

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0001846
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Catherine's Association Limited
<b>Provider Nominee:</b>	Ian Grey
<b>Lead inspector:</b>	Tom Flanagan
<b>Support inspector(s):</b>	Bronagh Gibson;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
20 August 2014 09:30	20 August 2014 17:30
21 August 2014 10:10	21 August 2014 16:10

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

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

**Summary of findings from this inspection**

This was the first inspection of the centre by the Authority. The inspection was announced and was carried out by two inspectors over two days. As part of the inspection, the inspectors met with the person in charge (who was deputising in this position whilst the person in charge was on leave) the house leader and staff members. Inspectors also met the respite manager, who is the person in charge, at the end of the inspection on his/her return from leave. The inspectors met and observed four children and reviewed the children's files, policies and procedures, staff files and other records in the centre.

The centre was notified to the Authority under Section 69 of the Health Act 2007 as a centre that provided respite care to children up to the age of 18 years.

The centre was located on its own grounds in a rural area approximately two kilometres from a town. It comprised a single-storey house and a separate one-bedroom apartment to the rear of the main building. The perimeter of the centre was secure. There was a large lawn and a play area for the children. Residential accommodation was offered to a maximum of five children per night. All the children were on school holidays but usually attended special schools in the area.

There were four children in the centre on the day of inspection. All received one to one supervision from staff, who interacted with them warmly and respectfully.

Children were well cared for. The centre operated a social care model and emphasis was placed on behaviour support. Good use was made of a picture exchange system of communication and social story approach with some children and there was good communication with parents. However, there was little evidence of pre-admission assessment and the majority of children did not have personal plans. The placements of two of the children were not in line with the statement of purpose in terms of the duration and purpose of their stay and the plans for these children were unclear.

Risk management, health and safety and fire safety measures were not sufficiently robust. Inspectors identified a number of risks in relation to safety and fire prevention which had to be immediately addressed during the inspection. Policies and practices in relation to child protection did not ensure the safety of children. The systems of management and governance were weak and recruitment practices did not ensure that there were sufficient permanent staff with appropriate qualifications, skills and training. There was no system of quality assurance to ensure that the quality and safety of care and support was adequate and monitored on a consistent basis.

Medication management was of particular concern and an immediate action plan was issued to the provider in relation to the use of PRN (administered as required medication). Untrained staff were administering medication and a medication error was identified by inspectors. Staff were untrained in other critical areas such as fire safety.

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):**

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

**Findings:**

Children took part in a range of leisure activities and their integration into the local community was encouraged and facilitated. However, children's needs had not been appropriately assessed prior to admission and the majority of children did not have personal plans. The long-term needs of one child were not being met in the centre and planning for discharge required improvement.

The staff member acting for the person in charge told inspectors that referrals to the service came from parents, teachers or the Health Service Executive. Following referrals, the respite manager visited the child's home and met the parents and the child. As there were no clear admission criteria, the respite manager made an informal assessment of the suitability of the child for the service. Inspectors were provided with a copy of a pre-admissions form which was introduced in 2014 and provided for a detailed assessment of the child's needs and made provision for a list of specialists involved in the child's care and references to their reports. However, inspectors found that there was no written assessment of children's needs prior to their admission in two of the three files sampled and the form had not been used.

The staff member acting for the person in charge told inspectors that the process of developing personal plans for each child had started recently but had not been completed. Inspectors viewed the files of three children and found that one of the children had a detailed respite plan which set out the child's needs, details and capacities. The plan was drawn up with the involvement of the child's parent. Another child had a recently-developed personal plan but the cultural identity and associated needs of this child were not addressed. The files of each of the children contained a large amount of relevant information on areas such as medication, communication

needs, likes and dislikes, various care plans, and consent forms signed by parents. They also contained detailed behaviour support plans and behaviour risk assessments. However, for the majority of children, there were no personal plans that set out the children's assessed needs and wishes and preferences, outlined the supports required to maximise their personal development and were developed with the maximum participation of the residents.

The majority of children who used the centre did so for short respite breaks and short-term goals in relation to respite were outlined in one of the children's files sampled only. However, one child had been living in the centre for more than six weeks and another had been living there for more than 12 weeks. In both cases, the long-term goals of the placements were not clearly set out. The duration of their placements meant that these were not in accordance with the statement of purpose. The staff member acting for the person in charge told inspectors that one child was due to return home and to begin school at the beginning of September 2014 but this was not clearly outlined in any written plan for the child. In the case of the second child, the staff member acting for the person in charge told inspectors that the child required a full-time residential placement and records showed that the child was placed in a full-time residential centre in May 2014 but returned to this centre after one week. There was no plan in place for a full-time placement for this child and, as a respite service, the centre was not suitable to meet the long-term needs of this child. There was a risk that the placement of the child could drift and the child could remain in the respite service without a plan at a vulnerable stage in their lives.

