

**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-0001851
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Kate Killeen
Lead inspector:	Bronagh Gibson
Support inspector(s):	Vicky Blomfield
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 15 December 2014 09:30 To: 15 December 2014 17:30

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

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

Summary of findings from this inspection

This was the third inspection of this centre by the Authority. As part of the monitoring inspection, inspectors met with three children, the person in charge (the respite care manager), social care staff and the acting chief executive officer. Inspectors observed practices and reviewed documents including children’s files, staff files, medication records, policies and procedures, health and safety and fire safety records.

The centre provided a respite service in a six bedroom bungalow located in a rural area close to a small town. It had its own entrance and front and rear gardens. There was another centre and administrative offices on the same site. The centre could cater for a maximum of four children at any one time, depending on the needs and dependency levels of the children. There were 31 children in receipt of a respite service in this centre at the time of the inspection.

Due to concerns about the ongoing fitness of this provider, two inspectors reviewed all the actions which the provider had been required to take following a previous inspection.

Inspectors found that despite the introduction of improved systems to identify and manage risks, there were significant risks to children from very hot radiators with temperatures registering in excess of 50 degrees centigrade. These risks were addressed on the day of the inspection.

Children presented as having their primary needs met in the centre, and they appeared well fed and dressed. The décor of the centre had improved in that it was clean and reflective of a place where children lived. Further improvements were planned that required significant works and a tendering process had begun for this purpose.

Governance of this centre had improved and lines of accountability and responsibility were clearer.

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:

There were improvements to how the centre promoted the welfare and wellbeing of children through planning their care, and systems were introduced to ensure these improvements were being implemented. Individual plans for children showed increased levels of participation and consultation with children and parents, but there was a need to develop decision-making forums that included the attendance of external professionals. The process of assessing children's needs required improvement and an identified assessment framework to ensure consistent practice.

Each child availing of the service had an assessment of need that informed their personal plan, but practice was not guided by a framework for carrying out these assessments. There was a need to develop decision making forums that ensured the participation of external professionals in the planning process. Case records showed that personal plans were informed by assessments carried out by the multi-disciplinary team for the centre, social care workers' observations and reports on the child, an assessment of their medical and intimate care needs and information provided by parents. Reports provided by the person in charge showed that the quality of personal plans for children varied and that there was a system in place to support staff to improve in this regard. This support was provided by the person in charge through the auditing and monitoring of personal plans. Some improvements recommended by the person in charge for example included expanding on detail and ensuring information gathered was dependable and of good quality. The person in charge said that there was no identified framework to guide staff to carry out a needs assessment. This did not ensure consistency across the team and did not ensure personal plans were adequately informed. External professionals involved with individual children were requested to

contribute by way of a written report to the planning process, but the person in charge said that reports were not always provided. There was a need to further develop the process associated with care planning to ensure maximum participation of key stakeholders such as children, parents and external professionals in an open, collective decision making forum.

Inspectors found that the centre had developed personal plans specifically for children in receipt of respite care. Inspectors reviewed several children's personal plans and found that they were child friendly and written in the first person. They showed clearly the objectives and goals of the placement, represented the voice of the children involved and recorded the communication methods used to facilitate children who were non-verbal to contribute to their plans.

Personal plans were updated as new information came to the attention of the centre, and although there was a process in place to formally review all personal plans, this had not started. There were no terms of reference for these reviews. Records showed that as new information was provided to the centre for example, a change in a child's behaviour or medical need, personal plans were updated. Case records showed that actions were identified following such updates and this ensured children's current needs were being met. The person in charge described the process to formally review personal plans annually for each as a multi-agency and multi-disciplinary forum, but the effectiveness of this process could not be assessed by inspectors as no review was carried out since the last inspection. The person in charge confirmed to inspectors that there were no terms of reference for the review of personal plans and said that this was on the agenda for the persons in charge meeting in January 2015. The intention of the centre and the organisation as a whole to improve planning for children was evident in staff and manager's meeting minutes reviewed by inspectors.

There were six young people availing of the service that were over 16 years of age. The person in charge said that at present there were limited opportunities to fully support young people entering into early adulthood. She provided inspectors with a written proposal for a medium-term plan to develop a life skills programme for these young people and to make use of a currently unused premises for this purpose. This had yet to be considered by senior managers.

One young person who was approaching their 18th birthday had no onward placement identified, but there was documentation on file to show that a meeting was planned for January 2015 to discuss available options. Case records showed that the staff had developed a plan to support this young person to improve their self-care and independent living skills. Personal plan goals were found to be revised to reflect the age of the young person and support was also being provided by staff to their parent(s). However, planning for this young person's transition to another placement was limited as a placement had yet to be identified.

