

**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>	Kate Killeen
<b>Lead inspector:</b>	Niamh Greevy
<b>Support inspector(s):</b>	Ann Delany
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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: 24 September 2015 09:10 To: 24 September 2015 19:10

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 09: Notification of Incidents
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 centre's fourth monitoring inspection, with previous inspections in August and December 2014 and July 2015. Following the last inspection the Authority issued a notice of proposal to cancel the centre's registration due to cumulative regulatory non-compliance and concerns about the quality of care provided to the children who lived in the centre and attended for respite. In response to this, St. Catherine's Association made representation outlining a new governance structure and set out a good action plan to respond to the deficits. This inspection was a follow-up inspection to review progress against the actions and timeframes of the previous action plan submitted to the Authority. Inspectors found that while the team had begun to address the majority of the actions from the last inspection only six of the 30 actions identified to be completed by the end of September 2015 had been completed.

Inspectors found an improvement in relation to the quality of life for residents in the centre. There was an improved structure for the day, with a greater emphasis on children spending time in the community. There was improvement in relation to comprehensive assessments and personal planning for the children but there were still a high number of children who did not have up-to-date personal plans or identified goals. Children were observed with new toys and each child had their own box of personal items that were stored away when they were not receiving respite services.

Inspectors found improvements in the condition of the centre, infection prevention and control and fire safety practices. While some improvements were found in risk management processes they were not sufficiently robust to ensure that all risks in the centre were identified and managed appropriately.

Since the last inspection, there was some improvement in the management of the centre but the governance of the service was not robust. The children's services manager had been appointed to manage the centre on a full time basis and she was being supported by a deputy children services manager. The on-site management team was endeavouring to make changes within the centre but were struggling with some aspects of these improvements and required more supervision or support from senior management to fulfil their duties. Further improvements in governance were required, for example, inspectors found that since the last inspection a new child was admitted to the service without a full and complete assessment having been completed to ensure the service could meet the needs of the child.

The morale of the staff team was significantly improved. A core team had been identified for the centre, with at least one qualified staff member per shift. Inspectors found that the team were energised and had purpose in their day on the day of inspection. Internal training had been provided to all staff around fire safety and some staff received training around goal setting and intimate care. However, further training was required to ensure that the team could meet the needs of all the children attending the service. Supervision of staff had commenced but most staff had not received supervision by the day of inspection.

**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:**

At the time of the last inspection, inspectors found that practice in relation to assessment and personal care planning was of a poor standard, did not sufficiently inform the care and support provided to children, and did not service to maximise their potential.

On this inspection, inspectors found improvements in relation to assessment, personal care planning and goal setting where these plans were completed. However, there were a considerable number of plans outstanding and inspectors were concerned about the service's ability to have these completed within their action plan deadline. A new supports needs form and comprehensive assessment template had been put in place and inspectors found that these helped staff complete the assessment and care planning process.

Inspectors were concerned that despite the findings of the last inspection, and despite implementing the new assessment templates, which had identified gaps in the assessment of needs of other children, the service admitted a child whose needs had not been assessed comprehensively. Staff told inspectors that they were unsure how to communicate with this child as there was no assessment of their communication needs, and no communication aids in place. There were a number of incidents reported in the weeks prior to inspection about this child's behaviour but it had not been considered that s/he may have been frustrated as the team could not communicate with him/her.

Where completed, comprehensive assessments had improved. There was evidence of family and multidisciplinary input and assessments were used well to inform the

development of personal plans. However, one comprehensive assessment contained a report from a professional which identified the young person had a particular disorder that was not referenced in the personal plan. However, the children's services manager said that this was not correct information.

The quality of the new personal plans had improved. Inspectors found that the revised plans gave a sense of the likes, dislikes, strengths and needs of children. Plans identified what children were able to do independently and how staff could support them with areas where they needed help. Some plans were not dated and did not have a review date, while others did. One plan was signed by a family member while the other personal plans viewed by inspectors were not.

Six personal plans had been reviewed and completed since the last inspection. However, the action plan returned following the last inspection identified that these had been completed in August 2015. No further plans had been completed since then and while more plans were underway, inspectors were concerned that with eleven plans yet to be completed, there was a high risk that the service would not meet the timeframes outlined in their action plan.

There was evidence of improvements in the participation of children and families in the development of personal plans viewed by inspectors. One child was aware of and had input into their identified goals and families said they had met with keyworkers to develop the plan. This was recorded on plans. Plans that had been completed used pictures to make the content of the plans more accessible for children.

Some of the plans viewed had clearly identified goals and broke these goals into steps, identifying who was responsible for each stage. There was evidence of work being done with one child in relation to developing life skills that were identified as part of the care planning process. However, significant work had yet to be done in relation to identifying and working on goals and identified life skills for most of the children using the respite service. This was also identified by the children's services manager during the inspection.

The service had liaised with the multidisciplinary team to plan for the transition of one child out of the service after their 18th birthday. However, the service needed to take a more central role with other children who were also due to transition out of the service in the coming year to ensure continuity of care.

The service had developed social stories around complaints, fire safety, personal planning, hygiene, peer abuse and personal care. The deputy manager advised inspectors that these were recently developed and the plan was to include them on children's files as they were used. Inspectors also observed a choice board but noted that the pictures for this needed to be more accessible to children if they were going to be able to use it.

There was better planning for children on a day to day basis. Inspectors found that outings were planned in the morning at the daily shift meeting. Records of these meetings showed the outings mainly included trips to the playground and going out for walks. Further work was required in integrating the children into the community.