There was evidence of communication with the parents of children in relation to respite breaks and the acting person in charge told inspectors that there was good communication between centre staff and the school staff when children came to and from the centre from school during school terms. However, inspectors found that, in the case of the child who was due to return home in September 2014, having spent over six weeks in the centre, there was no written plan in place to manage the discharge and to ensure that the transition took place in a planned, child-friendly and safe manner. There was a risk that this discharge could be poorly managed.

The majority of children who used the centre were living at home but there was evidence that various supports were given to children to assist in preparing for adulthood while in the centre. Respite breaks gave children the opportunity to spend time in the company of other children of a similar age. Children, insofar as they were able, were encouraged to assist with some household tasks such as laundry. Inspectors observed that staff used a picture exchange system and visual schedules to help children develop social skills and improve their ability to communicate with others. There was also evidence that children were assisted to access community facilities such as swimming pools, activity centres and public parks, all of which contributed towards greater integration of the children in the community.

**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):**

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

### **Findings:**

The health and safety of children, staff and visitors was not adequately promoted. Risk management systems were not sufficiently robust. A number of fire precautions were in place but fire safety measures needed to be improved.

There was a health and safety statement in place which was dated 27 March 2014 and was signed by the chair of the board of directors. There was a health and safety representative in the staff group. The health and safety folder contained a log of maintenance issues which had been brought to the attention of the maintenance team but there was no indication as to whether the works had been completed or not.

The systems in place to manage risk were not robust. Inspectors observed that a number of measures were in place to control certain risks. For example, knives and sharp objects were kept securely and chemicals were stored in a locked cupboard. Individual risk assessments had been carried out in relation to some, but not all children. However, the policy in place was inadequate as it did not include hazard identification and management throughout the centre and the measures in place to control risks specified in the regulations. No risk assessments had been carried out on the premises and there was no corporate risk register. This meant that risks in the centre were not fully known and the systems in place to manage risk were deficient. For example, inspectors observed that a metal door of the heating boiler, which was located outside the kitchen, had come off, exposing the burner and the door to the airing cupboard could not be closed. These were pointed out to the acting person in charge, who contacted the maintenance section immediately and the issues were addressed within hours.

A system was in place to record incidents. Inspectors viewed a number of incident forms and found that they had been completed by staff but were not signed by managers in all cases and there was no evidence that they were formally reviewed by managers. Managers told the inspectors that individual risks were notified to senior managers by email or verbally at the weekly residential respite meeting. Risks were responded to on an individual basis but, as there was no corporate risk register, trends in relation to risks were not monitored and there was no evidence of learning taking place, which was a serious deficit in relation to overall risk management and planning.

Infection control procedures were not robust. The house leader told inspectors that a cleaner worked in the centre two days per week and that cleaning schedules had been introduced within the previous month to ensure that the premises was cleaned by staff on both day duty and night duty. Cleaning materials were stored securely and the house

leader told inspectors that colour-coded cloths and mops were used throughout the premises. However, inspectors found that not all the colour-coded mops were in place and that mops were stored in unhygienic conditions in a garden shed. There were no paper dispensers in the kitchen or in many of the bedrooms. Instead, large rolls of paper and soap dispensers were left on kitchen surfaces or on window sills along the corridor, a practice that was unhygienic. The staff member acting for the person in charge told inspectors that no clinical waste was generated in the premises and none was observed by inspectors.

The precautions in place to guard against the risk of fire were inadequate. Fire safety and emergency procedures had been reviewed on 16 July 2014. Suitable fire fighting equipment was provided and there were adequate means of escape. Fire exits were unobstructed. Adequate signage was in place in relation to fire exits and evacuation. Fire extinguishers were serviced in July 2014. There were weekly tests of the fire alarm, which was serviced in May 2014. A record of daily inspection of escape routes by staff was up to date. There was a procedure for the safe evacuation of residents in the event of a fire but no individual emergency evacuation plans had been developed for the residents. The staff member acting for the person in charge told inspectors that fire drills had been conducted in the centre but there were no written records of this. The majority of staff had received training in fire safety within the previous year. However, inspectors interviewed a staff member who had transferred from another centre and, while s/he had received fire safety training, s/he had not participated in a fire drill in the centre and did not know where the fire assembly point was. There was no evidence to show that materials in the centre were fire retardant. The acting person in charge told inspectors that any documents in relation to this were not held in the centre but retained by the auxiliary manager. There were no fire doors in the centre, no automatic door releases and there was no written confirmation that the centre was in compliance with fire safety regulations.