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:

Policies and procedures had been developed to support the safe management of risk, but they were not fully implemented and/or adequate. Significant risk to children that was identified in the last inspection was also present in this inspection. As a result, immediate actions were required by the provider. There was no up to date health and safety statement for the centre.

The organisation had a revised risk management policy dated October 2014 that required improvement. This provided a framework and clearly identified roles and responsibilities throughout the organisation on the management of risk. It did not clearly outline controls to manage risk. There was a newly appointed health and safety officer who took up post on the day of the inspection and the person in charge said that this role was central to progressing and developing further systems of managing risk. A suite of risk assessments were developed since the last inspection but their quality varied and as such, controls were not put in place to manage risk adequately. For example, the assessment of environmental risks did not identify risks found by inspectors. Radiator temperatures were found to be in excess of 50 degrees centigrade. This was also a finding of the last inspection. Immediate actions were required and taken by the provider to address these risks during the inspection fieldwork. Corporate and local risk registers were in place but they did not accurately reflect risks found by inspectors in the centre.

The centre did not have an up to date health and safety statement. The person in charge told inspectors that this would not be in place until the end of January 2015. However, health and safety risks identified during the last inspection were either addressed or in the process of being addressed through a programme of works. For example, windows had restrictors inserted and no longer required locking. This allowed fresh air to circulate around the centre. Moss was removed from paths around the centre and this reduced the risk of slipping. Other work was awaited as rooms were being redesigned and this required tenders to be submitted. This was in process but not completed. Practice in relation to infection control had improved. The centre was newly painted and was clean at the time of the inspection. Staff told inspectors that a cleaning rota was in place and was adhered to. Inspectors were provided with a copy of this rota. Sluicing of soiled clothes in the centre had ceased.

Policies and procedures on the management of incidents were in place. They clearly outlined the process for identifying, recording, investigating and learning from incidents. Records showed that incidents were recorded and there was managerial oversight of

these by the person in charge.

Fire safety precautions had improved and systems were in the process of further development. The quality and compliance manager told inspectors that a fire register was being developed for the centre. Inspectors were provided with a draft copy. Records showed that fire drills took place regularly and at different times, and participants were clearly recorded. Individual emergency evacuation plans were in place for each child. Fire safety training was provided to staff and this was confirmed in training records provided to inspectors. There was a system in place to carry out daily, weekly, monthly and annual checks of exits, fire fighting equipment and fire panels. There was safe exit from the centre on foot of recommendations made by the local county council fire officer. Evacuation procedures were in a format that was accessible to children and displayed throughout 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):

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

Findings:

There were improved systems in place to promote the safety and protection of children but the child protection policy required updating. Restrictive practices had reduced and were better monitored, but there was a balance required between promoting the rights of children and reviewing incidents for the purpose of learning and improved practice.

The organisational policy on the protection of children was reviewed and improved since the last inspection but it required updating to reflect national changes in responsibility for child protection. This currently sits with the Child and Family Agency and not the Health Service Executive as stated in the policy. Records showed that there was one child protection concern that was on-going since the last inspection. Although the child protection policy was not updated, inspectors found that this did not affect practice and the concern involved was reported and dealt with correctly. This concern was due to be closed by the Child and Family Agency.

Restrictive practices had reduced since the last inspection and systems were in place to record and monitor those that were in use. There was a policy in place on the use of restrictive practices and this was found to be adequate. Inspectors found that a cultural change had taken place within the centre in relation to the use of restrictive practice. Staff interviewed described a perspective that was better aligned to an open centre and less risk averse than previously. This was evident in records of restrictive practices that showed locking of doors had reduced as had the use of other measures that limited children's movements. There was a log maintained of all restrictions placed on children for example, through locking doors at particular times. Records reviewed showed these restrictions were based on risk and balanced with the right to movement. The centre continued to use a half door on one corridor and inspectors found that the rationale for this was not adequate. A rights committee was recently established and although there were no terms of reference developed for this committee, the person in charge said that one function was to review restrictive practices from a children's rights perspective. However, there was no system in place to independently review specific incidents for the purpose of learning and improved practice. This finding extended to incidents where behaviour that challenged was displayed and responded to by staff.

