

**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-0001846
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	
Lead inspector:	Tom Flanagan
Support inspector(s):	Ann Delany;
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

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 inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 10 December 2014 09:45 To: 10 December 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

This was the second inspection of the centre by the Authority. The inspection was announced and was carried out by two inspectors over one day. The purpose of the inspection was to follow up on the actions outlined in the report of the previous inspection which took place on 20 August 2014.

As part of the inspection, inspectors met with the person in charge and three staff members. Inspectors also met four children and observed their interaction with staff. Inspectors reviewed a number of the children's files, policies and procedures, staff files and other records in the centre.

The centre, which was located in a rural area close to a town, comprised a dormer bungalow and a separate one-bedroom apartment to the rear of the main building. The perimeter of the centre was secure and there was a large lawn and a play area for the children. Residential accommodation was offered to a maximum of five children per night.

On the day of inspection, respite care was being provided to three children and longer-term residential care was being provided to one child in the apartment at the rear of the centre.

The report of the previous inspection outlined 34 actions that the provider was

required to take to achieve compliance with the regulations. Inspectors found that, while the provider had addressed almost all of these actions, further improvement was required.

Inspectors found that some improvements had been made in all of the outcomes inspected. Since the previous inspection, a new senior management team had been put in place and a new person in charge was appointed approximately four weeks before this inspection. There was evidence that more robust management systems had been implemented in part. A programme of staff training had been carried out. The provider had undertaken an unannounced visit to the centre to review certain aspects of the quality and safety of care and support. A new risk management policy had been developed. A local risk register and a corporate risk register had been put in place. A residents' rights committee had been established. Improved fire safety measures were evident and some painting and re-decoration had taken place. New assessment and personal planning frameworks had been put in place and each of the children's personal plans had been reviewed. A review of staffing was also underway. The statement of purpose and function had been changed to reflect the fact that the service planned to offer one fulltime residential placement in the apartment and short-term respite services in the main house.

A number of improvements were required. One of the children had not attended school for several weeks. An annual review of the quality and safety of care and support was not planned until April 2015. There was a shortage of permanent staff, the allocation of staff did not meet the assessed needs of the children and staff from other centres were drafted in on occasion to support the staff team. Staff did not receive supervision. Further improvement was required in assessments and care planning, infection control, risk management, fire safety, medication management, quality assurance, and record keeping.

Areas of non-compliance with the regulations are outlined in the body of the report and an action plan is included.

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:

A system was in place for an assessment of need to be undertaken on each child and each of the children using the service had a personal plan. However, the quality of the assessments and plans varied.

Since the previous inspection the provider had put in place new assessment and personal planning templates. Inspectors viewed the care files of three children and found that, while there was evidence that the children's key workers had engaged in updating the assessments, the quality of the assessments varied. For example, the assessment of one child was comprehensive and detailed while that of another child was incomplete with several sections of the report template left blank, and the document was not signed or dated. This meant that the entire range of needs and circumstances of the child were not set out in the assessment upon which the care plan was based.

Personal plans had also been put in place for all children and, in general, they set out the assessed needs of the children, the supports the children required and how their needs would be met. Short-term and medium-term goals were clearly set out. However, the quality of the personal plans varied. One plan was not signed or dated and did not have a review date. Reference was made to a plan having been drawn up with the involvement of a child's parent but neither the child nor the parents signed the plan. This meant that there was limited evidence in relation to the involvement of children and their representatives in the development of the plans.

Inspectors viewed the personal plans of two children, who had been identified during the previous inspection as requiring longer-term plans. One child, who had been

resident in the centre for six weeks at the time of the previous inspection, was subsequently discharged home in September 2014. Inspectors could not find evidence of a discharge plan in their file. The child was re-admitted as an emergency placement in November 2014 and, at the time of this inspection, had been living fulltime in the centre for three weeks without a school placement. The person in charge told inspectors that this was due to a shortage of staff in his school and that discussions had taken place with the HSE and the school in relation to this. However, the child's personal plan did not set out either an assessment of the child's needs in relation to where they would live and go to school, or any plans or goals in relation to how the child's needs in this regard could be met. A second child, who had been living fulltime in the apartment at the rear of the centre for over six months and had a school placement, had been assessed as requiring a long-term residential placement. No alternative residential placement had been identified and the provider was proposing to offer a long-term residential placement in the apartment for this child. The long-term plans for these children were not set out in their personal plans which meant that the plans were not comprehensive. There was an ongoing risk that the placements of these children could drift indefinitely and that these children could remain in the respite service without having their longer-term needs addressed in a satisfactory way. Following the inspection the provider informed the Authority that the child who had been admitted as an emergency placement would be discharged to home before the end of 2014 with home support and a positive behaviour support plan in place.

