mornings as an ongoing matter. The scuffed flooring in the sitting room will be replaced by laminate flooring by 25th February 2022. The flooring in two bedrooms will also be replaced with laminate flooring by 25th February 2022. A deep cleaning of three bathrooms has been completed and this will be supplemented by additional regular cleaning going forward. In addition a general refurbishment of the house, including painting and curtains, is scheduled for July 2022.</p>	
Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection: All staff, regardless of what monitoring is in place elsewhere in the wider organisation, are now subject to temperature checks and any other current infection control procedures immediately upon entry into the centre. The Chief Inspector's self-assessment tool (September 2020) is now in use in the centre and these will be completed every 12 weeks.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A number of issues identified in respect of fire safety will be addressed as follows: two downstairs doors will be replaced by fire retardant doors by 25th February 2022, these also to be fitted with automatic closing devices; in addition, an exit door had a turn lock fitted on the 21st December 2021. A disconnect between 150's written procedures and its fire evacuation practice was identified and it is clear that this resulted from an anomalous inclusion in the procedure which does not reflect actual evacuation practice. While an instruction has been given to disregard this inclusion the overarching policy and procedures are now subject to a review involving our external fire safety expert and a new written procedure will be in place no later than 17th January 2022. Our external fire safety expert has now completed a review of some additional downstairs doors and has advised that given that this room also has another door which is fire rated and which</p>	

exits on to the hallway, that any change to these doors are unnecessary. In respect of the need to conduct fire drills consistent with simulating evacuation scenarios where only one staff member is present this practice is now in place and will continue as supplementary to the centres existing suite of evacuation simulations.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

A secure medication storage press has been ordered and this will be in place in the centre by 4th February 2022. A new auditing system in respect of stock controlling medication movement in and out of all of ChildVision's houses has been initiated as of the 8th November 2021 (underpinned by appropriate policy amendments). Nonetheless, at present all of the required improvements in respect of residents' prescriptions have been obtained. The main challenge in respect of this non-compliance concerns the matter of prescribers signatures on all of the required prescribed items. The Provider has now ensured that all of the required improvements in respect of residents' current prescriptions have been obtained. As to a quality assurance plan to ensure good ongoing healthcare monitoring (and further to the Regulation 23 response) the following protocols are in place: any error on the part of a healthcare professional to properly sign and date a prescription or healthcare protocol will trigger a direct response from the PIC/Clinical Nurse Manager who, with the resident's consent, will engage with the professional in order to remedy any defect. If the issue persists it will be escalated to the Director of Social Care for the purposes of an organisational risk assessment.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	02/12/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	21/02/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair	Substantially Compliant	Yellow	25/02/2022

	externally and internally.			
Regulation 21(1)(b)	The registered provider shall ensure that records in relation to each resident as specified in Schedule 3 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	17/01/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	17/01/2022
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	17/01/2022
Regulation 28(2)(a)	The registered provider shall take	Not Compliant	Orange	25/02/2022

	adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.			
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	21/12/2021
Regulation 28(3)(c)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	15/12/2021
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/12/2021
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate	Substantially Compliant	Yellow	04/02/2022

	and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	17/01/2022
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	17/01/2022

	in accordance with best practice.			
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