The centre had a policy on positive behaviour support and had begun the process of developing behaviour support plans for all children who required them. Inspectors found that although the process of their development had improved, the quality of behaviour support plans varied, and they did not sufficiently guide staff on how to respond to presenting behaviours. Training records showed that staff had received training in a specific model of managing behaviour that challenged. Staff interviewed confirmed this to inspectors.

There was a satisfactory policy in place on the management of children's money and records showed that this was supplemented by safe practice and systems of recording.

Judgment:

Substantially Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

There were improvements in the management of medication that ensured the protection

of children. Policies and procedures were in place and fully implemented.

Since the last inspection, medication held in the centre had been revised. The only medication held in the centre was medication provided by parents when their children were admitted for a respite break. The person in charge said that children were not admitted for a respite break unless their medication was provided. Medication was administered by staff and following the last inspection, a programme of training was put in place to ensure the safe administration of medication. This was confirmed in training records provided to inspectors. Staff interviewed were confident and competent in this area. There was a suite of documents to be signed and counter signed when medication was administered and these were completed for the children whose records were reviewed by inspectors.

The centre had introduced medication plans for each child availing of the service. These were in individual medication folders reviewed by inspectors.

There was a system in place for monitoring and reporting the safe administration of medication. Records showed that audits were routinely carried out and errors were reported appropriately. Errors included incorrect recording of the administration of medication or incorrect recording in a child's individual medication plan. Staff meeting minutes showed that these were discussed with the team to reduce and or prevent future errors of this kind. There was another error that was made by the child's doctor and this was addressed appropriately. Records showed that parents were notified of any errors.

There was a process in place for the storage of controlled drugs. On a walk around the centre, inspectors found that controlled drugs were stored in a locked box inside a medication cabinet. There was a protocol for the centre that included storage of emergency and controlled drugs. The centre had a register of controlled drugs but this was recorded on loose sheets of paper. The person in charge said that a bound register of controlled drugs was being sourced.

There was a safe system introduced for the transition of medication in and out of the centre. All medication was signed in by staff and signed out with a record of what had been administered. Records reviewed were up to date.

Judgment:

Substantially Compliant

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 centre had an amended statement of purpose and function that did not meet the requirements of the regulations.

The centre had a revised statement of purpose and function that addressed several of the deficiencies found in the last inspection. For example, it included a floor plan that was to scale, provided details of arrangements for medical supports if required by a child and described how children would be supported to practice their religion. However, the statement of purpose and function did not provide the name of the provider nominee and did not include an organisational chart. The person in charge said that an organisational chart was not finalised due to recent changes within the organisation.

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:

There were significant changes to governance and management of the service, but further work was required to ensure it was consistently safe and monitored effectively for the purpose of driving improvement.

Structures in the governance and management of the service had changed since the last inspection. The person in charge of the centre had changed. There was a newly appointed board of directors and new management positions were created to ensure better lines of accountability, responsibility and communication throughout the organisation. These positions included for example, a manager for quality and compliance and a health and safety officer. The person in charge told inspectors that the centre had

benefited from these changes through better lines of communication, improved leadership and guidance, particularly on processes and policy, and a sense of stability and confidence. However, s/he acknowledged that although systems and processes had improved, many were at an early stage of implementation and priorities had been established to support incremental but meaningful change. The acting CEO of the service reported in writing to the Authority on structural and operational changes within the organisation, and inspectors found that this increased the potential for the service to be brought into compliance with the Regulations.

Lines of accountability and communication had improved through the introduction of regular senior management meetings and supervision of staff. The person in charge told inspectors that a formal system of managing staff performance was being developed by the human resources department. A report provided to the Authority by the acting CEO showed that other developments included, for example, the allocation of budgets to each of the centres within the organisation and the introduction of risk registers at both centre and corporate level. A rights committee was established to review specific aspects of practice such as restrictive practices, but there were no terms of reference for this committee. There was a system in place to carry out and report on visits to the centre by senior managers and this was in the process of being implemented.

There were improved systems of communication throughout the service and the centre. Senior managers had developed formal systems to communicate with staff through regular meetings and an intranet that held policies and procedures which guided practice. Inspectors found that there was some good leadership and decision making by managers in relation to the centre, and records showed that decisions were communicated through management and staff meetings and memoranda. Staff meeting minutes recorded where staff were informed of new systems and practices such as risk management procedures. The staff were briefed and supported to implement the risk management policy. Practice issues were also examined by the centre manager in staff meetings in consultation with the staff team. Staff resources were well managed to ensure each shift included an identified shift leader at all times. Inspectors examined management meeting minutes where resources were discussed and prioritised. Training for staff had been sourced and provided, and efforts had been made to begin the development of assessments and plans for children. Improved systems were also in place for risk management and behaviour support. However further development and improvements were needed across several areas as outlined in other parts of this report.