Inspectors spoke to two children about the centre and they were happy to show inspectors their bedrooms. They knew the manager of the service and also identified staff they liked to do things with. One of the children had a keen interest in the vegetable patch and s/he and another child were observed choosing vegetables that were going to be used for the evening meal. Each child had their own box of toys and hobbies that were of interest to them and they were stored safely away when the child was not in the centre. Children were observed playing instruments and football and two of the boys got toy cars when they went out of the centre on the day of inspection that they were then having a fun game of racing cars when back in the centre.

**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:**

At the time of the last inspection, there had been little progress to address issues around the identification of risks in the centre. The risk management policy did not set out the arrangements for the identification, recording, investigation of and learning from serious incidents and adverse events or the arrangements in place to ensure that the risk control measures were proportionate to the risks identified. Infection prevention and control measures were insufficient and there continued to be some issues around fire safety.

Inspectors found some improvements in relation to identifying and managing risks within the centre since the last inspection but further improvements were needed. There was evidence that the system already in place was being used more effectively and the manager had introduced a referencing system that allowed her to track events more easily. Inspectors found that some risks were being identified but it was not consistent. For example, while there had been previous issues with the swing and trampoline, these had not been risk assessed. The absence of supervision in the centre was identified by inspectors as a risk to the quality and safety of service provision that was not on the centre's risk register. Where additional controls were due to be implemented, there were no timeframes for when these would be implemented by. Some risks were over-scored. For example, some risks were assessed as being moderate, due to the high scoring of how likely to they were to happen even if they had not happened to date. Only three staff had received risk management training and one of these staff members identified that they felt they needed further training. While the adverse events policy had been

revised, it was not in line with regulation 26 as it did not identify the arrangements for the investigation of and learning from serious incidents or adverse events involving children.

The centre had been re-decorated since the last inspection, and was observed to be notably cleaner and tidier. Cleaning equipment was found to be more appropriately stored. However, inspectors found that the cleaning schedule was not always completed and the guidance around the frequency of cleaning for certain areas was unclear.

Inspectors found some improvements in relation to fire safety. The centre had made progress in relation to using fire drills to ensure that staff and children were aware of the procedure to be followed in the case of fire. Records around staff and children who had completed fire drills were maintained so it was clear who had yet to take part in a drill. Most staff had received fire training and adequate arrangements were found to be in place for testing fire equipment. However, fire checks were not consistently signed off. An issue of a fire blanket that regularly went missing, which was identified on the last inspection, continued to be an issue when a particular child was in the centre. No appropriate control had been identified and the fire blanket continued to be misplaced.

Inspectors reviewed personal emergency evacuation plans that had been put in place in the last inspection and found these to be clear and comprehensive.

**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:**

Inspectors found improvements in relation to the management of behaviour where plans had been put in place. While there were improvements in the identification of restrictive practices, not all restrictive practices were identified as such.

Since the last inspection a behaviour support therapist had been allocated to work with



the staff around some of the children in the service to make every effort to identify and alleviate the cause of behaviour that challenges. The behaviour support therapist worked with the staff team around implementing behaviour management plans for individual children. Where behaviour support plans had been completed, inspectors found these to be comprehensive. They identified the communication and environmental factors that proactively reduced behaviour that challenged and also identified activities and tools that could be used to divert behaviour and reactive responses for when behaviour escalated. The service had prioritised those children who presented with the highest level of behaviour that challenged. Most of the children who did not attend St Catherine's school, did not have access to the therapist attached to the centre and for these children, the service was reliant on external services to complete behaviour support plans.

Eight staff had received internal training in relation to incident report forms and a tool to identify the causes and consequences of behaviour that challenged. However, some staff continued to await training in a behaviour management technique.

The system for ensuring that appropriate consent had been sought for therapeutic interventions required review. Inspectors were told that since the last inspection consent forms had been sent out to parents. However, it was unclear how families were being made aware about what they were consenting to as the current process did not involve any meetings with the families. Two signed consent forms were on file for therapeutic interventions.

Inspectors found inconsistent identification and recording of restrictive practices. Where restrictive practices were in place as part of the behaviour management plan, such as the use of a magnetic harness while in transit, or a helmet to prevent self injury, there was a clear written rationale for their use and instructions around when it was appropriate to use them. There was evidence that some behaviour support plans and the restrictive practices contained within them had been reviewed appropriately.

However, inspectors found a number of restrictive practices in the incident report log that had not been recognised or treated as a restrictive practice. It is important that these restrictive practices are acknowledged so that the service can ensure that all restrictive practices are the least restrictive measure for the least duration. These included not allowing a child out of their room and using physical blocks to control a child's movement. These incidents had been reviewed by the manager and behaviour support therapist but had not been recognised as a restrictive practice.

Safeguarding practices were inconsistent. It was identified by inspectors on the last inspection that staff had not received training in relation to safeguarding. On this inspection, Inspectors found evidence of improvements in the quality of individual risk assessments which were in place for all children. One risk assessment reviewed had been effective in managing risk in order to support a child to develop independent living skills. Inspectors also found safety plans in place for children but not all safety plans identified all issues the children presented with. One risk assessment identified the implementation of the safety plan as a control for a particular behaviour but this behaviour was not mentioned in the safety plan.

Inspectors found good quality intimate care plans had been put in place for children. Inspectors found that these plans identified the needs and abilities of children and gave clear directions to staff about how to support the child in a respectful and person centred way. A number of staff had received internal training on intimate care plans. The intimate care policy was also discussed at a staff meeting.