The house leader told inspectors that the front door was not locked during the day. However, inspectors found that the door was locked on occasion and the house leader told inspectors that some staff were in the habit of locking it. Some of the staff did not have a key to the front door on their possession as there was a shortage of keys in the centre. Inspectors considered that this constituted a serious risk in the event of a fire and issued an immediate action plan in relation to this. The acting person in charge gave a verbal assurance that each staff member on duty for the evening and night would have a key to the door on their possession. Inspectors observed that on the second morning of the inspection, a maintenance worker delivered several sets of keys to the centre and the acting person in charge set up a system whereby each staff member signed for a set of keys at the beginning of their shift and returned the keys at the end of their shift.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and*

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

**Theme:**

Safe Services

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

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

**Findings:**

There were a number of measures in place to protect children from abuse and a positive behaviour support model was used. However, procedures for the reporting and investigation of child protection concerns were not transparent and hindered managers and staff in their duty of care to children.

The service had policies and procedures on child protection which were based on Children First: National Guidance for the Protection and Welfare of Children (2011). The designated liaison person was the director of services. The majority of staff had received training in Children First (2011) and staff who were interviewed were knowledgeable in relation to signs and symptoms of abuse and how to report any concerns they had. The staff member acting for the person in charge told inspectors that a concern had been reported to the director of services in relation to bruises found on a child when s/he was admitted to the centre. An incident report was completed by staff in relation to this but the staff member acting for the person in charge did not know whether or not the incident had been investigated. Managers and staff told inspectors that, according to the procedures in place, once they reported concerns to the director of services they received no further information on the outcomes on the grounds that this information was confidential. This procedure was unsafe as it meant that managers and staff had no way of knowing whether the concern they raised was investigated or not and whether further safeguarding measures should be put in place in relation to the child concerned. They told inspectors that they were not satisfied with this approach and that they had made their views known to the director of services but that the procedure remained unaltered. Inspectors requested further information in relation to this reported concern but had not received this information at the time of writing this report.

The centre had a range of policies in relation to safeguarding children. These included policies on recruitment, safe practice, bullying and harassment, use of the internet and a policy on unauthorised absences, which was guided by the joint protocol between the Child and Family Agency and An Garda Síochána. A visitors book was in use to record the names of all visitors and the purpose of their visit in order to ensure that unknown adults were not entering the centre.

Inspectors observed staff interacting with the children in a respectful and warm manner and providing them with one to one support. The privacy of children was enhanced by the provision of single rooms for each child. There were policies in place on the

provision of intimate care and the children had intimate care plans which were satisfactory. In themselves, these practices and measures offered some safeguarding to children.

Arrangements were in place to store children's monies securely. A record of the money spent by or on children's behalf was maintained and receipts were retained. However, the records were not signed by staff and the practices in relation to children's monies was not supported by a policy and procedures.

There was evidence of efforts made to identify and alleviate the underlying causes of behaviour that was challenging in relation to individual children and inspectors observed instances of how behaviour that challenged was well managed. There were policies on positive behaviour support and on behaviour that challenges and these promoted interventions that were based on a non-restrictive, multi-element behaviour support model. There was evidence of extensive involvement of a behaviour therapist in the care of some of the children and copies of behavioural risk assessments and behaviour support plans on file. Staff were involved in maintaining detailed records of the children's activities and their behaviour and there was evidence of regular reviews of the plans. The majority, but not all, of staff had received training in a model of behaviour management. Inspectors observed staff interacting with one child whose behaviour challenged. Staff used picture exchange communication to assist the child to express his/her needs and then used a visual schedule to help the child understand the order in which his/her needs would be met. Inspectors also observed that a particular set of arrangements had been put in place around the centre to assist a child to manage his/her behaviour and staff were able to explain to inspectors how the child had responded positively to these arrangements and how the behaviour that challenged had improved.

The centre had a policy and guidelines on the use of restrictive practices and there was evidence that restrictive practices were recorded and notified to the authority. The person deputising for the person in charge told inspectors that individual logs of restrictive practices were put in place in August 2014. Records showed that practices such as holding a child or blocking a child from entering a room were in response to behaviour that was challenging and that these practices were of short duration and these interventions seemed appropriate. There were also records of chemical restraint using PRN (administered as required) medication — this is discussed in more detail under medication management.