The recently appointed person in charge had received training on the Regulations and how to apply regulations to everyday practice. S/he told inspectors that this was very useful and provided guidance on centre specific practices and systems. The person in charge demonstrated a good knowledge of the Regulations and a willingness and motivation to drive improvement in the centre. S/he described a system that was supportive of the role of the person in charge. This was evident in structural and system changes such as access to staff files and vetting, the staff training database and the allocation of responsibilities to the person in charge as defined by the Regulations. The person in charge said that they were well supported by the children's services manager and the senior management team were visible and accessible. Support was also provided through regular meetings with persons in charge of other centres within the organisation and records showed that this also provided an information sharing and

decision making forum in relation to key areas of practice such as child protection, resources, policy and risk management.

The management of risk had progressed but not to a satisfactory level. Risk registers were in place and were dependent on the identification and quality assessment of risk. Risk identification and assessment was an area for improvement in the centre and impacted on the effectiveness of risk registers as a reporting mechanism.

Quality assurance and monitoring systems were developed and improved since the last inspection but were not sufficient to bring the centre into compliance with the Regulations. Inspectors found through interviews and records that the person in charge had oversight of the quality of care planning, centre records and reports, risk management and day to day practice. Medication management audits were carried out. One six monthly visit was carried out by senior management and board members had visited the centre since the last inspection. However, this focussed on a limited number of standards and was not sufficient to adequately assess the quality and safety of care in the centre in a timely manner. There was no annual report on the quality and safety of the service provided to inspectors at the time of the inspection. There was a recently introduced consultation process with parents on how they experienced the service but this was in the early stages of implementation and did not contribute to an annual report for the previous year.

There were systems in place for staff to raise any concerns they had about the service. A whistleblowing policy was recently introduced and staff interviewed were aware of this and the process associated with raising such concerns. The person in charge told inspectors that no concerns were raised by staff since the last inspection.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The centre was sufficiently staffed to meet the needs of the children place there but continued improvements were required in relation to staff vetting, qualifications and training and staff records.

The centre was staffed by a stable team, the majority of which were permanently employed. A small number were on 26 hour contracts. The person in charge said that since the last inspection, there was increased stability in the team as staff were assigned to the centre and did not have to work in other units within the organisation. This was evident on the staff rota. The number of staff in the centre was sufficient to meet the identified staff to child ratio. The centre rota showed that this ratio was three staff to every four children. One child required supervision on a one to one basis and this was provided without compromising the level of supervision of the other children. Inspectors observed staff interacting in a positive and respectful way with the children.

Staff records had improved since the last inspection and were accessible to the person in charge. Records provided to inspectors showed that the person in charge had carried out a review of all staff files and identified deficiencies such as references that were undated. These were notified to the human resources department to be rectified. Inspectors reviewed several staff files and found that the majority of staff were either qualified, trained to FETAC level 5 or in the process of being trained. One staff members file stated that s/he was a qualified psychologist, but records showed that this was to certification level only. There were staff without a second reference and there was evidence that the centre was in the process of obtaining these.

There was progress in the provision of formal supervision for staff. Staff were supervised by the person in charge. Inspectors reviewed supervision files and found that supervision contracts and formal recording systems were in place. Records showed that staff were in receipt of supervision since November 2014 and that a supervision schedule was in place for the coming months for each staff member. Minutes of several meetings showed that the system in place provided accountability for practice and promoted practice improvements.

Fundamental staff training was provided since the last inspection and although this was an improvement, there was a need to ensure staff were trained to meet the sometimes complex needs of the children they cared for. Records showed that core training was provided to staff since the last inspection that included fire safety. Additional training was provided to the person in charge to support them to carry out their duties effectively.

The centre was sufficiently staffed to meet the needs of the children place there but continued improvements were required in relation to staff vetting and training.

Judgment:
Substantially Compliant

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:

Bronagh Gibson
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-0001851
Date of Inspection:	15 December 2014
Date of response:	24 March 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

There was no identified framework to guide staff in the assessment of children's needs.

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:

The frame work to guide staff in the assessment of children's needs will be developed. The person in charge is part of a working group which has been set up to develop this framework.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There was a need to improve care planning processes to include open collective forums that maximise participation by children, parents and external professionals.