The service identified as part of their last action plan that through the comprehensive assessment and team around the child meetings, goals would be developed to improve children's independence around self care. Inspectors found that this had occurred in the case of the child who resided in the service full time. However, further work needed to be done in this area with the children accessing respite services. As part of supporting residents to develop knowledge and skills needed for self-care and protection, the service identified that they would put a social story in place for children on the theme of stranger danger and self-protection. Inspectors reviewed these social stories but did not see evidence of their use on the children's files.

It was identified in the last inspection that the centre had not taken action to protect children from all forms of abuse. In response to this, the staff had received training from the designated liaison person around different types of abuse. The service had also followed up with all concerns of a child protection nature.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

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

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

**Findings:**

Issues were identified in the last inspection around the centre not appropriately notifying restrictive practices, allegations of abuse and the unexplained absence of a resident to the Authority. These notifications were subsequently sent into the Authority at the request of inspectors. However, as identified under outcome 8, not all restrictive practices were identified by the manager and were therefore, not reported to the Authority.

**Judgment:**

Non Compliant - Moderate

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<b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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<b>Theme:</b> Health and Development
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<b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.  <b>Findings:</b> Some improvements were found in relation to the management of medication but further work remained outstanding. The controlled drugs register had been updated and audits and checks had been implemented to ensure the register was up to date. However, other deficits identified on the last inspection in relation to reconciliation procedures when medication was brought in to and returned out of the centre remained out of line with the centre's policy. Inspectors found that some of these records had only one staff signature when two were required.
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<b>Judgment:</b> Substantially Compliant
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<b>Outcome 13: Statement of Purpose</b> <i>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.</i>
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<b>Theme:</b> Leadership, Governance and Management
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<b>Outstanding requirement(s) from previous inspection(s):</b> Some action(s) required from the previous inspection were not satisfactorily implemented.  <b>Findings:</b> The statement of purpose remained non compliant with the requirements of the regulations. Inspectors found that the statement considered the current children attending the service rather than the specific profile of children whose needs the centre could meet. The admission criteria were too broad and it did not clearly outline the needs that the service could cater for. There was conflicting information contained within it, for example, it outlined that the centre catered for children who are 17 years and under and then later states that children from eight to 18 years. It did not reflect
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the designated centre as a whole but two separate units.

**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:**

At the time of the last inspection, governance and management of the centre was found to be ineffective and a notice of proposal to cancel the centre was issued due to concerns about the ability of the provider to provide safe, effective care to the children attending the service. Subsequently, a full time children's services manager and deputy children's services manager was appointed to the centre and a comprehensive action plan was returned to HIQA which identified how the provider was going to address the deficits in a planned and timely way.

While inspectors found that the management within the centre had improved, governance arrangements were not robust. The last inspection highlighted that the service did not have a plan to address concerns about the standard of care and support. Subsequently, the acting CEO had put a team in place to work on improving the quality of the service. While inspectors found some improvements since the last inspection, there was a high volume of work to be undertaken with children who did not have a comprehensive assessment, personal plan or identified goals as well as other improvements in management systems and the team. The action plan returned following the last inspection identified that 30 actions would be completed by 30 September 2015 but inspectors found that only six had been completed. Given the level of work to be undertaken to implement the action plan within the identified time frames, inspectors were of the view that not enough support had been given to the team to be able to achieve this. Inspectors met with the chair of the board and the acting CEO who were surprised that the timeframes had not been met. While members of the senior management team had regular meetings with the centre's children's services manager and deputy, they had not identified the slippage in the timeframes. In addition, this was not identified in supervision.

The lack of supervision and support of the children's services manager was highlighted on the last inspection. The children services manager had received four supervision sessions since she commenced in July 2015, while the deputy children services manager had had no supervision since starting her new role. In addition, inspectors found that a child had been admitted to the service without a comprehensive assessment of need being completed to ensure the service could meet all of the child's needs. This child's admission had progressed through the provider's admissions committee and the acting CEO advised that she had been assured the assessment had been completed but it had not.

Inspectors found that the team morale on the day of inspection had improved considerably from the previous inspection and staff engaged in a more focused and purposeful way with children. Inspectors found evidence that the children's services manager was working on establishing and implementing systems to ensure the children received safe and consistent care. A wide range of systems needed to be made effective and this was being done in a phased way with the staff team. Inspectors saw evidence of weekly bulletins issued to all staff via email from the acting CEO and staff reported finding these informative. The risk management system continued to need further improvement in identifying and accurately rating risks. A number of organisational risks had not been identified on the organisation's risk register, including a lack of core management positions, the lack of supervision of managers and staff, the unqualified staff team, and absence of core training.

Quality management systems were not effective. Issues were identified in relation to the annual review during the last inspection and the action for this is not due for a number of weeks. However, on this inspection, inspectors had access to the six monthly audit completed in June 2015 and found that some of the findings of the audit were in stark contrast with the findings of the last inspection. For example, the audit identified that personal plans were in good condition, while the last inspection identified that personal plans were out of date, did not show evidence of input from the family or child and some related to previous care settings. Some audits had been completed in relation to health and safety and communication. A family and children's satisfaction survey was also completed but no action plan was identified.

Aside from the appointment of a deputy Children Services Manager, the arrangements to support, develop and performance manage the team had not changed since the last inspection.

**Judgment:**

Non Compliant - Moderate

**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*

**Theme:**

Responsive Workforce

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

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

**Findings:**

Some improvements had been made in relation to workforce; a core team had been appointed and there had been an increase in the internal training opportunities available to staff. However, staff files remained non compliant with the regulations and 16 staff were awaiting supervision.

