

**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-0001851
<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>	Jennifer Healy
<b>Support inspector(s):</b>	Orla Murphy
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	3
<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 un-announced and took place over 2 day(s).

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

From:	To:
20 October 2015 11:00	20 October 2015 19:30
21 October 2015 07:30	21 October 2015 14:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was the fourth inspection of this centre by the Authority. The purpose of this inspection was to inform a registration decision. The centre provided a day and overnight respite service for 29 children aged five to 18 years with an intellectual disability. The centre catered for a maximum of four children at any one time but on the dates of inspection only three beds were in use because a made-to-measure mattress was being sourced for the fourth.

The centre was located in a detached bungalow on the outskirts of a town. The centre comprised four children's bedrooms, one staff bedroom, a kitchen/dining room, a sitting room, playroom, sensory room and two bathrooms. A small office was

located at the centre of the house from which the sitting room could be viewed through a viewing panel. Parking facilities were available to the front of the house to which children did not have access. Children could access an enclosed garden and play area to the front and side of the house.

There were three children availing of overnight respite when this inspection took place. Inspectors made attempts to speak to the children about their experience of the service but their communication abilities were limited. The children appeared happy and at ease in the centre and a good rapport between staff and children was evident.

The majority of the staff team had considerable experience and skill and this was evident to inspectors during inspection. The person in charge of the centre had been newly appointed to the role but she demonstrated good leadership and commitment to the service. Inspectors found the centre to be clean, inviting, child-centred and suitable to the needs of the children for which it catered.

While inspectors noted significant improvement from previous inspections overall, progress was slow in relation to some aspects of the service. Significant changes had been made to the managerial structure of the service. However, inspectors still had concerns about some management systems. Ongoing issues in relation to safety and risk management caused particular concern for inspectors because these have been ongoing since the centre was first inspected in April 2014.

During inspection inspectors found a fire exit door that was locked at all times. It was locked to prevent children from accessing a main road but it did not feature in the local risk register. Inspectors were not assured that this provided children with adequate means of escape in the event of a fire. The centre took immediate action during the inspection to address this risk. Inspectors also identified a number of other risks on the day of inspection that had not been identified and assessed.

A number of other issues were identified in relation to the centre's statement of purpose, admissions and contracts for the provision of services, workforce, medication management and safeguarding. While significant improvement had been made in relation to lines of accountability and responsibility, the impact of improved quality assurance and management systems had yet to be seen in practice.

The Action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

**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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Children were treated with dignity and respect and systems were in place to maximise children's participation in decision making about their care.

All children were assigned their own bedrooms and, while some bedroom doors had viewing panels, curtains were provided to preserve children's dignity. Inspectors observed staff encouraging children to respect each other's privacy when getting ready for school. Children were encouraged to attend to their own physical and intimate care to the best of their abilities.

Private facilities were available for children to receive visitors during respite but given the nature of respite these were rarely required. Children could also contact their parents and families by phone, text, Skype or e-mail.

Children were involved in planning their daily meals and activities and resident's meetings were held on a monthly basis. Staff actively encouraged children's participation in decision making about their care through the use of pictures, social stories and assistive technology. Children had opportunities to participate in leisure activities similar to their peers.

A complaints policy and procedures were in place which parents and children were made aware of on admission. The complaints policy was displayed and accessible to children and their parents within the centre and a separate child-friendly version was also available. Complaints officers at three different managerial levels were identified in the policy. All complaints that could not be resolved at local level were referred to the acting chief executive officer. There was provision in the policy for the acting chief executive

officer (organisational complaints lead) to nominate senior management to review complaints. However, the policy did not nominate a designated person responsible for overseeing that all complaints were managed in line with the regulations.

A record of all complaints made was retained in the centre and complaints were promptly investigated. A family liaison officer was available to liaise with or advocate on behalf of children and their families should the need arise and the appeals process was fair and objective. Contact details for advocacy services were also available within the centre. From a review of team meeting minute's inspectors found that staff were actively encouraged by management to recognise complaints made by children and to act on them accordingly in line with policy.

There was a policy in place in relation to children's money and property and children's money appeared to be safely kept and managed appropriately within the centre. On school days however children's personal belongings were dropped to the centre during school hours so that staff could record and log items before the children returned from school. This meant that children did not always retain control over their own possessions.

**Judgment:**

Substantially Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that good systems were in place to meet the communication needs of children.

There was a communication and information policy in place and staff were aware of children's individual communication needs. Children's communication needs were assessed on admission and each child's individual needs were reflected in their personal plan. Personal plans clearly indicated the child's preferred method of communication, for example, Lámh or Picture Exchange Communication System (PECS). Children had access to assistive technologies and Wi-Fi (under supervision) within the centre. Children could access a computer which was located in the main hallway of the centre for 30 minutes at a time. Most children however brought their own assistive technologies.

