

**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 St Catherine's Association Limited
Centre ID:	OSV-0001847
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Ian Grey
Lead inspector:	Eva Boyle
Support inspector(s):	Paul Tierney
Type of inspection	Announced
Number of residents on the date of inspection:	4
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: 04 September 2014 09:30 To: 04 September 2014 17:00

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

The centre was previously inspected by the Authority in June 2014. Due to concerns about the ongoing fitness of this provider a full seven outcome inspection was carried out. The inspectors also reviewed all the actions which the provider had been required to take following the earlier inspection in 2014. Inspectors met with staff at the centre, reviewed policies and procedures and documentation relating to risk management, staffing and the other areas.

The centre is located in a rural area close to a village and beside a number of other houses, each on its own site. The centre is a dormer bungalow with a separate self contained apartment. The premises are rented by the provider, and four children between the ages of seven and sixteen years were resident at the centre on the day of inspection. Inspectors observed staff engaging with the residents in a respectful manner.

The inspectors found that some components of the multidisciplinary team to support the residents had commenced but that it was not fully operational. The provider had committed to this at the last inspection. However, there were no personal plans in place for residents at the centre.

The centre did not have a robust system in place for learning from adverse events and an unannounced visit to the centre for the purposes of safety and quality did not have a report available on the findings of the visit. Staff at the centre were not

adequately supervised and the management of performance was not prioritised.

Some actions identified in the June 2014 inspection report had been put in place but several others required implementation. There was a statement of purpose in place at the centre but it was not consistent with what inspectors found during the inspection.

These and other findings will be discussed throughout the 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):

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

Findings:

The action required following the previous inspection, relating to the establishment of a multidisciplinary team to support children, had not been implemented.

The due date for the action was 1 September 2014. The house leader told inspectors that there had been no changes to the assessment of the needs of the children, the multidisciplinary team or the personal plans since the last inspection. S/he said that this was being set up but that it was not operational at this time.

Progress on the assessment of children at the centre was slow. A second action that related to the assessment of the children at the centre required assessments to commence on 1 September 2014 and be completed by 30 October 2014. The house leader told inspectors that a speech and language therapist had visited the centre that week to develop a work plan for one of the children while arrangements were being made for another child to access a private speech and language therapy service.

Personal plans for the children were not in place and the house leader told inspectors that there had been no progress made or action taken in this aspect of the care planning since the last inspection. The action plan from the June inspection required the centre to prepare a personal plan for each resident by 3 November 2014. A care plan for a child in statutory care was available in the centre.

Inspectors found that the physical appearance and decoration in the centre had been improved since the last inspection. Some stencils had been put on walls and there were new cushions in the sitting room. There was evidence in the sitting room of the centre

that more toys and books had been made available to the residents since the previous inspection.

Inspectors saw some evidence of families being involved in planning appropriate daily goals for one of the residents. A meeting was scheduled in September with the parents of a 16 year old to discuss issues relating to future planning and adult services. One of the residents had recently moved to the centre. S/he had been having planned visits to the centre in advance of his/her move in order to familiarise him/her with the new centre. A staff member from the other centre also run by St. Catherine's, where the child had been living, was rostered to work in order to support the child during the transition period between 24 and 30 August. Inspectors saw records of access visits to the family of one of the children resident at the centre during April, June and August 2014. This showed that staff made efforts to facilitate contact between residents and their families.

The apartment located on the same site did not have any resident living there on the day of inspection. The house leader told inspectors that it had been used as a short term residence for a twenty year old service user who previously lived at another centre. This resident moved out of the apartment on 3 September, the day before this inspection and now in receipt of a service from another provider. The house leader told inspectors that there were no plans at present to use the apartment for a residential placement.

Staff showed some awareness of the importance in supporting residents to learn the skills of daily living. The house leader described how one of the children at the centre was involved in helping with chores around the centre including the use of the dishwasher, recycling, putting out the bins and doing the laundry. These chores were reflected in the daily programme for this child.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There was a policy on management and assessment of risk at the centre but it was weak and not embedded in the day to day running of the centre.