Staffing levels were based on the staff knowledge of the children's needs but were not formally assessed using a standardised tool. Two children had been assessed as requiring two-to-one staffing levels. However, inspectors found that one-to-one staffing was provided instead. This meant that opportunities to work intensively with both children, to provide them with further opportunities to develop their skills and talents, and to develop longer-term plans to meet their assessed needs were missed.

Inspectors observed some of the children in their interactions with staff. Children appeared to be at ease with staff who knew them well. Staff were warm and respectful of the children and encouraged children to take a degree of responsibility. For example, one child was assisted to make toast and warm beans on the cooker under the supervision of a staff member. Inspectors also heard some humorous banter between some children and staff, and staff created an atmosphere where the children felt at ease in expressing themselves.

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:

Risk management practices were not robust. Improvements had been made in the areas of infection control, risk management and fire safety but further improvements were required in these areas.

Some improvements had been made in the area of infection control. The centre was clean at the time of inspection and several of the rooms had been recently painted. In general, there were adequate facilities for hand washing throughout the premises. However, the staff toilet did not contain adequate facilities and materials specifically for drying hands. Furthermore, the issue of mop heads resting on the floor of an outdoor shed, which was identified in the previous inspection, had not been addressed. These issues presented a risk of cross infection. Staff were using a clinical waste bin and associated collection service for specific types of waste but inspectors found that the use of this expensive service was not required as the material did not constitute clinical waste. As no specific training had been provided to the manager and staff they lacked clarity in relation to infection control measures.

Risk management practices were not robust and managers could not assure themselves of the safety of the centre as all risks had not been assessed. At the time of the previous inspection there was no comprehensive set of risk assessments carried out on the premises and none had been put in place since then. The provider told the Authority that a new health and safety officer would be employed and that it would be their responsibility to undertake these assessments. Senior managers told the inspectors that recruitment of this officer had taken place and that they were due to take up their position on the week following inspection. A corporate risk register had been established and a local risk register had also been developed. However, as the risks associated with the premises had not yet been assessed, this meant that not all risks had been identified and controls to manage these risks had not yet been put in place.

The risk management policy was reviewed on 30 October 2014. It set out the risk management framework and the roles and responsibilities of managers and staff but the policy and procedures were not fully implemented as of yet. The policy referred to the risks specified in the regulations but did not set out as required the controls in place to manage those risks. Instead, they were logged on the risk register and the controls in place were outlined there. The policy did not set out how to identify and assess risks, how measures and controls were identified and implemented, the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events or the arrangements in place to ensure that the risk control measures were proportionate to the risks identified.

The policy and procedures on the management of incidents outlined the process in place for identifying, recording, investigating and learning from incidents. However, while inspectors found that incidents were recorded by staff they were not signed off by the person in charge and by a senior manager as required.

Fire safety precautions had also been improved. A schedule of fire drills had been established and records of these were maintained. Fire drills had been carried out each month since the previous inspection. The names of staff and children who took part, the duration of the evacuation and comments on the participation of individual children were all recorded. Individual emergency evacuation plans had been put in place for each child. Staff told inspectors that they had participated in fire safety training and training records confirmed this. A system of daily, weekly and monthly checks on fire precautions had been put in place and was up to date. There was evidence that the fire fighting equipment was serviced in July 2014 and that the fire alarm was serviced quarterly up to August 2014. However, there was no evidence to show that the fire alarm was serviced in November 2014 when a further service was due.

Following the previous inspection, the Authority had taken the unusual step of issuing an immediate action plan in relation to the lack of access by staff on duty to the keys for the front door to the centre. The response by the provider was satisfactory and a new system had been developed to ensure the availability of keys for all staff on duty. A number of sets of keys were stored in the office and staff received a set of keys at the beginning of their shift and signed for these. On completion of their shift the staff returned the keys and signed to confirm this.