**Judgment:**

Non Compliant - Major

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The operational policies and practices in relation to medication management did not protect the residents. The Authority issued an immediate action plan in relation to the administration of PRN (as required) medication.

Medication was appropriately stored in secure locked cupboards in both the main house and the apartment. Medications in these storage areas were in date and the medication for each child was clearly labelled and maintained separately. Processes were in place for the storage and recording of controlled drugs. A system was also in place for medications to be received and signed for by two staff when a child was admitted on respite.

Some practices in medication management were adequate. There was a separate medication folder for each child. Each folder contained a critical alert sheet which set out any allergies, emergency medications, modified nutritional requirements, and pain thresholds. There was a medication list for the child and contact numbers for the child's next of kin, general practitioner (GP) and hospital. A photo of the child, the date of birth and diagnosis were also included. Consent forms in relation to administration of medications were signed by parents. 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. Nursing staff transcribed all medications to medication prescription sheets and these were later signed by the children's GPs. However, PRN (to be administered as required) medication was not recorded separately and the route by which PRN medication should be administered and the maximum dosage was also not recorded.

The operational policy allowed for staff members who had not been trained in the safe administration of medication to administer medication. This practice was unsafe and could have severe consequences for the children to whom medication is administered. Inspectors found an instance of medication error where the wrong medication had been administered to a child. This was brought to the attention of the acting person in charge, who investigated this, interviewed the staff concerned and made recommendations in relation to staff training. Inspectors also found that psychotropic medication, which was prescribed for use PRN was administered to a child as a form of chemical restraint on one occasion. There was no evidence that other alternatives had been considered. There was no written guidance or criteria for staff in relation to the administration of PRN medication and staff members administered PRN medication to a resident at their own discretion in response to behaviour that challenged. This practice was also unsafe.

Inspectors brought the issue of untrained staff administering medication to the attention of the person deputising for the person in charge and the house leader. They told inspectors that they and other staff members had also expressed concerns about this, that a process was underway for staff to be trained and have their competency to

administer medication assessed and that this process would be supported by a new policies on medication management, a draft copy of which was given to the inspectors. The person deputising for the person in charge furnished the inspectors with a training schedule which showed that eight members of staff received training on the safe administration of medication on 14 and 15 August 2014 and that 12 members of staff were due to received this training on 25 and 26 August 2014. She also told inspectors that competency assessments had been carried out on a number of staff by the director of nursing and that the remaining members of staff would have their competency assessed as soon as they had completed their training. However, an immediate action plan was issued in relation to the administration of PRN medication and the person deputising for the person in charge gave an undertaking that staff who were untrained would no longer administer PRN medication. A satisfactory written response was received from the provider within the stipulated timeframe.

**Judgment:**

Non Compliant - Major

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a written statement of purpose but it did not contain all the information required by the regulations and it did not accurately reflect the services provided. There was a risk that children living in the centre on a longer term basis would not have their needs met and this would impact on the quality of their lives.

The statement of purpose, which was dated July 2014, set out the ethos of the centre and services and facilities provided. However, it did not contain a number of items of information required under Schedule 1 of the Regulations. Omissions included: the specific care needs catered for; the criteria used for admission; the total staffing complement in whole time equivalents; and any therapeutic techniques used. There was no reference to the person in charge. The statement of purpose also included a list of children who were currently using the service, contrary to their right to confidentiality.

The statement of purpose stated that the maximum crisis respite could be up to 14 days in extreme circumstances. However, one child had been in the centre for over six weeks and another child had been there for over 12 weeks. The duration of these placements was not in accordance with the statement of purpose and reduced the availability of

respite placements for other children. The person deputising for the person in charge told the inspectors that these "block placements" were seen as respite breaks and that there were set criteria for them, but that s/he did not know what these criteria were.

Staff members who were interviewed were familiar with the general purpose and function of the centre. The statement of purpose was available to parents and a child-friendly guide to the centre and the services provided was available to children.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

A management structure was in place but management systems were underdeveloped and not sufficiently robust to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

The person deputising for the person in charge described the management and governance structure of the centre and provided inspectors with an organisational chart. Staff reported to the house leader, who managed the day to day operation of the centre and reported to the respite coordinator, who was the person in charge. The respite coordinator reported to the director of service, who reported to the board of directors. The respite coordinator was also the person in charge for a number of other centres.