The provider had taken some actions since the previous inspection to address hazards including loose decking, ligatures inside and outside the centre and the storage of some white goods outside the centre. The decking had been repaired by maintenance staff and the white goods had been removed from the premises. On the day of inspection, maintenance staff were at the centre and they replaced a wooden foot bridge across a small stream that ran through the garden of the centre. They also cleared away recycling material. However, other risks remained and inspectors drew the attention of the house leader during this inspection to overgrown briars and bushes in the garden which could injure a resident or staff member. S/he told inspectors that s/he had put in a request to have this issue addressed while the inspection was underway.

Risk management policies at the centre were weak and ineffective. There were policies in place at the centre on risk assessment, significant and adverse events as well as unauthorised absences. However the policies were not all specific to children with an intellectual disability. Inspectors viewed risk assessments that had been completed for three of the four children resident at the centre. A fourth child who moved to the centre the previous week did not have any risk assessment documentation filed on the day of inspection. This posed a risk as staff did not know the child well. There were some general risk assessments which included residents falling into a stream on the premises, absconding from the centre, injury by a car while out walking, and injury from the centre trampoline. Inspectors found that while staff had some awareness of risk, they did not appear to have a good understanding of its application in the practice of providing care for the residents.

Detergents were no longer stored in the food storage area as was found to be the case in the June inspection. There was evidence from the minutes of staff team meetings of staff being assigned to carry out risk assessments relating to windows at the centre and the stream in the garden.

Inspectors became aware of a serious incident that took place involving one of the residents on 23 July 2014. A member of staff at the centre jumped into a river to rescue a resident who entered the water. The child was in water up to his/her neck at the time. A risk assessment was undertaken following the incident and a number of measures were put in place to mitigate the risks to the resident. These included the use of a beach with lifeguards in place, and ensuring that the resident was accompanied by staff who were able to swim. This incident however, was not logged as a specifically serious incident/adverse incident by staff at the centre. Inspectors were of the view that it was a very serious incident and were concerned that the service understood the gravity of the situation. The incident had been discussed at the weekly residential meeting.

Not all staff were aware of contingency plans for caring for residents. The house leader informed inspectors that in the event of residents having to leave the centre in the case of an emergency that they would either go to their own homes, to two other identified centres run by the provider or to a local hotel. However one staff member interviewed by inspectors was not aware of what the contingency plan was in the case of an emergency. Inspectors found that there were daily checks for means of escape and that staff noted where windows were broken or where latches / locks on windows were faulty. Records were evident in the utility room of daily checks for fire safety and there was a sheet for the recording of incidents as well as a cleaning schedule.

There were some measures in place to manage the risk of fire at the centre. Fire training was scheduled for three staff members on September 7th and directions for what to do in the event of a fire drill were recorded clearly in the hallway of the centre. Fire extinguishers had been serviced in April 2014 and inspectors saw evidence of fire drills having taken place on July 27 and 28 and on 20 August. A fire blanket was available in the kitchen area. Records also showed that the fire alarm was tested by staff on 13 and 20 August. Staff told inspectors that the centre's smoke detectors set off the house alarm on 3 August due to bread burning in the toaster but there had been no need to evacuate residents. There were smoke detectors and carbon monoxide detectors in use at the centre and they had been tested and dated as working on 29 August 2014. However the centre did not have a written confirmation of fire safety compliance from an architect or engineer as required.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were some measures in place at the centre to protect children.

The centre had a range of policies designed to promote the safety of children at the centre but these were only recently put in place. Staff were knowledgeable about some aspects of child protection and safeguarding but one member of staff interviewed by the inspector did not know about protected disclosure, although they said that they were familiar with what "whistleblowing" was about.

Inspectors observed staff engaging with children in a respectful and caring way during the inspection and the children appeared relaxed in the company of the staff. Inspectors saw a copy of a draft investigation report relating to an incident at the centre. This had been undertaken by the person in charge. The report related to an incident concerning staff and the management of behaviours that challenge.

One staff member interviewed during the inspection had attended National Guidance for the Protection and Welfare of Children, Children First (2011) training. S/he was familiar with the role of the designated person and who that person was. Another staff member interviewed by inspectors did not know who the designated liaison person was at the centre and had not attended Children First (2011) training.