The person in charge told inspectors that the auxiliary manager had undertaken an audit of fire safety precautions since the previous inspection and that it had been decided as a result that no child should sleep upstairs. However, there was no record of this audit available in the centre.

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):

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

Findings:

Systems to protect children from abuse had been improved and children were safe in the centre. However, not all restrictive practices were recorded.

There was a policy and procedures on child protection which was reviewed and updated in November 2014. These documents set out the roles and responsibilities of staff and the designated liaison person, who was the director of nursing. They also outlined the signs and symptoms of abuse and neglect, safeguarding measures such as those involved in the recruitment and supervision of staff, and the procedures to be followed in the event of a suspicion or allegation of child abuse. A copy of the standard report form was attached. The policy and procedures were generally adequate but needed to be updated to reflect the fact that the Health Service Executive no longer had the statutory responsibility for child protection.

A new child care committee was established since the previous inspection. The policy on child protection set out the role of this committee, which included the acting CEO, the children's services manager, the training officer, and other personnel from within the organization, including the principal of St Catherine's special school. One of the responsibilities of the new committee was to complete an annual audit of policy compliance. The person in charge told inspectors that there had been no child protection concerns reported in the centre since the previous inspection.

The provider told inspectors that a new restrictive practices working group had been established as had a residents' rights committee. Both of these groups had had their initial meetings at the time of inspection. Inspectors reviewed a log of restrictive practices and discussed this with the person in charge. There were two restrictive practices logged since the previous inspection, one physical and one environmental. There was one occasion on which the door to the centre was locked, in response to the behaviour that was challenging of one child. However, there was no incident report completed in relation to this and, while there were other children in the centre on the same occasion, there was no log of restrictive practice in relation to these children.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

During the previous inspection the Authority took the unusual step of issuing an immediate action plan in relation to the administration of PRN (as required) medication by untrained staff and without clear protocols in place for the use of medication in these circumstances. Inspectors found on this inspection that the operational policies and

practices in relation to medication management had been improved but further improvements were required in order to ensure the protection of children.

In response to the immediate action plan, the provider told inspectors that individual medication plans would be developed for each child. Inspectors reviewed the medication folders of the children and found this to be the case. Since the previous inspection, a programme of training had been put in place by the director of nursing to ensure that all staff who administered medication were trained in the safe administration of medication. Training records showed that all but two of the staff had received this training in August 2014. These included the person in charge who told the inspectors that s/he did not administer medication. Supplementary training was also provided to seven staff who were identified as requiring this. Inspectors found that the administration and prescription sheets contained all necessary information.

Systems were in place for audits of medication management to be carried out every six weeks and for any medication errors to be recorded and investigated. Inspectors viewed the records of medication errors, some of which were reviewed by a registered nurse and some additional training for staff was put in place as a result.

Processes were in place for the safe storage and recording of controlled drugs, which were maintained in a locked box within the medication cupboard. However, there was no controlled drugs register. Instead, a log was kept in each child's folder. Records of controlled drugs were signed by one staff member only and not by two staff as required.

A system was also in place for medications to be received and signed for by two staff when a child was admitted on respite. However, inspectors viewed the checklists and found that they were signed by only one staff member.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The statement of purpose had been reviewed and updated since the previous inspection. To reflect the fact that one child had been resident in the apartment for over

six months, the statement of purpose described the centre as providing a respite service in the main house and a residential placement for one young person in the apartment.

The copy of the statement of purpose given to inspectors on the day of inspection was not the complete version and did not contain all the information required by the regulations. Subsequent to the inspection the provider submitted a copy of the complete document to the Authority.

The section of the statement of purpose stated that, according to the admission criteria, children would only be considered for admission if there was a court order / voluntary care order accompanying the child. However, the person in charge told inspectors that none of the children was subject to a care order or voluntary care order and there was no evidence in the children's files that any of the children were subject to a court order or voluntary care order. This meant that none of the stakeholders involved could be clear as to the purpose and function of the centre.

The copy of the statement of purpose did not contain all the information required by the regulations. Omissions include the following: the organisational structure, the policy and procedures for emergency admissions, the sizes of rooms and the arrangements for supervision for therapeutic techniques.

Parents and adults were made aware of the statement of purpose and could request a copy from staff but a child-friendly version of the statement of purpose had not been made available to children.