Inspectors noted several communication aids appropriate to the needs of children

throughout the centre, for example, social stories and visual displays. Children had access to display boards throughout the centre which had laminated pictures of various items attached to the displays with Velcro. Children could remove these pictures at their leisure and present them to staff to communicate their needs. These displays also reminded children about the activities and meals that they had chosen for the day.

Although the communication procedures in place appeared to be effective, not all staff had received training in the use of communication techniques specific to children's needs. This is further addressed under Outcome 17: Workforce.

**Judgment:**

Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

Close links were maintained with parents and carers when children attended the centre for respite.

Inspectors found that staff provided parents and carers with regular updates by either phone or text when children attended the centre. Parents and carers were invited to attend Team around the Child (TAC) meetings, of which one of the functions was, to review children's personal plans. Private facilities were available for children to receive visitors during respite and a visitors policy was in place.

Children were often involved in activities within the community such as bowling, shopping, visits to community playgrounds and the cinema. The centre made good use of local amenities and children had opportunities to attend local festivals, go on forest walks and trips to local places of interest.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and*

*includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The centre had an admission and discharge policy and practice was found to be in line with policy and the centre's statement of purpose. However, contracts for the provision of care were not in place.

At the time of this inspection, the majority of admissions were planned in advance but there was provision in the admission and discharge policy for emergencies. The process of admission was transparent and equitable and, although parents and carers could request specific dates in advance, respite was allocated on the basis of need. While attention was paid to pairing children with similar needs and interests a new tool was in the process of being developed to make this process more efficient and robust. Some children had been withdrawn from the service in an unplanned manner. These unplanned discharges were at the discretion of parents for reasons beyond the centre's control.

During this inspection only three of the four available children's bedrooms were in use. It was the decision of the children's services manager to stop using the room until a more suitable mattress was sourced for the bed. This was not challenged by senior management and inspectors were assured that the needs of residents were prioritised over maximising occupancy.

**Judgment:**

Non Compliant - Major

**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):**



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

**Findings:**

Comprehensive assessments of need were not in place for all children attending the service and assessments were at times disjointed. Not all assessments and reviews had multi-disciplinary input and not all assessments were completed prior to admission. During this inspection the centre was implementing a new comprehensive assessment tool. Some children therefore had more than one assessment on file. Inspectors were told that staff found it difficult to find time to complete the new assessment tool for children already attending the service. This was clear to inspectors when reviewing files because some of the assessment tools were in varying stages of completion. Inspectors found the tool to be lengthy, repetitive in parts and lacking in focus. In some cases, for example, sections of the form had been completed for children already attending the centre that were irrelevant to the child's needs and the sections most relevant to the child's needs had yet to be completed.

Some children's assessments were supplemented with additional assessments and reports from allied healthcare professionals but inspectors found that some of these assessments were out of date. Inspectors found that there was better multi-disciplinary input for children attending the school run by the same organisation as the centre. Children referred from external agencies could not avail of these supports and were reliant on the input of private or community services, in relation to speech and language, occupational therapy or psychology, for example.

All children attending the service had personal plans and there was good communication between parents and carers in their development and review. Children and parents actively contributed to their personal plans on an ongoing basis and each child had a copy of their personal plan in an accessible format. Personal plans were heavily focused on social care needs and effective care practices specific to the child. Personal plans were not always based on comprehensive assessments because these had not been completed for all children.

Accessible versions of personal plans were colourful and appropriate to the needs of individual children. Goals were clearly identified in personal plans and in children's versions the steps to achieve personal goals were, in some cases, transferred into social stories. However, the processes in place to review progress were in need of review. There was evidence to suggest that goals were discussed within the centre but steps were not always taken to address continued lack of progress in the child's best interests. The goals and objectives identified in personal plans were not routinely discussed as part of the review process.

Parents, carers and keyworkers attended Team Around the Child Meetings (TAC) annually unless there was a change in the child's circumstances. Children's personal plans were formally reviewed in this context but members of the multi-disciplinary team were not always in attendance. Inspectors were told that personal plans were updated by care staff on a continuous basis and this was evident in most personal plans.

Inspectors found that children were transitioned and discharged in a planned and phased manner. Individual discharge plans were comprehensive and detailed. Children's

needs were clearly identified and care practices appropriate to the child's needs were described in detail. Plans were child-friendly and many aspects of the plan were in pictorial format. Children approaching adulthood were encouraged and supported to develop life skills and this was reflected in their personal plans and objectives.