There was awareness among staff of the need to minimise or eliminate restrictive practices at the centre. The previous inspection in June required an action to be put in place to ensure that alternative measures were considered before a restrictive practice was used and that it was the least restrictive procedure used for the shortest duration possible. This action was due to be implemented by 12 August 2014. There was a policy on the use of restrictive interventions for challenging behaviour and restrictive practices were recorded on an incident form that was reviewed at a weekly behavioural meeting.

Some changes in the management of behaviours that challenge had been implemented since the last inspection. The house leader met with the behaviour specialist on a weekly basis where they reviewed incident report forms. Inspectors saw incident report forms covering two weeks in 5 and 11 August, where nine and seven incidents respectively were logged across all of St. Catherine's services. Progress reports were completed for each of the children once every three months and opportunities to review plans were incorporated into staff meetings.

There was evidence of well developed behaviour support plans being in place for some children. Each of the children at the centre had a key worker and these staff contacted the behaviour support specialist if they needed advice or assistance in relation to behavioural issues. If necessary a behavioural support plan was created for a child following a functional assessment carried out by the behaviour specialist. The house leader told inspectors that three residents in the centre had behaviour support plans. Inspectors viewed one behaviour support plan that contained recommendations on preventative strategies, skills teaching, direct intervention and reactive strategies. Inspectors also saw a report on behavioural recommendations for one of the children that was developed based on observations of staff and a review of incident report forms.

The centre had a calm room that up to August 2014 had been used for some children when they were having episodes of behaviours that challenged but it is no longer in use. The house leader told inspectors that it was written into the behaviour plans of residents that the calm room was not to be used. It was not clear what the room would be used for in the future.

The management of behaviours that challenge was prioritised by the person in charge at the centre. The house leader told inspectors that meetings took place with house leaders and the positive behaviour support worker which considered approaches to behaviours that challenge with each of the children. Inspectors saw minutes from these meetings dated 14 and 22 July, 19 August and 2 September 2014. The house leader told inspectors that refresher training for staff took place every year and that s/he was happy that staff had the necessary skills and training to manage behaviours that challenge.

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):

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

Findings:

There were some improvements in the management of medication at the centre but several of the actions required from the previous report had not yet been implemented.

The medication management policy was an organisation wide policy. The policy was dated August 2014. The house leader told inspectors that nineteen staff at the centre had been trained in the administration of medication since the last inspection. This included permanent and relief staff. However two staff were not available to attend training on the scheduled days. The house leader provided inspectors with a list of staff who underwent a competency test as part of the training. Inspectors also saw minutes from a residential meeting involving the director of nursing where it was noted that some staff would not administer medication but would gain experience in doing so by observing other trained staff.

Some changes had taken place in the transcribing of medication since the previous inspection but the practices were in need of improvement. Two nurses transcribed all medication and an audit of transcribing practices was put in place from 11 August 2014. Inspectors saw evidence of one audit that took place on 3 September 2014. Inspectors were told by the house leader that a meeting took place with the centre General Practitioner (GP) on 8 August 2014 to establish a system to write prescriptions and transcribe medications. The house leader told inspectors that the GP wishes to use his own kardex and not the one used by the provider. This issue was being followed up by the director of nursing and had not yet been satisfactorily resolved.

Other actions from the previous inspection, including an audit of training needs, audits of the health needs of the residents and the sourcing of external trainers had not yet been implemented.

No medication errors were reported by the house leader and there was no out of date medication at the centre on the day of inspection. The centre did have a separate locked storage unit for controlled drugs. Inspectors saw copies of templates for monthly medication audits and for a controlled drugs register.

<p>Judgment: Non Compliant - Moderate</p>

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
There was a statement of purpose in place for the centre that had been developed since the previous inspection in June 2014.

The statement contained information on the governance and management of the centre as well as the admission process and staffing details. It outlined some of the services and facilities provided in the centre as set out in Schedule 1 of the Disability Regulations 2013 as well as information on respecting the privacy and dignity of residents and arrangements made for dealing with complaints.

However, while the document described many of the items listed under Schedule 1 of the Regulations the statement was not consistent with what inspectors found during the inspection in terms of the actual delivery of the service at the centre and what is required under 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):

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

Findings:

The need for major enhancement of the governance and management structures within the centre was identified in the June 2014 inspection and several of the actions identified in that action plan had not been implemented.