The management system was deficient in relation to accountability and the provider had not ensured that all persons in charge had access to information for which they were accountable as set out in the regulations. House leaders did not have easy access to records pertaining to the centre. The acting person in charge told inspectors that, in recent weeks, the respite coordinator and house leaders had been given access to an electronic version of documentation for staff, including An Garda Síochána vetting, references, contracts, curriculum vitae, qualifications and photo identification. They had access to overall staff training records but they had no access to the staff members' paper files to verify that all documents required by Regulations were in place. They did

not have access to information in relation to any investigations or disciplinary issues relating to staff. They also had no access to key records in relation to health and safety and fire safety as these were retained by the auxiliary manager. The person in charge and house leaders did not have access to information on the outcome of any child protection concerns once they were notified to the designated liaison person. This system did not facilitate the respite coordinator, in her role as person in charge, to maintain appropriate oversight of the centre and its staff.

Inspectors met the person in charge briefly at the end of the inspection. She was a qualified nurse who, as respite coordinator, arranged the admissions. She was not based in the centre and was also the person in charge for two other centres. Inspectors found no evidence that she was involved in the day to day operational management of the centre or that she quality-assured the work carried out in the centre. As she was unaware that there were no records of fire drills having been carried out in the centre or that no personal plans had been developed for children until the new house leader came into post at the end of July 2014, inspectors were not satisfied that she had ensured effective governance, operational management and administration of the centre.

Inspectors requested a copy of the service plan or operational plan for the organisation but were told by person deputising for the person in charge that none was available. Managers told inspectors that no programme was put in place by the provider to inform or educate the staff in relation to the requirements of the regulations. The acting person in charge told the inspectors that house leaders within the organisation had begun the process of benchmarking their services against the National Standards but that no such process had begun in relation to the regulations. House leaders had been given a template to assist them in the formulation of a statement of purpose but, as they were not sufficiently familiar with the regulations, they were not aware that the template was inadequate. Inspectors requested copies of the director of services' reports to the board of directors but had not received them at the time of writing this report.

There was no effective risk management framework in place. There was no corporate risk register and no comprehensive risk assessments had been carried out on the premises. While the person deputising for the person in charge told inspectors that preliminary assessments had been carried out by an external contractor in relation to compliance with planning and fire safety legislation, there was no written assurance that the premises was compliant with this legislation.

Quality assurance measures were inadequate. There was no annual review of the quality and safety of care and support in the centre. The provider had introduced weekly residential meetings which were attended by the director of services, the respite coordinator, the house leaders, the director of nursing, the behaviour specialist and the auxiliary manager. Inspectors viewed the minutes of a number of these meetings. There was a standing agenda which included child protection, risk assessments and health and safety and other issues discussed included the introduction of new policies, staffing, training and operational issues in relation to each of the respite centres. In view of the deficits identified by inspectors, this meeting was not effective. There was evidence of regular medication audits and the acting person in charge told inspectors that a consultation process had begun with parents but there was no evidence of other audits or quality assurance by the person in charge of practices in the centre or on written

reports by staff. The person deputising for the person in charge furnished the inspectors with a document entitled "Governance for Children's Residential Services" in the organisation. This was dated June 2014 and set out the roles of various managers and measures to be put in place to ensure good governance. There were no dates for the introduction of these measures and no evidence that many of these measures, which included a risk register for each centre, a risk management committee and a child welfare and safeguarding children committee, had been put in place. There was no evidence that the provider had undertaken any unannounced visits to the centre for the purpose of preparing a written report on the safety and quality of care and support provided in the centre.

Inspectors requested a copy of the service level agreement with the Health Service Executive (HSE) but were told by the person deputising for the person in charge that no service level agreement was in place this year and that no key performance indicators were submitted by the centre manager for the purpose of monitoring by the HSE.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

There was a sufficient number of staff to provide the service but the centre was highly dependent on relief staff for its day to day functioning. Recruitment procedures and workforce planning were not sufficiently robust to ensure that all staff had appropriate qualifications and experience. A schedule was in place to ensure that staff received mandatory training but staff were not adequately supervised.

There was a sufficient number of staff on duty on the day of inspection to ensure the needs of the children were met. Including the house leader, there were six staff on duty and this ensured that children had one-to-one staffing and two-to-one staffing in the case of one child. However, of a total of 23 staff who worked in the centre, only seven were permanently employed with 16 members of staff being relief workers. A manager told inspectors that there was a shortage of permanent staff due to the funding of the organisation and that this impacted negatively on the provision of continuity of care and

on care planning.