Inspectors identified issues with the staff team on the last inspection. Twenty four staff were on the rota for the designated centre, with only one qualified staff member on per shift. Inspectors were concerned that the high number of staff may make it difficult for children to build relationships and familiarity with staff if they encounter different staff each time they visit the centre. This also created issues in continuity of care for children as it is difficult for staff to be able to respond to children's needs in line with their plans if they are caring for different children each time they work. This is particularly important around managing behaviours that challenge where plans need to be implemented consistently and relationships with children need to be fostered so that behaviours can be managed effectively.

The team morale had improved and staff were found to be more focused and purposeful in their engagement with children. Since the last inspection progress had been made in relation to issuing contracts which should improve the stability for staff and children using the service. Issues remained in relation to the numbers of qualified staff. One staff member qualified in social care or psychology was identified as shift leader with the remaining staff rostered usually unqualified. The children's services manager told inspectors she endeavoured to roster the team around having at least one qualified staff on duty with a mix of experience and inexperience of residential care. The service had tidied up the rota since the last inspection so that it only included staff currently working in the centre. However, the heavy reliance on unqualified staff remains a concern and twenty six staff were still named on the roster which continued to create an impact on continuity of care for children.

Information gaps remained in staff files. Not all files sampled contained a full and complete employment history, dates employment commenced, or two references and a description of duties remained outstanding despite new contracts being issued. Inspectors reviewed the recruitment policy for the centre, which was due to be reviewed in March 2015. This policy identified that three written references needed to be sought and that a job description must be provided. On this basis, staff had not been employed in line with the recruitment policy. In a meeting with the acting CEO, inspectors were advised that the policy in the centre was not the most up-to-date version of that policy.

Significant training needs were identified on the last inspection and there has been some progress in relation to addressing this but not all staff had completed the necessary training. All training was provided internally and the acting CEO advised inspectors that she is assured that the training has been provided by accredited trainers or where the topic was within the scope of professional practice. Six staff had received internal training on report writing that they said was useful, goal setting, controlled medication, infection prevention and control and intimate care. Two staff were receiving risk management training and the behaviour support therapist had provided training on completion of incident report forms and the causes and consequences of behaviour. On the day of inspection, staff showed an improved awareness around the regulations and there was evidence that regulations were discussed in team meetings, supervision and in the acting CEO's weekly bulletin.

Not all staff had been supervised. Eight staff had received one supervision session since the last inspection and dates had been identified for the 16 remaining staff by the middle of October 2015. The children's services manager had no process in place around prioritising supervision for staff but developed a supervision schedule around the availability of the Children Services Manager and staff on shift. Seven staff, who work less shifts or more irregularly in the centre had been identified to be supervised by the deputy manager, who was about to complete her supervision training. When inspectors viewed the deputy's supervision plan she had identified three supervision sessions on the first day. Inspectors spoke to the deputy and children's services manager about this plan and they identified that they would revise it to allow the deputy settle in to the supervising role in a more phased basis. Inspectors viewed supervision records and found the information recorded to be minimal. Issues discussed included medication errors, shift leader responsibilities, training, contracts and policies. There was no evidence of children's needs and care being discussed in these records. A further issue identified was that no staff member had had a second supervision session and so there had not been any opportunity to follow through on the decisions from the first session.

**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:***

Niamh Greevy





## 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>	24 September 2015
<b>Date of response:</b>	25 November 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 comprehensive assessment of need undertaken prior to admission to the designated centre.

**1. 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:**

1. New admissions are processed through the Referrals, Admissions, Transfers and Discharges Committee. A referral form is completed in conjunction with a "Getting to know to know me" document to assist in assessing an individual child's suitability to the respite services.
2. A supports needs form is then completed by members of the committee in consultation with the child's family.
3. Once accepted, the child is then referred to the Respite Planning Committee to determine the suitable location for placement. It is the responsibility of the children service manager to ensure all required documentation is completed prior to admission to the designated centre.
4. All future admissions will have a comprehensive assessment finalised prior to admission to the designated centre.
5. Respite services have been put on hold for one new resident in the absence of a fully completed comprehensive assessment. Referrals have been made to relevant clinicians in order to finalise outstanding elements of the assessment before updating the personal plan and recommencing with respite services.

**Proposed Timescale:** 04/11/2015

**Theme:** Effective Services

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

Not all children had a comprehensive assessment of need undertaken as required to reflect the changing needs and circumstances or at least annually.

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

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

Process:

Residents' comprehensive assessments are completed using information provided by each member of the team around the child. This includes information from multi-disciplinary reports as well as meetings with parents, social workers and the child.

A 'Team around the Child' (TAC) meeting takes place at least once per year or as required depending on the needs of the child. Any change in need, circumstances or issues in relation to the child's care, personal plan and comprehensive assessment are discussed through the TAC process. Actions are identified and dates for completion are confirmed.

**Actions:**

1. There are currently six complete comprehensive assessments in place with some clinical inputs outstanding for the remaining children. It has been acknowledged by the team within the centre that due to the volume of children attending this service completion of all comprehensive assessments requires the following time frame:

2. The organisation has acknowledged the need for a clinical team dedicated to residential and respite services in order to ensure comprehensive assessments and personal plans are reviewed on an annual basis. The Senior Clinical Services Manager has identified a team of clinicians for residential services, and children attending respite that have been assessed as having high support needs. This team was formed on 14th October 2015 and will meet on a weekly basis. This team will schedule meetings with the Children's Services Managers in order to agree their caseload.

3. A schedule of annual reviews to be completed in 2016 will be developed by the Children's Service manager and Clinical Managers for children availing of residential and respite services.