The person in charge (PIC) who was in an acting position at the centre was the house leader. S/he had been in the position for five weeks and was replacing a staff member who was on maternity leave. The house leader also managed a second centre for the provider. S/he had a background in teaching and a degree in social care and had worked with the provider since 1999.

Management and governance at the centre was weak. The house leader told inspectors that it was a challenge to manage two centres and that this was particularly so during August where there were staff shortages and difficulties in making resources stretch. S/he noted that there had not been any real planned handover from the person who was in the full time position and that s/he needed some time to become more familiar with the centre.

There was inadequate support in place for the person in charge at the centre. Support for the house leader was provided through meetings with the behaviour support specialist where the behaviour support plans for residents were discussed. No formal supervision or support meetings had been set up between the director of services and the house leader. Inspectors were told that two new posts had recently been created within the finance and human resources functions with the aim of improving the management and governance of centres throughout the organisation but that it was too early to assess the potential impact of these roles.

There were no structures in place to ensure that staff were providing a safe and effective service at the centre. The house leader told inspectors that s/he had not been involved in performance appraisals of staff at the centre as s/he had only been in the role for a short time but that the previous house leader had completed some earlier in the year. These were reviewed by inspectors at the June inspection. There was no supervision of staff in the centre and the house leader said that the plan was for all house leaders to be trained in supervision on a date on October 2014. There were no arrangements in place for an annual review of quality and safety at the centre.

The centre did not have a robust system in place for learning from adverse incidents. An unannounced visit to the centre took place on July 28th 2014 at 9.30pm by the person in charge for the centre. However there was no record of the outcome of this visit. In addition the inspectors found no evidence that the provider or nominated person had carried out the required six monthly unannounced visit. Therefore, no report was available.

Operational management at the centre required strengthening. Inspectors were told by the house leader that she was on call outside of normal working hours or in case of

emergency. Inspectors queried the sustainability of this arrangement. S/he said that s/he would only be held to account if there was a major incident at the centre and that the measurement of change and how processes are improved were not measured at the centre.

Some actions identified in the June 2014 action plan had been put in place but several others required implementation. A statement of purpose was now in place for the centre and inspectors saw evidence of attempts to collate information on the running of the centre and the development of audit practices. Three audits had been completed since the previous inspection and these took place in the week before this inspection. Inspectors saw a copy of a residential and respite service report completed for the board dated August 2014 that outlined some of the measures that were being put in place. The report indicated that a training needs analysis was completed and that restrictive practices were logged for each week across different centres. Analysis of staffing ratios in August indicated understaffing in several centres.

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):

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

Findings:

The level of skills among staff at the centre was not sufficient to ensure that residents received a safe and effective service.

There were insufficient staff available to ensure a consistent and appropriate level of staffing at the centre. Staff interviewed by inspectors noted that staffing levels were difficult to maintain at particular times due to staff shortages. Some split shifts were used to provide cover where necessary. This meant that the skill mix of staff was not always able to meet the assessed needs of residents at all times. The house leader told inspectors that the main reasons for this was that some staff were on sick leave, annual leave and paid leave and this meant there were difficulties in ensuring that the centre was fully staffed. Some staff at the centre were not qualified and this was also identified in the June inspection.

There was a planned and an actual rota in place for staff at the centre and these were seen by inspectors. This had been changed since the previous inspection in June. The house leader was not named in the rota and the rota for the week of inspection was not amended to reflect a staff swap on the day before the inspection and the day of the inspection. This was confirmed by the house leader.

Inspectors observed staff engaging with residents in a respectful, sensitive and friendly way during the inspection. The residents appeared to be at ease with staff and staff were knowledgeable about the needs of each resident. However not all staff were trained in Children First (2011) and some staff interviewed by inspectors did not know who the designated liaison person was.

Some training events had taken place since the June inspection but more were required. Training in the safe administration of medication had taken place for a number of staff during August 2014. Training in supervision for the house leader was scheduled in October 2014. Inspectors viewed records indicating that staff had attended training in manual handling, occupational first aid and child protection on dates in 2013 and 2014. This was confirmed in interviews with members of staff during the inspection.

Some staff at the centre were availing of opportunities to develop their skills by participating in external training courses. One staff member interviewed by inspectors was undertaking a part time course in social care at an institute of technology. S/he informed inspectors that the course helped him/her to become familiar with the Regulations and Standards as they pertained to disability services.