Recruitment procedures were not sufficiently robust to ensure that staff had the necessary skills, qualifications and experience to meet the assessed needs of the children. Of the 23 members of staff, there was one social care manager, one social care leader, one social care worker but 16 of the staff were "trainee social care workers". The use of the term "trainee" was misleading as the staff concerned were not being trained as social care workers. Instead, "trainee social care worker" referred to a pay grade. While some of the trainee social care workers had relevant qualifications such as qualifications in social work or psychology, at least one did not have any recognised qualification in the field of social care or healthcare. Inspectors viewed a sample of five staff files in electronic form. All of the files contained copies of most of the documents and information required under Schedule 2 of the Regulations, including evidence of An Garda Síochána vetting. The file of one staff member contained no evidence of relevant qualifications or experience. One file contained no curriculum vitae. The majority of files contained testimonials but no reference from the most recent employer and this presented a risk both in terms of child protection and in ensuring that staff members were suitably skilled and experienced.

The person deputising for the person in charge told inspectors that no training needs analysis had been undertaken but there was a training programme in place to ensure that staff received mandatory training in Children First (2011), manual handling, fire safety and crisis intervention and that this programme was administered by a training officer. However, it was not effective and the person in charge could not be sure that all staff had received necessary training to deliver the service. Inspectors were provided with the overall training records for staff in the organisation which showed that a programme was underway to train all care staff in the safe administration of medication. The majority of staff had had received up to date training in first aid and in the administration of emergency medication. All except one member of staff had received training in Children First (2011) in 2014 and were up to date with manual handling training. However, there was no record of four staff having received any training in fire safety and three other staff did not attend fire safety training which was provided in November 2013. This is essential safety training. Three staff had not been trained in crisis intervention and eight staff had not received up to date refresher training in this regard. The provider had not put in place any programme in order to familiarise staff with the regulations.

A policy on supervision was in place but this was not implemented and staff did not receive any formal supervision. This meant that staff were 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 in their practice.

No volunteers worked in the centre.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0001846
<b>Date of Inspection:</b>	20 August 2014
<b>Date of response:</b>	

### 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:**

A comprehensive assessment of need was not carried out on all children prior to their admission to the centre.

**Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out prior to admission to the designated centre.

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

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

All members of the Multi-Disciplinary team will be required to engage with the new policy, once developed.

In the interim no new referrals will be accepted.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The majority of children did not have personal plans.

**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 resident presently engaged in the service and will be put in place for each new referral to the service no later than 28 days after admission to the designated centre. Each plan will be developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and nature of his/her disability.

Immediate plans to be implemented will include personal plans for:

1. Epilepsy Management;
2. Absconding;
3. Behaviours that Challenge and
4. Medication Management.

Residents/parents/advocates will be supported to participate in care planning.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The long-term needs of at least one child were not being met by the centre.

**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:**

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 this child.

An assessment of the health, personal and social care needs of this child will be carried out prior to admission or transition to any new designated centre.

Owing to the medium and long term needs of this child, a transition process to move to residential services is being developed taking into account their health, personal and social care needs.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There was no discharge plan in place for a child who had been resident in the centre for over six 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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

All personal care plans will be reviewed and updated regularly by the multi-disciplinary team and respite support team, so as to reflect changes in need and circumstances of the child as part of the planning and transition process. A new Admission and Discharge Policy will be developed which will support the discharge of this child in a planned and organised way.

**Proposed Timescale:** 30/11/2014

**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:**

There was no system in place for the assessment and monitoring of risks in the centre and no risk assessments had 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.

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 location. 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 child attending the service in this location 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 the PIC.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The arrangements in place for the identification, recording and investigation of, and learning from serious incidents or adverse events involving residents were not

satisfactory.

**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:**

A new reporting system is being developed by the Quality Compliance and Training Team. This will require all adverse events to be forwarded to the QCT manager and Senior Management Team. This includes the development of an Audit committee to regularly review trends and to make recommendations for changes in practice or policy should these be required.

The new reporting system will require the PIC and Senior Management to record the outcome of the investigation.

The Safety Committee will review and monitor adverse events also, including fire evacuation, accidents and incidents.

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

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

The policy on risk assessment was inadequate as it did not include hazard identification and management throughout the centre and the measures in place to control risks specified in the regulations.

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

A complete review and restructure of the Health and Safety Statement for this location will take place. The Health and Safety Officer will conduct an in depth review of all risks associated with this location, in conjunction with the PIC and location Safety Rep., and identify suitable control measures. These will be recorded in the Health and Safety Statement.

This information will also be reflected in the location Risk Register and individual client risk assessments where appropriate.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

The policy on risk management was inadequate as it 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 policy will be reviewed and updated in its entirety to incorporate methods for the identification and management of risks and hazards in relation to accidental injury to residents, visitors and staff.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The policy on risk management was inadequate as it 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 policy will be reviewed and updated in its entirety to incorporate methods for the identification and management of risks and hazards in relation to aggression and violence. Risks identified will be reflected in the Positive Behaviour Support Plans of the children and the location Risk Register where appropriate.