**Proposed Timescale:** 18/12/2015

**Theme:** Effective Services

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

Arrangements were not in place to meet the identified needs of each of the children.

**3. 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:**

The health, personal and social care needs of the children are being identified through their comprehensive assessments and review process.

Social stories have been developed to support children in their understanding of safety issues, personal space, and interacting with each other.

**Actions**

1. PECs pictures will be compiled into a folder that is easily accessible to all children. This folder will be categorised into specific sections meals/activities.

2. Community activity sampling will be completed with children on a phased basis to include bowling, cinema, eating out, accessing local shops and partaking in grocery shopping. This will be supported by social stories to ensure the children are comfortable within these settings. Records of these activities will be documented in the community access log.

3. Identified goals will have a task analysis where necessary to guide implementation and track progress. Social stories will be developed to support the child's learning in line

with their personal plans.

**Proposed Timescale:** 30/01/2016

**Theme:** Effective Services

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

Not all personal plans reflected the needs of the children.

**4. 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:**

1. All outstanding personal plans will be reviewed to reflect the needs of the children in line with the revised comprehensive assessments as they are completed.

**Proposed Timescale:** 18/12/2015

**Theme:** Effective Services

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

Not all personal plans outlined the personal supports required to maximise the child's personal development.

**5. Action Required:**

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

1. Personal plans are developed in conjunction with the child and family. The revised personal plan template outlines the supports required to maximise the child's personal development.

2. Supporting documents affiliated to the personal plan include an intimate care plan, personal emergency evacuation plan and safety plan, among others.

3. Goals are being developed that are both individualised and recorded through task analysis.

**Proposed Timescale:** 30/01/2016

**Theme:** Effective Services

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

Not all personal plans were developed with the maximum participation of each of the children or families, as appropriate.

**6. Action Required:**

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

1. Completed personal plans have been sent home to parents / guardians for their perusal to ensure that they agree with content and that it accurately reflects the assessed needs and personality of their child. This process will continue as comprehensive assessments and personal plans are reviewed.
2. Families and guardians are an integral part of the personal plan process and regularly communicate with key workers. Family members are involved in the development of personal plans. The Children's Service manager will ensure that parents/guardians sign completed plans.
3. Children's meetings will be held on a monthly basis in order to ensure maximum participation of residents.

**Proposed Timescale:** 30/01/2016

**Theme:** Effective Services

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

Not all personal plans were available in an accessible format.

**7. Action Required:**

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

1. All personal plans will be revised under the new format as reviews of the comprehensive assessments are completed.

**Proposed Timescale:** 18/12/2015

**Theme:** Effective Services

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

Some personal plans were not reviewed as required and;

- were not always reviewed to assess their effectiveness
- did not take account of changes in circumstances and new developments and
- did not include relevant members of the multidisciplinary team, the children and their families/guardians.

**8. 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 effectiveness of personal plans is reviewed through the Team Around the Child (TAC) process.

1. A summary page is now included in the new Personal Plan template in order to document progress on goals, identify changes in circumstances, new developments and further actions required going forward. This process will allow for the review of effectiveness of personal plans to be documented in a clearer manner. Minutes of all Team around the child meetings will be recorded and filed in the child's personal folder.
2. The organisation have acknowledged the need for a clinical team dedicated to residential and respite services in order to ensure comprehensive assessments and personal plans are reviewed on an annual basis. The Senior Clinical Services Manager has identified a team of clinicians for residential services, and children attending respite that have been assessed as having high support needs. This team was formed on 14th October 2015 and will meet on a weekly basis. This team will schedule meetings with the Children's Services Managers in order to agree their caseload.
3. A schedule of annual reviews to be completed in 2016 will be developed by the Children Service Manager and Clinical Managers for children availing of residential and respite services.

**Proposed Timescale:** 30/01/2016

**Theme:** Effective Services

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

Records of reviews were not consistently maintained.

**9. Action Required:**

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

A template for the minutes of the Team around the child meetings has been developed. The team around the child meeting will focus on and agree any changes to the personal plan.

The template is action based and identifies the people responsible for actions. The key worker / Children service manager / deputy children service manager will be responsible for recording the minutes of the meeting. The minutes are filed in the child's personal folder.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

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

Not all personal plans were up-to-date.

**10. Action Required:**

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

Personal plans will be amended in line with review of comprehensive assessments. Following review, personal plans will be up to date and reflect the current needs of the child.

**Proposed Timescale:** 18/12/2015

**Theme:** Effective Services

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

Transition plans and information were not being prepared for all young people ageing out of the service.

**11. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Transition plans will be commenced for all children 15 years plus. This will consist of identifying life skills teaching required for approaching adulthood including house base skills such as laundry, cooking etc. Community based skills such as food ordering, grocery shopping, safe cross code and Increased autonomy regarding personal /intimate care.

Transition plans will also factor in identified supports / actions required to ensure a smooth transition process. It is paramount that the child is prepared and understands why they will no longer be attending respite.

This template will be completed for all children attending this service who have reached their 15th birthday by 30th November 2015.

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

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

Not all young people were being supported to develop appropriate life skills.

**12. Action Required:**

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The development of appropriate life skills will form part of each young person's personal plan and transition plan. The development of skills will include skills required to support the young person to transition to adult services. The young person will be fully supported through the transition process by their designated key workers in-conjunction with the staff team.

**Proposed Timescale:** 15/02/2016

## **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 identify the arrangements for the investigation of and learning from serious incidents or adverse events involving the children.

**13. Action Required:**

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

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

The Risk Management policy will be reviewed in line with Regulation 26 (1) (d) and will reflect the arrangements in place for the identification, recording and investigation of, and learning from, serious incidents or adverse events.