Staff were not adequately supervised and the management of performance was not prioritised in the centre. The house leader told inspectors that training in supervision for the house leaders had been set up for October and that it was planned to begin the supervision of staff after this took place. This meant that currently the house leader and management within the provider organisation could not be assured that staff were providing a safe and effective service to residents.

The recruitment process for staff at the centre was weak and not in compliance with Schedule 2 of the Regulations. The action plan from the inspection undertaken in June 2014 required the provider to address a range of deficits in the under workforce. Several of these actions related to putting in place training audits, developing a training policy, the identification of suitable external accredited training programmes for untrained staff and improved rostering practices. The provider indicated in the June action plan that these issues would be addressed during September and October 2014. There was evidence that some of these actions were starting to be implemented but it was clear to inspectors that a great deal more was required for the systems to become safe and robust. There was no evidence that substantial learning had taken place within the centre since the previous inspection and the person in charge was at an early stage of addressing the action plan given that s/he had been in this post since the beginning of August 2014.

Judgment:

Non Compliant - Major

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Eva Boyle
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 St Catherine's Association Limited
Centre ID:	OSV-0001847
Date of Inspection:	04 September 2014
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no multi disciplinary assessment of the needs of the children.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need

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

and circumstances, but no less frequently than on an annual basis.

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

Individual Comprehensive Assessments for each of the Children will be undertaken as a matter of priority and will inform a robust planning system to meet the needs of each child. The PIC will be made aware of the arrangements which will be implemented to meet the assessed needs of each child.

The new head of operations together with the new management team will develop a pre-admission policy and pre-admission assessment and an assessment of the health, personal and social care needs of each resident will be carried out prior to admission to the designated centre.

Proposed Timescale: 30/10/2014

Theme: Effective Services

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

A personal plan is required for the most recent resident of the centre who moved to live there in recent weeks.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A comprehensive personal plan will be developed for each child who uses the service. The PIC will be made aware of the arrangements which will be implemented to meet the assessed needs of each child in the centre.

Proposed Timescale: 30/10/2014

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 centre did not have a system in place to utilise learning from adverse incidents.

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 existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy to incorporate the identification, recording and investigation and learning from serious incidents or adverse events involving residents in accordance with Regulation 26.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The centre did not promote a focus on the control of risks to residents.

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 existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

The revised risk management policy will outline procedures for identifying hazards and measures to address associated risks.

The Health and Safety manager will be required to carry out comprehensive risk assessments in all areas relevant to his role of responsibility.

Risk Management practices and a risk register will be developed in the Service. The risk management system will be developed for the assessment, management and ongoing review of risk and will include a system for responding to emergencies.

Each resident in the centre will have an individual emergency evacuation plan to be implemented in the event of a total evacuation being required.

External agency to be drafted in to deliver training on risk management to all PIC's and managers within SCA.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The provider did not ensure that risk control measures were sufficiently assessed.

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:

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

The revised risk management policy will outline procedures for identifying hazards and measures to address associated risks.

The Health and Safety manager will be required to carry out comprehensive risk assessments in all areas relevant to his role of responsibility.

Risk Management practices and a risk register will be developed in centre. The risk management system will be developed for the assessment, management and ongoing review of risk and will include a system for responding to emergencies.

Each resident will have an individual emergency evacuation plan implemented in the event of a total evacuation being required.

External agency to be drafted in to deliver training on risk management to all PIC's and managers within SCA.

Proposed Timescale: 30/11/2014

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 had attended Children First (2011) training.

Action Required:

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

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

All staff will be adequately trained in Child Protection.

The Quality and Compliance team will ensure staff have access to training to include refresher training, as part of a continuous professional development programme.

All training carried out will be documented and in an accessible format, ready for inspection and audit.

Proposed Timescale: 12/12/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The issue relating to the general practitioner co-signing the prescription forms has not been resolved.

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 Safe Administration of Medication Policy will be reviewed and Training will be provided to all staff in appropriate Medication procedures. The Medication Policy will detail the procedure for the ordering, receipt, prescribing storing disposal and administration of medicines to ensure that medicine is administered to the resident for whom it is prescribed and to no other resident.