An external training and resource agency will be contracted to make arrangements for the training to be provided to staff in risk identification and risk management in line with the new policy and in line with the regulations.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The policy on risk management was inadequate as it 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 policy will be reviewed and updated in its entirety incorporate methods for the identification and management of risks and hazards in relation to self-harm.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

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

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

The implementation of the Quality, Safety and Risk Management Policy will support the identification of risks as mentioned in Regulation 27. This will also be reflected in the reviewed Health and Safety Statement for the location.

The children's individual care plans will reflect the hazard identification and the control measures. A cleaning schedule will also be put in place to support good housekeeping.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There was no evidence that building services, bedding and furnishings were adequately protected against the risk of fire.

**Action Required:**

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

The location will be assessed for Fire Compliance by a Health & Safety professional and all fire equipment will be reviewed. All soft furnishings will be included in this assessment. The Health and Safety statement will be amended to reflect this assessment.

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

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

Not all staff had been adequately trained in fire safety.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Emergency procedures will be reviewed and all staff will attend fire training. Training will be a mixture of location and centrally based training. This will be provided by a registered provider.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There was no written evidence of fire drills having been carried out and there were no individual emergency evacuation plans for children.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Individual Emergency Evacuation Plans will be completed for all children availing of the

service in the centre. This will become part of the admissions documents for new children in the future. Arrangements will be put in place for reviewing fire precautions which will include monthly fire drills. A comprehensive report will be submitted by the PIC following each drill to ensure effectiveness and learning. These will be reviewed at the Safety Committee.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The front door of the centre was locked on occasion during the inspection and not all members of staff had a key to this door on their possession. No spare keys were available in the centre.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

A new system for the availability of keys for all staff on duty on any given day will be developed. A number of sets of keys are stored in the office. On arrival to the location at the beginning of their shift staff receive a set of keys and sign to show they have taken them. On the completion of their shift the staff return the keys and sign to confirm that they have done so. This system will ensure that all staff on duty has a set of keys on their person during their shift.

**Proposed Timescale:** 30/10/2014

**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 received training in the management of behaviour that was challenging including de-escalation and intervention techniques.

**Action Required:**

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

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

The PIC will identify staff who have not received training in responding behaviour that challenges. Training will be provided for staff where records indicate that they are not

up to date. This will enable staff to respond to any behaviour that is challenging including de-escalation and intervention techniques.

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

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

Not all staff had received training in safeguarding children.

**Action Required:**

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

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

Staff who have not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse as detailed in Regulation 8 will receive training as per protection and safeguarding best practice and Children First (2011)

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

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

Not all staff had received training in Children First (2011).

**Action Required:**

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

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

Staff who have not received training thus far will be identified and will attend appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse as per Children First (2011).

**Proposed Timescale:** 30/11/2014

**Theme:** Safe Services

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

There was no evidence that concerns that were raised in relation to the safety of children were reported to the relevant authorities and investigated.

**Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

All Child Welfare reports are kept by the DLP in a secure location in the central administration building. The new Protection and Safeguarding Committee will review and monitor any allegation, incident or suspicion of abuse or neglect in relation to a child. This will be undertaken in accordance with best practice and Children First (2011)

**Proposed Timescale:** 30/11/2014

**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:**

There was no written guidance or criteria for staff in relation to the administration of PRN medication and staff members, who were not trained in the administration of medication, administered PRN medication to a resident at their own discretion.

**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:**

All medication practices will be reviewed. Training will be provided to all staff in appropriate Medication procedures. Individual Medication Plans will be developed for each resident and will be sufficiently detailed so as to guide staff as to route and PRN administration.

**Proposed Timescale:** 30/11/2014

**Theme:** Health and Development

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

The route by which PRN (as required) medication should be administered and the maximum dosage were not recorded in the prescription sheets.

**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:**

Individual Medication Plans will be developed for each resident and will be sufficiently detailed so as to guide staff as to route and PRN administration. Each PRN medication will be detailed as to its limits of administration and will be signed by a medical prescriber.

**Proposed Timescale:** 30/11/2014

**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 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 SOP for this location will be reviewed and will contain the information set out in Schedule 1 of the Regulations.

**Proposed Timescale:** 31/10/2014

**Theme:** Leadership, Governance and Management

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

The statement of purpose had not been reviewed and amended to reflect current practice in the centre.