**Proposed Timescale:** 24/11/2015

**Theme:** Effective Services

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

Not all hazards and risks throughout the designated centre were identified.

Some risks were not assessed proportionately.

Time frames for controls to be implemented were not identified.

**14. 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:**

1. The quality, safety and risk management policy is currently being reviewed to; (i) reflect the arrangements in place for the identification, recording, investigation of and learning from, serious incidents or adverse events, and (ii) to ensure that risk control measures are proportional to the risk identified and that any adverse impact such measures might have on the resident's quality of life have been considered.
2. Risk management training will be provided for staff and is scheduled to commence in January / February 2016. The Children's Services Manager will liaise with the training co-ordinator to schedule 3 staff per session with a primary focus on ensuring that the Health & Safety Representative and Keyworkers are trained.
3. Once staff are trained fully in risk management, the policy will be reviewed to include tiered ownership of risk at various levels within the organisation and improved oversight of risk across all areas of the organisation through a range of board sub committees (e.g. Operations, Finance, HR, and Merger Sub Committees).
4. The Health & Safety Officer liaises with the PIC and Health & Safety representative in the centre in order to identify potential hazards. A six monthly schedule of audits is also in progress including a comprehensive health and safety audit, fire safety audit, dermatitis audit, etc.
5. A further maintenance audit will be conducted and priority actions outlined.

**Proposed Timescale:** 30/05/2016

**Theme:** Effective Services

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

Cleaning schedules were not consistently completed. Clearer guidelines were needed for staff around the frequency of cleaning for individual areas.

**15. 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:**

1. Cleaning schedules have been revised to ensure tasks are easily identifiable when they are completed. The cleaning scheduled is now broken into daily, weekly, monthly tasks. The cleaner has her own individualised schedule.
2. An audit tool will be created to review the effectiveness of the cleaning schedule.
3. The cleaning protocol will be adapted to incorporate recommended cleaning procedures from the draft infection control policy and guidelines.
4. The new cleaning protocol will be disseminated to staff and discussed at staff meeting

**Proposed Timescale:** 30/12/2015

**Theme:** Effective Services

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

Fire checks were not consistently signed off and appropriate controls had not been put in place to prevent the fire blanket being removed from one of the children's bedrooms.

**16. Action Required:**

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

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

1. A comprehensive protocol will be devised for staff regarding fire safety, this will incorporate the following: Daily procedures and recording logs, weekly checks and the reporting to the children service manager immediately if any fire safety equipment is removed or tampered with.
2. The children's service manager will ensure that regular audit is conducted on the fire log records and any issues arising will be addressed.

**Proposed Timescale:** 30/11/2015

**Theme:** Effective Services

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

Not all staff and children had participated in a fire drill.

**17. 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:**

Currently fire drills are conducted monthly within the centre. The Children's services Manager has an individual record of staff and children who have participated in fire drills.

1. The Children's services Manager has compiled a list of all staff / children that are required to participate in fire drills.
2. Fire drills will be completed for all staff in conjunction with the off duty to ensure fire drills are planned when specific staff are on duty. Six remaining staff are required to attend a fire drill.
3. Fire drills will be completed in conjunction with a review of the bookings to ensure fire drills are planned for when children who have not participated are within the centre. Three children currently attending respite need to participate in a fire drill.
4. The children's personal emergency evacuation plan will be reviewed in conjunction with information received from the fire drill.

**Proposed Timescale:** 30/12/2015

**Theme:** Effective Services

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

One staff member had not received fire training

**18. 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:**

1. The staff requiring a refresher fire-training course completed this on 10/11/2015.
2. The Children's Services Manager will liaise with the training co-ordinator to ensure new staff are scheduled to attend required training in line with the training calendar in place.
3. The Children's Services Manager will ensure that the roster always has staff on duty who have participated in a fire drill in the centre.

**Proposed Timescale:** 30/12/2015

**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:**

Not all staff had the knowledge or skills to respond to behaviour that challenges.

**19. 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:**

1. The organisation has held courses to enhance staff skills in relation to the management of behaviour. Staff within the designated centre have been trained in behaviour management techniques and are required to attend refresher training in line with the certification period (12 – 18 months).
2. When new Behavioural support plans are introduced the Behavioural Specialists works alongside staff ensuring they are confident to run the programme.
3. For children primarily funded from outside agencies the key worker will link directly with the behavioural team ensuring devised plans are implemented, discussed and reviewed on a regular basis.

**Proposed Timescale:** 30/12/2015**Theme:** Safe Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no evidence of consent for therapeutic techniques, except for one child.

**20. Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. The consent form will be circulated to parents/guardians as required in order to gain informed consent. Documentation will be stored in the child's personal folder.

**Proposed Timescale:** 30/11/2015**Theme:** Safe Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Not all restrictive practices were identified and recorded as such.

**21. Action Required:**

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

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

1. Three staff attended restrictive practice training on the 23.10.15.
2. Restrictive Practice training has been scheduled for January and February 2016. The Children's Services Manager will liaise with the training co-ordinator to ensure that 2-3 staff attend each session. Further training will be scheduled if required.
3. A new log has been devised for reviewing incident report forms which enables the children's service manager to ensure restrictions are identified and logged appropriately and submitted to the authority if applicable.

**Proposed Timescale:** 28/02/2016

**Theme:** Safe Services

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

Not all staff were appropriately trained in the management of behaviour that challenges.

**22. 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:**

Staff within the designated centre have been trained in behaviour management techniques and are required to attend refresher training annually. When new Behavioural support plans are introduced the Behavioural Specialists works alongside staff ensuring they are confident to run the programme. The organisation has held courses to enhance staff skills in relation to the management of behaviour.