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:

An improvement initiative is underway to restructure and improve the care planning processes. The team around the child approach will be included to provide open collective forums and to maximise participation by children, parents, key workers and professionals.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

There was a process in place to formally review personal plans but none had been carried out.

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

The Personal Plans will be formally reviewed. These reviews will reflect any changes in the needs or circumstances of the children. The Personal Plans reviews will be scheduled. Priority will be given to children who have planned discharges.

Proposed Timescale:

10 completed by 30/06/2015
10 completed by 30/08/2015
10 completed by 31/10/2015

Proposed Timescale: 31/10/2015

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 include measures and actions in place to control the risks identified.

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 of identifying the measures and actions in place to control the risks identified.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Risk identification and assessment was not adequate and did not ensure risk registers accurately reflected risks in the centre.

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 risk management policy will be updated to outline the process of risk identification and assessment so as to ensure the risk register accurately reflects risks in the centre.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Policies and procedures did not ensure learning from incidents and or adverse events.

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 and Procedures will be updated to outline the process for identification, recording and investigation of and learning form serious incidents and adverse events.

Proposed Timescale: 31/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were not always provided with sufficient knowledge and guidance on how to respond to behaviour that challenged.

There was a lack of evidence that the use of a half door on one corridor was required or based in evidence of its effectiveness or necessity.

Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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.

1. When positive behaviour support plans are implemented and reviewed, a Positive Behaviour Support Specialist will attend team meetings to provide staff with knowledge and guidance on how to respond to behaviour that challenges.

2. The use of the half door has been reviewed. It has been noted that it used infrequently. Based on the information gathered, the decision on the continued use of the door remains outstanding. This will reviewed again in 3 months in order that a more informed decision can be made. In the meantime the door will stay in place.

Proposed Timescale:

1. 30/5/2015
2. 30/06/2015

Proposed Timescale: 30/06/2015

Theme: Safe Services

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

The organisational policy on the protection of children required updating to reflect the role of the Child and Family Agency in relation to child protection concerns.

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:

The Child Protection and Welfare Policy will updated to include the role of the Child and Family Agency in relation to child protection concerns.

Proposed Timescale: 30/05/2015

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 centre had an inadequate system of recording controlled drugs.

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:

A controlled Drug Register for the location has been put in place. This is a bound book. Staff will receive training in recording medication on the controlled drug register system in line with the medication management policy.

Proposed Timescale: 27/02/2015

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 and function did not include the name of the provider nominee or an organisational chart.

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:

1. The organisation chart has been included in the Statement of purpose
2. The statement of purpose will be revised to include the name of the person in charge.

Proposed Timescale:

1. 30/1/2015
2. 30/3/2015

Proposed Timescale: 30/03/2015

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:

An annual review of the quality and safety of the service was not carried out.

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.

The annual Review of the quality and safety provided in the location will be conducted.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

A copy of an annual review of the quality and safety of the service was not provided 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 quality and safety of the service will be completed. The report will be made available to the residents and, if requested, to the Chief Inspector.

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

The six monthly unannounced visit to the centre was not sufficient or adequate to fully assess the quality and safety of the service.

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 unannounced six monthly review of the service by the provider will be conducted as directed under Reg. 23 (2) (a)

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

There were inadequate systems in place to monitor the safety and effectiveness of the service.

Quality assurance mechanisms in place were not sufficient.

Risk management systems and processes were not adequate

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.

1. Systems will be put in place to monitor the safety and effectiveness of the service. These systems will include: Health & Safety Committee, an Internal Auditing System, An Annual Review of the Quality and Safety of the service.
2. A calendar will be developed to co-ordinate the activities of these quality assurance mechanisms.
3. The Risk Management systems and processes will be reviewed and updated to strengthen the risk management process.

Proposed Timescale:

1. 30.04.2015
2. 30.04.2015
3. 31/03/2015

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 staff performance management system was not in place.

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. A staff performance management policy and procedure will be developed by the HR Function.
2. Staff training on the implementation of the performance management policy and procedures will be provided.

Proposed Timescale:

1. 30/8/2015
2. 30/9/2015

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

A second reference was not on file for some staff.

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 second reference will be obtained for all staff

Proposed Timescale: 30/07/2015

Theme: Responsive Workforce

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

There was a need to ensure staff were trained to meet the complex needs of some of the children they cared for.

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:

Continual professional development is being put in place for staff requiring specific training to meet the needs of the children placed in the centre. This training will include Play and sensory, Mental health awareness, Key worker, Inhalers and nebuliser and Children's Rights

Proposed Timescale: 30/08/2015