**Action Required:**

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose will be reviewed to contain the information set in Schedule 1 and to reflect current practice.

**Proposed Timescale:** 30/11/2014

**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 did not ensure effective governance, operational management and administration of the centre.

**Action Required:**

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

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

The 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. A Children's Services Manager will be appointed over the residential and respite services within the organisation. The PIC will initially report into this manager. A structure of visits and PIC meetings and supervision will support the PIC to ensure effective governance, operational management and administration of the location.

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:** 30/11/2014

**Theme:** Leadership, Governance and Management

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

The management system did not facilitate the respite coordinator, in her role as person in charge, to maintain appropriate oversight of the centre and its staff.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

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. A new person will be recruited to act as a Children's Services Manager over the residential and respite services within St. Catherine's. The respite coordinator will initially report into the Children's Services Manager.

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.

Systems will be developed to support staff to provide a safe and quality service. These will include supervision, performance appraisal, training. Rostering will be reviewed to support time management for the coordinator. These will 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.

**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 was no service plan or operational plan for the service.

The risk management system was not robust. There was no corporate risk register and no comprehensive risk assessments had been carried out on the premises.

**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 implementation of a new assessment of needs for the resident's using the location will support the provision of a safe and appropriate environment for the residents. 6 monthly provider visits and annual audits will ensure that there is oversight of the practices within the location. Issue raised can then be dealt with in a proactive

manner.

The Risk Management system has been reviewed and revised. This includes the development of a corporate risk register. Risk assessments will be carried out and a location Risk Register will be put in place.

**Proposed Timescale:** 20/12/2014

**Theme:** Leadership, Governance and Management

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

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

**Action Required:**

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

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

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

An Internal Auditing system will be developed. The location will have unannounced inspections. Information gathered will be reviewed and recommendations made to continuously improve the service. The provider will carry out 6 monthly inspections and these will compliment an annual audit of the location.

**Proposed Timescale:** 30/01/2015

**Theme:** Leadership, Governance and Management

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

There was no evidence that the provider had undertaken any unannounced visits to the centre for the purpose of preparing a written report on the safety and quality of care and support provided in the centre.

**Action Required:**

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The Authority did not agree this action plan with the provider despite affording the

provider two attempts to submit a satisfactory response.

An Internal Auditing system will be developed. This location will have unannounced inspections. Information gathered will be reviewed and recommendations made to continuously improve the service.

A written report will be completed and circulated to the PIC and the Senior Management Team. An Action Plan will be expected.

**Proposed Timescale:** 30/01/2015

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A manager told inspectors that there was a shortage of permanent staff due to the funding of the organisation and that this impacted negatively on the provision care planning.

**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 Human Resources Team will conduct an audit of all professional and mandatory Training that is required for each staff member. The new management team will 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 as per regulation 15.

The PIC will develop a roster for the centre to ensure that there is a suitable staff mix between contract status and qualifications in conjunction with Children's Services Manager and HR.

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

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

A manager told inspectors that there was a shortage of permanent staff due to the funding of the organisation and that 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:**

The organisation will conduct a review of staffing in the centre and the availability of a regular staff compliment.

The PIC will develop a roster for the centre to ensure that there is a suitable staff mix between contract status and qualifications in conjunction with Children's Services Manager and HR.

**Proposed Timescale:** 30/11/2014**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

None of the staff files contained all the information and documents specified in Schedule 2.

**Action Required:**

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

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

A review of all staff files will be completed.

All staff with outstanding documentation will be contacted again to provide this information as a matter of urgency.

**Proposed Timescale:** 30/11/2014**Theme:** Responsive Workforce**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

No training needs analysis had been carried out and not all staff had received all appropriate training.

**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:**

A training needs analysis will be carried out by a member of the Quality and Compliance

team. All staff will be adequately trained in core areas such as fire safety, medication management and child protection.

The Quality and Compliance team will ensure that staff have access to appropriate 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:** 30/01/2015

**Theme:** Responsive Workforce

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

A policy on supervision was in place but this was not implemented and staff had not received 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:**

Training will be provided to the PIC so as to ensure that staff are appropriately supervised. The supervision policy will be reviewed in line with training and amended as necessary.

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

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

The provider had not put in place any programme in order to familiarise staff with the regulations.

**Action Required:**

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

Members of Staff will have access to copies of the regulations. An information sheet which will align the standards, regulations and outcomes will be made available to all staff through the PIC. These will become a standing item on the agenda at team meetings. Members of the SMT will be available to attend staff meetings to discuss further.

<b>Proposed Timescale: 30/11/2014</b>