1. Staff not trained in behaviour management techniques will complete the full course.
2. Staff are scheduled to attend behaviour management refresher courses in November (6 staff to attend) and in December (6 staff to attend).

**Proposed Timescale:** 30/12/2015

**Theme:** Safe Services

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

Some records did not indicate that every effort had been made to alleviate the cause of resident's behaviour.

**23. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive

procedure, for the shortest duration necessary, is used.

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

In the first instance, in the event that a challenging behaviour is displayed the Children's Services Manager and the child's keyworker will analyse the situation and behaviour in an attempt at identifying the cause of the challenging behaviour. This analysis must include a consideration of the behaviour and the context in which it occurs. In doing so the CSM/keyworker or staff member will analyse whether the behaviour may be presenting as a result of:

1. Communication Difficulties
2. Environmental Factors
3. Underlying physical reason.

The Children's Services Manager will discuss this requirement at staff meetings.

A positive behaviour support specialist has now been assigned to the centre. The positive behaviour support specialist reviews the behaviour that the resident is presenting with and completes functional assessments as required to determine the cause of the resident's behaviour. The specialist will develop a positive behaviour support plan if deemed necessary for the child.

The Children's services Manager / Deputy Children's services Manager meets with the behaviour specialist on a fortnightly basis to review incidents of challenging behaviour.

The behaviour plan clearly documents the approach to be used by staff in order to support the children to meet their needs in a proactive way. Each plan describes both proactive and reactive strategies which must be implemented prior to using a restrictive practice.

Four positive behaviour support plans have been reviewed and updated. The remaining seven plans required will be reviewed by the 30/01/16.

**Proposed Timescale:** 30/01/2016

**Theme:** Safe Services

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

Not all children had identified goals to increase their independence.

Social stories had been developed but had not been fully implemented.

**24. Action Required:**

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

1. Goals are identified through their comprehensive assessment. All multidisciplinary professionals working with the child feed their recommendations into the comprehensive assessment including identified areas of support / skills teaching.
2. Identified goals are discussed with child and family/guardian and prioritised.
3. Identified goals will have a task analysis where necessary to guide implementation and track progress.
4. Social stories will be developed to support the child's learning in line with their personal plans. A staff member has been identified for the task
5. Social stories will be incorporated into the children's meetings agenda to assist in familiarising children with the skills needed for self-care and protection.

**Proposed Timescale:** 30/01/2016

**Theme:** Safe Services

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

Not all staff had been given adequate guidance around providing for intimate care needs.

**25. Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

1. Intimate Care training forms part of the training calendar and one session is scheduled per month from January 2016. The Children's Services Manager will liaise with the training co-ordinator to ensure that outstanding staff receive this training on approximately 3-4 staff per session basis.
2. The intimate care policy will be revised to provide further guidance to staff in relation to intimate care tasks.
3. An guidance protocol will be devised in the centre to provide clarity for staff in this area.

**Proposed Timescale:** 30/06/2016

**Theme:** Safe Services

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

Staff had not received training in safeguarding.

**26. 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:**

1. Refresher training will commence in December 2015 to ensure that staff have up to date knowledge and information pertaining to the protection and welfare of children.
2. The following safeguarding systems will be put in place; check list for location outings, protocol for computer use, environmental safety checks, social story on private and public and social story on how I can be safe in respite.

**Proposed Timescale:** 30/12/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

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

Not all restrictive practices were reported to the Authority.

**27. Action Required:**

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

1. The centre acknowledges previous deficits in reporting restrictive practices to the authority and gives its assurance that all practices will be reported in a timely manner. A new log has been devised for reviewing incident report forms which enables the children's service manager to ensure restrictions are identified and logged appropriately.
2. Restrictive practices were reported to the authority in accordance to the quarterly returns requirements for quarter three of 2015.
3. Three staff from the centre have attended restrictive practice training since the inspection in order to increase awareness and understanding of restrictive procedures.

**Proposed Timescale:** 02/11/2015

**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:**

Medication was not reconciled in line with the centre's medication policy.

**28. 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:**

1. The Children's services Manager ensures that an audit is conducted monthly to ensure that medication is managed in accordance with the centres medication management policy. Issues arising from the audit will be highlighted with relevant individuals.
2. The medication management trainer will discuss medication policy with staff to refresh/remind them of their obligations as per policy.
3. A protocol of medication management will be devised relating to ordering, receipt ,prescribing, administration , storing, and disposal of medication for the centre
4. The Children's Services Manager is discussing the medication policy and the requirement to have two staff sign off on medication at staff meetings.

**Proposed Timescale:** 30/12/2015

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The Statement of Purpose did not contain all of the information as set out in Schedule 1.

**29. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose will be reviewed to reflect the centre as a whole and provide sufficient information as required under Schedule 1 of the regulations. The revised Statement of Purpose will include more specific admission criteria such as age profile of residents and level of need supported within the centre.

**Proposed Timescale:** 16/11/2015

**Theme:** Leadership, Governance and Management

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

Not all children and families had access to the Statement of Purpose.

**30. Action Required:**

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

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

The revised Statement of Purpose will be made available to children and their families. A PDF version of the Statement of Purpose will be emailed to families for their information. A hardcopy will be made available to parents from the centre if requested.

**Proposed Timescale:** 15/12/2015

**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:**

Management structures were not effective in ensuring safe, quality care was consistently provided to the children attending the service.

**31. 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:**

Management structures are in place with clearly defined roles, lines of authority and accountability.