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:

New management and governance structures had been put in place since the previous inspection and the provider set out a plan of action designed to ensure that the centre

was in compliance with the Regulations. However, further improvement was required in order that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

A new board of directors was appointed in early September 2014 and a schedule of monthly board meetings was agreed. New management roles were also created. These included a new acting CEO, a childrens' services manager and a manager of quality, compliance and training. At the time of inspection the reporting relationships had not been formally agreed but, initially, the person in charge reported to the children's services manager, who in turn, reported to the acting CEO. The CEO reported to the Board. In November 2014, the acting CEO and Chair of Board formally reported to the Authority setting out the structural changes in the organisation and the initial measures taken to bring the centre into compliance with the regulations.

The new structures for accountability included a weekly senior management meeting and the development of systems of performance management, appraisal and supervision. The management team had also devised a template for unannounced visits to the centre every six months to be followed by reports on the quality and safety of care provided. The acting CEO told the Authority that progress had been made on a number of issues, including on the development of an individual budget for each centre, the review of staffing by the human resources and finance departments, the provision of core training for all staff, the provision of training for persons in charge on the Regulations, the introduction of local and corporate risk registers, and the development of a rights committee for children to review restrictive practices. Inspectors were given a copy of the first six-monthly visit report which focused on social care needs, health and safety and risk management but the provider's plans to produce an annual report on the quality and safety of the care provided by April 2015 was not acceptable to the Authority.

A new person in charge was in post for approximately four weeks. They had not yet received the training provided to other persons in charge in the organisation but plans were in place for supervision training at the time of inspection. The person in charge, who had worked in the organisation for three years, knew the regulations and told inspectors that they were currently undertaking post-graduate training in disability studies. They told inspectors that they were well supported by the children's services manager and the senior management team. Further support was provided by a weekly meeting of all persons in charge in the organisation, the agenda for which included reviews of risk, child protection concerns, staffing arrangements and training needs, progress reports on works identified for improvement, policies, and updates on the educational/training needs of the children in their care. However, inspectors found that person in charge required further support from senior management in relation to providing adequate staffing, in terms of numbers and skills mix, for the centre when there was a recognised shortage of qualified and permanent staff. Furthermore, the facts that the person in charge was not trained in supervision and that the staff team were not received supervision were not acted upon by senior management. This meant that formal mechanisms to support, develop and performance manage all members of staff were not in place.

A new risk management framework had been put in place. A local and corporate risk

register had been developed and there were clear criteria to indicate the kind of risks that should be included. The acting CEO told the Authority that the quality, compliance and training manager had undertaken a review of fire safety measures in the centre and ensured that fire precautions were strengthened. Inspectors found this to be the case. However, there was no comprehensive set of risk assessments carried out on the premises as the provider was awaiting the arrival of a newly-appointed health and safety officer. This meant that the provider had not identified all the risks in the centre.

Inspectors found that some progress had taken place in relation to quality assurance of the service since the previous inspection. Minutes of updates to the acting CEO showed that a systematic approach had been taken to quality assurance, which included the review, revision and rollout of various policies and the development of risk registers and centre-specific safety statements. However, while the statement of purpose and function had been reviewed, it had not been adequately quality assured to ensure that it was in compliance with the regulations, and the level of staffing was not in line with the assessed needs of the children. This is subject to an action under Outcome 16. A child care committee had been established since the last inspection and one of their responsibilities was to complete an annual audit of policy compliance. A restrictive practice working group and residents' rights committee had also been established and had just held their inaugural meeting.

The acting CEO told the Authority that a service level agreement with the HSE for 2015 had not yet been agreed but that preliminary discussions had taken place in relation to this.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The level of staffing in the centre was not in line with the assessed needs of the children.

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:

Staffing levels were not sufficient to meet the assessed needs of all the children and the staff roster did not accurately reflect the staffing of the centre. There remained a high dependence on relief staff for the day to day functioning of the centre and an imbalance between unqualified staff and those who had appropriate qualifications and experience. A programme of training had been put in place but staff were still not adequately supervised.

On the day of inspection there was a sufficient number of staff on duty to ensure that each of the children received one-to-one care but this was only because of the attendance of a staff member from another centre to facilitate an outing into the community for one child. Two of the children were assessed as requiring two-to-one staffing but a review of the staff roster showed that this level of staffing was not in place during the inspection and on other occasions. For example, during the weekend prior to the inspection, there were five children resident in the centre with assessed requirement of seven staff but there were only four staff on duty. The person in charge told inspectors that the children assessed as requiring two-to-one staffing did not always require this level of staffing but the assessment of their needs did not reflect this. A staff member told inspectors that s/he could not have a lunch break due to insufficient staffing. Failure to provide sufficient staffing may mean that children do not get the level of care for which they have been assessed and staff may be overworked or not in receipt of the level of support they required.