While it was evident that significant effort had been made by staff in developing personal plans some lacked appropriate goals for the future to ensure that children had opportunities to achieve their full potential. One child who was approaching adulthood, for example, was discharged with a comprehensive discharge plan which made no reference to education or employment. According to the child's diagnosis there would have been no reason why he/she could not participate in either. This meant that outcomes for children could be adversely affected by deficits in personal planning particularly in relation to goal setting and the systems in place for reviewing the effectiveness of personal plans.

**Judgment:**

Non Compliant - Moderate

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The location, design and layout of the centre was in line with its stated purpose and met the needs of children in a comfortable and homely way. Some dangers were identified in relation to premises and safety during this inspection. These are further discussed under Outcome 7: Health and Safety and Risk Management.

The centre was accessible, clean and decorated in a child friendly manner. Many of the walls had murals, stickers and pictures of children attending the centre were displayed throughout. One of the children present during inspection particularly enjoyed looking at the photographs. The walls were painted bright colours and wall lights had flower shaped coverings. Soft furnishings were clean and in good repair and the centre had sufficient furnishings, fixtures and fittings which appeared to be well maintained.

Alterations were carried out to the centre to meet the needs and ensure the safety of children. A non-slip floor had been put down in the bathrooms, for example and a dedicated room was built to sluice soiled clothing and store cleaning products. There

were two bathrooms in the house which was deemed to be sufficient to meet the needs of residents. Both bathrooms had toilets and showers and one had a bath. Suitable aids and equipment were in place to support and promote children's independence and there was a single laundry room where children could launder their own clothes.

Children attending the centre had their own private bedrooms and the centre had sufficient private and communal space overall. Children's bedrooms were brightly decorated and there was adequate storage space for personal belongings. Staff and the person in charge were conscious of children's comfort when attending the centre for respite. A custom made mattress was being sought for an in-built bed in one bedroom to make the room more comfortable for children using it overnight. The kitchen was adequately sized and equipped and there was a half-door which could be closed to prevent injury to children when the cooker was in use. Arrangements were in place for the safe disposal of waste.

The areas outside of the centre available for children to play in were safe and well maintained. There was a generous playground area and a separate space with a large trampoline. The trampoline was shared with the adjacent centre but only one child could use the trampoline at a time under staff supervision.

**Judgment:**

Compliant

**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:**

The systems and processes in place for the management of risk within the centre were not sufficiently robust. This was the fourth inspection of the centre to highlight this issue.

The policies and procedures in relation to quality, safety and risk management had been updated since this centre was last inspected and while improvements had been made, the policy did not meet the requirements of the regulations in full. The updated policy included mechanisms for ensuring managerial oversight, internal controls and accountability however it did not specify the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events. Nor did it specify the arrangements in place to ensure that risk control measures were proportionate to identified risk and that the impact such measures might have on the

resident's quality of life had been considered.

The centre had an up-to-date health and safety statement and a health and safety audit was carried out by the health and safety officer in August 2015. An appointed health and safety representative, who was based in the centre, was tasked with implementing the actions identified by the audit. The health and safety representative prioritised the work that needed to be carried out on the basis of risk and progress was closely monitored by both the representative and the children's services manager (person in charge). The health and safety representative was also responsible for the upkeep of the centre vehicle and an inspection of the vehicle found that it was road worthy and suitably equipped. All staff were responsible for the prevention of accidents and inspectors found that reasonable preventative measures were in place.

Incidents and significant events were appropriately recorded and discussed at team meetings and staff actively worked to reduce the likelihood of incidents reoccurring by developing better systems and tools, such as a booking tool to assist with admissions and mechanisms to reduce medication errors.

Inspectors also found that reasonable measures were in place to prevent and control healthcare associated infections. The centre was notably clean and a comprehensive cleaning rota was in place.

Risk registers were held at managerial and local levels and an organisational risk register was also in place. The local risk register was audited monthly and while inspectors found that regular audits were taking place these were ineffective. Gaps, for example, were identified in the records that had not been addressed. Sections of the register in relation to risk description and existing controls were always completed but some fields were left blank, such as, the person responsible for actions, due date for actions, limitations to control/mitigation measures and status. Inspectors also found that not all risks had been identified and included in the risk register.

Some environmental and individual risks were identified by inspectors during inspection that were not included in the local risk register. Inspectors found a locked fire exit door, for example, that was vaguely addressed in the register. Inspectors were told that the door was locked to prevent children from accessing a busy road. The register stated that the emergency exit at the side of the house presented with a hazard but it did not sufficiently describe the hazard. The controls in place were therefore not specific enough to address the hazard and were therefore ineffective. An internal health and safety audit identified an oil tank outside the locked fire exit door as a risk but it did not address the locked door specifically. Inspectors noted that the findings of the internal audit did not transfer to the risk register, however, the oil tank was being moved to mitigate the risk. Inspectors found that while risks were being addressed and dealt with within the centre, risk management processes were fragmented and they were not always transparent and in line with policy.