Actions:

1. The CSM and Deputy CSM have drafted a division of their duties in order to ensure effective operation of the designated centre.
2. The Acting CEO has scheduled bi-monthly meetings with the Children's Services Manager on site in order to ensure effective oversight and governance.
3. The organisation will develop a more comprehensive and robust internal audit, which will consider the effectiveness of management structures ensuring the quality and safety of care in the centre.

**Proposed Timescale:** 30/01/2016

**Theme:** Leadership, Governance and Management

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

Management systems were not effective in ensuring safe, quality care was consistently

provided to all children accessing the service.

The provider continued to accept a new referral for the centre in the absence of a comprehensive assessment and an appropriately competent skilled team.

Not all risks were identified and controlled.

The quality management system was not effective.

**32. 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:**

1. Staff will receive supervision through their line manager in order to ensure that safe, quality care is consistently provided to children attending the designated centre.
2. The Children's Services Manager will complete Performance Management training.
3. The Children's Services Manager will implement the performance management process in the designated centre with support from the Human Resources Department as required.
  1. The organisation will develop a more comprehensive and robust internal audit structure, which will consider the effectiveness of management structures and systems in ensuring the quality and safety of care in the centre.
  2. The Risk Register in the centre will be reviewed to include identified gaps in order to ensure risk can be effectively controlled in the centre.
  3. The Quality Compliance and Training (QCT) team will develop a quality assurance system in 2016. In the interim, a schedule of audits has been developed to include six monthly provider visits, annual review of the quality and safety of care, medication management audits and a comprehensive six monthly schedule of Health and Safety Audits.
  4. All new admissions are processed through the Referrals, Admissions, Transfers and Discharges committee. No new referrals to the centre will be accepted in the absence of a comprehensive assessment going forward.

**Proposed Timescale:** 30/03/2016

**Theme:** Leadership, Governance and Management

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

The annual review had not been amended to consider if the care and support of children was in accordance with standards.

**33. 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:**

A more comprehensive annual review of the quality and safety of care will be completed.

**Proposed Timescale:** 30/11/2015

**Theme:** Leadership, Governance and Management

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

The annual review had only consulted with one child and no families.

**34. Action Required:**

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

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

The more comprehensive annual review will include consultation with children and their families through a variety of means such as questionnaires, interview, phone calls, and observation. The Family Liaison Co-Ordinator will support this process where necessary.

**Proposed Timescale:** 30/11/2015

**Theme:** Leadership, Governance and Management

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

There was no plan in place to address any concerns regarding the standard of care and support.

**35. 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:**

1. A more comprehensive unannounced visit will be completed in the centre.
2. The Quality, Compliance and Training Team will analyse the report and put in place an action plan to address any concerns regarding the standard of care and support.

**Proposed Timescale:** 31/12/2015

**Theme:** Leadership, Governance and Management

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

There were not effective arrangements in place to support, develop, and performance manage the team.

**36. 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 revised schedule for supervision will be put in place by the Children's Services Manager and Deputy Children's Service Manager to adequately supervise and support the staff team.
2. A number of management training sessions have been scheduled for the CSM / Deputy CSM in areas such as performance management, roster development, family centred practice, mediation, conflict resolution and budget management.
3. The Children's Services Manager will promote a culture of openness among the staff team in the best interests of the children attending the centre. This will include a suggestion box for staff, encouraging the use of the confidential text line and ensuring staff are aware of the protective disclosure policy.

**Proposed Timescale:** 11/12/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The skill mix of staff was not appropriate to meet the needs of the children.

**37. 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:**

1. A more comprehensive training needs analysis will be completed for the location based on the staff team and assessed needs of the residents. A training calendar is in place and staff will be booked to attend courses as they arise in areas such as positive behaviour support, challenging behaviour, introduction to autism, culture, communication, mental health awareness and dual diagnosis.
2. Guidelines will be devised to assist the development of the roster management to ensure that mandatory training, qualification and experience form part of the skill mix

for a shift.

**Proposed Timescale:** 30/12/2015

**Theme:** Responsive Workforce

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

The numbers of staff working in the centre impacted on the provision of continuity of care to the children.

**38. 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:**

In order to ensure continuity of care, a core team will be identified for children availing of respite and residential services within the location.

**Proposed Timescale:** 30/11/2015

**Theme:** Responsive Workforce

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

Staff files did not contain all of the information required under Schedule 2 of the regulations.

**39. 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:**

The HR Department are in the process of following up with staff to ensure required documentation is on file. The children service manager regularly reviews staff files under schedule 2 and has identified gaps, these deficits have been passed onto the HR department with a request for prompt action.

**Proposed Timescale:** 30/12/2015

**Theme:** Responsive Workforce

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

Not all staff had access to appropriate training and continuous professional

development.

**40. 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:**

- .1. A more comprehensive training needs analysis will be completed for the location based on the staff team and assessed needs of the residents.
2. A training calendar is in place and staff will be booked to attend courses in areas such as positive behaviour support, challenging behaviour, introduction to autism, culture, communication, mental health awareness and dual diagnosis.

**Proposed Timescale:** 30/01/2016

**Theme:** Responsive Workforce

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

Staff were not appropriately supervised.

**41. Action Required:**

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

1. A new supervision template has been developed to more accurately capture information during supervision sessions including review of previous actions, topics for discussion, key points, clear outline of actions, individuals responsible and timescale. Significant issues for onward reporting and areas of disagreement will also be noted.
2. A revised schedule of supervision will be developed and adhered to in order to ensure supervision occurs in line with supervision contracts.

**Proposed Timescale:** 30/11/2015