Individual Medication Plans will be developed for each resident in line with Policy and will be reviewed on a 6 monthly basis.

Proposed Timescale: 31/10/2014

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 for the centre was not consistent with the inspection findings.

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 SOP will be reviewed and contain the information as set out in Schedule 1 of the Regulations

Proposed Timescale: 30/10/2014

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was not provided with adequate support to carry out the role.

Action Required:

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

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

The PIC appointed to the designated centre will have the necessary qualifications, skills and experience to carry out their role having regard to the size of the designated centre, statement of purpose and number and needs of the residents.

A Senior Children Services Manager will be seconded from an external Agency to act as manager over the residential and respite services within St. Catherine's. All PICS will initially report into the childrens services manage. Systems will be developed to support the PIC to provide a safe and quality service. These will include Supervision, Performance Appraisal & Health & Safety.

Where a person is appointed as a PIC training will be provided on the role and responsibilities of the PIC.

Proposed Timescale: 30/11/2014

Theme: Leadership, Governance and Management

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

There were inadequate systems in place to ensure that the service was safe and consistently monitored.

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:

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A new Head of Operations will be put in place immediately.

New Management Structures will be put in place as per a new organisational chart which sets out a clearly defined management structure that identifies lines of authority and accountability.

Senior Management Staff will be seconded from an external agency to carry out an investigative process in terms of ascertaining a base level of operation from a Quality and Compliance perspective, Health and Safety perspective, Finance perspective and Human Resources Perspective. All PICS will report into the childrens services manager

An internal auditing system will be developed to ensure the service is safe and monitored. A clearly defined process will be developed to implement audits on Medication Management, Risk Management, Safe Services including protection, safeguarding and fire.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Proposed Timescale: 01/02/2015

Theme: Leadership, Governance and Management

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

There were inadequate structures in place to support staff at the centre to carry out their work in an effective manner.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A New Management Structure will be put in place as per a new organisational chart which sets out a clearly defined management structure that identifies lines of authority and accountability. The organogram will set out the various teams.

A senior manager over the residential and respite services will support the PIC to manage their respective locations in line with the Standards and Regulations and in accordance with best practice. Weekly PIC meeting will be held with the PIC team and will include a standing agenda.

The new management structure will include a HR function. HR will devise an appropriate performance appraisal system. All PIC's will receive training on the implementation of the appraisal system to ensure that they can appraise others in a competent manner.

Proposed Timescale: 01/02/2015

Theme: Leadership, Governance and Management

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

Not all staff knew about the concept of protected disclosure.

Action Required:

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

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

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents

Proposed Timescale: 30/10/2014

Theme: Leadership, Governance and Management

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

There was no evidence the provider or nominated person had carried out the required six monthly unannounced visit. Therefore, no report was available.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and

support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The new Head of Operations will carry out unannounced visit to the centre at least once every 6 months or more frequently if necessary. A written report will be issued on the safety and quality of care provided in the centre, following the inspections and will also address any concerns regarding the standard of care and support.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents

Proposed Timescale: 01/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels and the skill mix of staff at the centre were not adequate to meet the assessed needs of the residents.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Management Team will review staffing levels to ensure staff levels are appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre as per regulation 15.

The new management team will conduct a review of all rosters for each centre to ensure unqualified staff are supported by qualified staff.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

The provider was not ensuring that staffing levels were maintained at a consistent level.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

The Management Team will review staffing levels to ensure staff levels are appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre as per regulation 15.

The new management team will conduct a review of all rosters for each centre to ensure unqualified staff are supported by qualified staff.

Proposed Timescale: 28/02/2015**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some staff needed training in the safe administration of medication.

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:

All staff will be trained in medication management. The Quality and Compliance and training dept will ensure that staff have access to appropriate training to include refresher training on medication management as part of a continuous professional development programme.

All training carried out will be documented and in an accessible format, ready for inspection and audit.

Proposed Timescale: 20/12/2014**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There were no processes or structures in place to supervise staff at the centre.

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:

All staff with a supervisory role will receive formal training in supervision.

Training will be provided to all PIC's and to the Director of Nursing and any other staff members so as to ensure that staff are appropriately supervised and supported.

Proposed Timescale: 30/11/2014