Inspectors found that the roster did not accurately reflect the staffing of the centre and was not designed to meet the needs of the children. It did not make the most efficient use of the staff team and it did not ensure the best skill mix of staff. While the person in charge told inspectors that the staff roster was completed a number of weeks in advance, inspectors found that it had not been completed in full for the week leading up to Christmas, which was less than two weeks ahead. The person in charge was not on the roster even though s/he provided care for the children. Furthermore, inspectors observed that a staff member from another centre, who was not on the staff rota, came to the centre for two hours to ensure that one child could have two-to-one staffing while on an outing in the community. Inspectors also found that some staff were rostered

from 8am until 9pm on a regular basis even though there was not necessarily a need for staff as children were usually at school during the day. This meant that on occasions there were staff in the centre but no children present while, on other occasions, there were insufficient staff rostered to meet the children's assessed needs. There were also occasions when neither of the waking night staff were qualified and occasions when family members were rostered together as the only staff on duty in the centre.

Staff told inspectors that the provider had provided them with access to an employment assistance service and senior managers told inspectors that training had been provided to persons in charge in the organisation in order to implement the policy on supervision. While the previous person in charge had received this training the new person in charge had not yet received this and staff had not received any formal supervision as a result. This meant that staff were still not receiving the professional support they required, there was no ongoing monitoring and review of their performance and there was no system for holding them accountable for their practice.

The human resources manager told inspectors that an analysis of staffing within the organisation had been undertaken but that the staffing requirements for this centre had not yet been finalised. As in the previous inspection, inspectors found that the staff team comprised a majority of relief workers. The person in charge told inspectors that there was still a shortage of permanent staff and that, due to a moratorium on recruitment by the HSE, no staff could be recruited. This had a negative impact on the provision of continuity of care and on care planning.

The human resources manager told inspectors that the staff files had been audited and that staff had been asked to supply any outstanding documentation. Inspectors viewed the files of two staff in electronic form. Each file contained two references, dates on which they commenced employment and copies of recent An Garda Síochána vetting. However, since neither file contained a full employment history or any document setting out their duties, and since references requested by the human resources department had not been verified, inspectors did not review any further files. The file of one staff member contained no evidence of relevant qualifications or experience and no document setting out the number of hours they worked. This meant that not all the documents and information required under Schedule 2 of the Regulations were present and the provider could not assure itself that staff members were suitably skilled and experienced.

The provider told inspectors that they had put in place a programme in order to familiarise staff with the regulations and inspectors found that the person in charge was familiar with the regulations.

A training programme was in place to ensure that staff received mandatory training. Inspectors were provided with the overall training records for staff in the organisation which showed that, within the previous 12 months, all staff had received training in child protection, including Children First (2011), in fire safety and in a recognised form of managing behaviour that challenges. Training in manual handling was up to date for all staff. All but two staff, including the person in charge, had received training in the safe administration of medication in August 2014, and nine staff received supplementary training in relation to medication. Seven staff had recently attended training in food

hygiene and six staff had attended training in occupational first aid in 2014. Inspectors found that new managers in the organisation had concentrated on ensuring that all staff received core mandatory training. A training needs analysis had yet to be undertaken. This meant that the staff training programme was informed only by the Regulations and not by the particular needs of the children for whom the staff cared.

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:

Tom Flanagan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001846
Date of Inspection:	10 December 2014
Date of response:	09 April 2014

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:

Comprehensive assessments were not in place for all 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:

An assessment of need will be carried out for all children in this location to ensure that each child has a comprehensive assessment. Each assessment will be carried out by an appropriate health care professional, with MDT involvement. Professional recommendations will be included in the assessment of need.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

There was limited evidence that the personal plans had been developed with the maximum participation of the children and their parents and the parents had not signed the plans.

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

Personal Plans will be developed and reviewed in a manner which ensures the maximum participation of the children and their parents. Their participation in the development of the plan will be recorded on the plan.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

Children who were assessed as requiring two-to-one staffing did not receive this level of staffing and, as a result, their opportunities to meet their personal goals were compromised.

Action Required:

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

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

Arrangements will be put in place to ensure the availability of staff at key times to provide opportunity for the children to meet their personal goals and meet their assessed needs. Children who are assessed as requiring two-to-one staffing will receive

this level of support.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

The long-term needs of two children were not adequately set out in their personal plans.

There was no discharge plan in place for a child who had been resident in the centre for three weeks.

Action Required:

Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

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

The personal plans for these two children have been reviewed and revised to adequately address and include the long term support needs of each child. This will be carried out by 16/02/2015.

The discharge policy is being developed to ensure all children being discharged from the centre do so in a planned and safe manner. A discharge plan will be developed for each child who is being discharged from the service. This will be carried out by 30/05/2015.

Proposed Timescale: 30/05/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not set out how to identify and assess risks.

Action Required:

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

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

The Risk Management policy will be updated to outline the process in place for hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not set out the measures and actions in place to control identified risks.

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 Risk Management Policy will be updated to outline the process to include the identification and implementation of measures and actions to control identified risks.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not set out the arrangements in place to ensure that the risk control measures were proportionate to the risks identified.

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 risk management policy will be updated to outline the process of ensuring that the risk control measures are proportionate to the risks identified. Consideration will be given to the possible adverse impact control measures for the management of risk may have on the resident's quality of life.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The system for the assessment and monitoring of risks in the centre was inadequate as a comprehensive set of risk assessments had not been carried out on the premises.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

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

A comprehensive set of risk assessments has been carried out on the premises. The risk assessments are located in the location specific Health & Safety Statement. The system for assessing and management of risks includes a monthly review of the location specific risk assessments.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk assessment policy did not include the measures in place to control risk of accidental injury to residents, visitors or staff.

Action Required:

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

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

The risk management policy will be updated to outline the process in place to control risk of accidental injury to residents, visitors or staff.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Risk Management Policy will be updated to outline the process in place to control aggression and violence.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Risk Management Policy will be updated to outline the process in place to control self-harm.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control the risk of an unexplained absence of a resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Risk Management Policy will be updated to outline the process in place to control the unexplained absence of a resident. A Missing Person's Folder is available in the location which records the emergency response procedure.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not set out the arrangements for the identification,

recording and investigation of and learning from serious incidents and adverse events.

Incidents were recorded by staff but the incident forms were not signed off by the person in charge and by a senior manager as required.

Action Required:

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

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

The risk management policy will be updated to outline the process for identification, recording and investigation of and learning from serious incidents and adverse events.

A process is now in place for the review of and signing off on incident report forms by the person in charge and senior manager as required.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The arrangements for the maintenance of a hygienic environment and for the prevention of the spread of infection were inadequate.

The manager and staff had not received training on infection control.

Action Required:

Under Regulation 27 you are required to: 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.

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

The Infection Control policy will be reviewed and updated to include procedures for the prevention and control of healthcare associated infections.

1. Cleaning Protocols will be developed for the location. This will be developed by 30/04/2015.
2. Staff training will be provided on infection control. This will be provided by 30/05/2015.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

There was no evidence to show that the fire alarm was serviced in November 2014 when a service was due.

Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The Fire and General Register and the Fire Alarm Panel have been updated to reflect servicing of fire equipment on 17.12.2014

Proposed Timescale: 17/12/2014

Theme: Effective Services

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

It was reported that an audit of fire safety precautions had been undertaken since the previous inspection but there was no record of this audit available in the centre.

Action Required:

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

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

A record of this audit and review of fire safety precautions will be made available in the centre.

Proposed Timescale: 30/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictive practices were recorded.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

As and from 01/01/2015 all restrictive practices are now being recorded for the centre. These are being monitored on a weekly basis by the QCT team. All restrictive practices are being reviewed to ensure that the restrictive practice in use is considered as being the least restrictive practice.

Proposed Timescale: 27/02/2015

Outcome 12. Medication Management

Theme: Health and Development

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

The checklists for medications received in the centre were signed by only one staff member and not by two as required by the policy.

A log of controlled drugs was kept in each child's folder but there was no controlled drugs register. Records of controlled drugs were signed by one staff member only and not by two staff as required.

Action Required:

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

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

The medication policy has been brought to the attention of and discussed with all staff on 27/02/2015.

A controlled Drug Register for the location has been put in place. Staff will receive training in recording medication on the controlled drug register system in line with the medication management policy by 30/03/2015.

Proposed Timescale: 30/03/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all the information set out in Schedule 1 of the regulations.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose

containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be revised in line with Schedule 1.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

A child-friendly version of the statement of purpose was not made available to children.

Action Required:

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

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

When the Statement of Purpose is revised it will be made available to the children and their families in a child friendly version.

Proposed Timescale: 30/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge did not have sufficient support from senior management in relation to providing adequate staffing for the centre when there was a recognised shortage of qualified and permanent staff.

Formal mechanisms to support, develop and performance manage all members of staff were not in place as the person in charge was not trained in supervision and the staff team did not receive supervision.

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:

1. The support structure for the Person in Charge has been revised to ensure that the

person in charge has the necessary support to provide adequate staffing for the location.

2. Senior Management and the Person in Charge are developing a new roster system to ensure adequate staffing for the location. A core team is also being identified to alleviate staffing issues in the location.

3. The Person in Charge has received training in supervision (16.02.2015) and has prepared a timetable of supervision for members of the staff team to ensure that staff are adequately supported to exercise their personal and professional responsibility.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

An annual review of the quality and safety of care in the centre took place on the 11.02.2015.

A report was produced following the review and is available at the location.

Proposed Timescale: 11/02/2015

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

An Annual Review of the safety and quality of care and supports provided in the location conducted on 11.02.2015

The Annual Reviewed provided an opportunity for consultation with the residents.

Proposed Timescale: 11/02/2015

Theme: Leadership, Governance and Management

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

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

Action Required:

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

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

An Annual Review of the safety and quality of care and supports provided in the location was carried out on the 11.02.2015. The report will be made available to the residents and if requested, to the Chief Inspector.

Proposed Timescale: 11/02/2015

Theme: Leadership, Governance and Management

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

The provider had not identified all the risks in the centre.

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.

The Risk Management Policy will be updated to outline the process for identifying all the risks in the centre. An assessment has been completed to ensure appropriate identification of all the risks in the centre.

Proposed Timescale: 27/02/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

the following respect:

The level of staffing in the centre was not in line with the assessed needs of the children.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A review of the assessed needs of the children has taken place to identify the appropriate number and skill set of staff required to meet the needs of the children.

A core staff team will be identified for the location to ensure that the location is adequately staffed to ensure the effective delivery of care and support in accordance with the statement of purpose.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The staff files seen by inspectors did not contain all the documents and information required under Schedule 2 of the Regulations.

Action Required:

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

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

Staff files are being reviewed to ensure compliance with schedule 2 of the regulations and to ensure that the files.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

Staffing levels were not sufficient to meet the assessed needs of all the children.

There remained a high dependence on relief staff for the day to day functioning of the centre and an imbalance between unqualified staff and those who had appropriate qualifications and experience.

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:

A review of the staff rosters in the location is underway. A number of actions have been identified and are presently being implemented.

1. A review of the assessed needs of the children has taken place to identify the appropriate number and skill set of staff required to meet the needs of the children. This will be carried out by 30/01/2015.
2. A core staff team will be identified for the location. The core staff team will be made up of regular WTE staff members. This will be in place by 30/03/2015.
3. A regular relief panel will be developed to support the core team should extra supports be required at any time to meet the needs of the children. This will be in place by 30/04/2015.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

The staff roster did not accurately reflect the staffing of the centre.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The Person in Charge has attended roster management training (17.02.2015).

The roster now reflects staffing in the centre showing staff on duty at any time during the day and night. The roster is updated to reflect any emergency changes which are made to the roster.

Proposed Timescale: 27/02/2015

Theme: Responsive Workforce

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

There was a shortage of permanent staff and this impacted negatively on the provision

of continuity of care.

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:

A review of the roster system and staff compliment is taking place at present. The new system will identify a core staff team in the location so as to ensure the continuity of care to the children.

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

Staff did not receive any formal supervision.

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:

1. The Person in Charge has now been trained in supervision skills (16/02/2015)
2. A schedule of supervision for staff members in the location is in place (26/03/2015)
3. All staff in the location will now be supervised in accordance with organisation policy and Regulation 16 (1) (b). This will be in place by 07/05/2015

Proposed Timescale: 07/05/2015