Individual risk assessments were carried out for some children with specific behavioural and medical needs. Not all risks communicated by parents however resulted in a risk assessment. One child's mother, for example, told staff that her child unfastened his seatbelt in the car and pulled and grabbed at her while driving. This did not result in a

risk assessment. When an individual risk assessment was deemed necessary a copy was retained on each child's file. A risk matrix was used to rate each risk taking into consideration the likelihood and consequence of the risk reoccurring. Inspectors queried the application of this system however because in one instance a child's risk of eating objects was rated higher than his/her risk of choking even though choking would score higher in terms of consequence. In light of these findings inspectors were not assured that the quality control systems in place to monitor the management of risk within the centre were effective.

The centre had adequate policies and procedures in place for responding to situations when a child goes missing. Inspectors found that all children had individual safety plans on file which specified relevant risks and the instructions to be followed should that child go missing. Unexplained absences were also rated on the local risk register.

The centre had a fire register in place and fire evacuation procedures were clearly identified throughout the centre. The inspection and servicing of fire alarms and fire safety equipment was consistently carried out and up-to-date. Fire drills were regularly carried out including night time drills. All staff had participated in a fire drill but not all staff members had received refresher training in fire safety.

Individual evacuation plans were on file for each child and the instructions provided were detailed and child centred. One child was identified as being at significant risk in the event of a fire. This was included in the risk register and regularly reviewed. The child covered his/her ears and refused to move when the fire alarm sounded. Additional fire drills were being carried out with this child and he/she had participated in six fire drills since October 2014. Alternative means of evacuation for this child were actively being considered by a multi-disciplinary team.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Policies were in place for the prevention, detection and reporting of child abuse. In general, policies were comprehensive and in line with the principles of Children First: National Guidance for the Protection and Welfare of Children, 2011 however some improvements were necessary. Practice reflected policy and inspectors found that reporting procedures were not always open and transparent. Inspectors also found that the process of approving restrictive practices was in need of improvement because delays in decision making were impacting negatively on children.

Staff treated children with warmth and respect and children appeared comfortable and at ease in the centre. All staff had completed Children First, 2011 training and staff were knowledgeable about what to do in the event of suspected child abuse. Two policies were in place for the prevention, detection and reporting of child abuse: a child protection and welfare policy and an allegations and safeguarding policy. The designated liaison person (DLP) was clearly identified as were alternative contact persons and deputies. An intimate personal care policy and guidelines on peer abuse were also in place to further protect children from abuse. The guidelines on peer abuse indicated that concerns should be reported when patterns emerge. Provisions were not made in the document however for reporting more concerning forms of peer abuse in the first instance.

Practice was not clear in relation to potential circumstances where the sharing of information with staff was necessary for the safeguarding of a child. Staff were aware of the possible indicators of child abuse and they were aware of the procedures to follow if they had concerns. Staff reported concerns to the designated liaison person and the children's services manager in line with policy. The aim of the centre's child protection and welfare policy was, "to foster a spirit of openness, transparency of reporting and an approach to the sharing of information that will be sensitive, and have the well-being and safety of the child as its first priority". When inspectors asked staff if any recent concerns had been reported to the DLP staff were not sure. Inspectors were told that staff were not made aware of any concerns. Inspectors were not assured that sufficient information was being shared with staff, as appropriate, to protect children from all forms of abuse. While inspectors acknowledge that a balance must be struck to protect the rights of all parties concerned, the policy did not make provision for or specify what information could and should be shared with staff working directly with children to assist them in the detection of abuse.

Policies were in place for the provision of behavioural support and positive behaviour support plans were developed in consultation with the principal clinical psychologist for the service. Not all staff had completed training in the management of behaviours that challenge. The centre did not cater for many children who presented with behaviours that challenge and they did not have many restrictive practices in place. A half-door which restricted children's movement was removed since the previous inspection and a half-door in the kitchen was used as a deterrent only. All restrictive practices were approved by a rights committee. However, the centre experienced significant delays in receiving a response from the committee which had direct implications for children attending the centre. One child's sleep, for example, was frequently disturbed during respite. He/she had to be checked every fifteen minutes for medical reasons and staff were awaiting a response from the rights committee before introducing a more effective and humane means of monitoring the child while he/she slept.

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

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> A record of all incidents occurring within the centre was maintained and, where required, incidents were notified to the Chief Inspector.</p> <p>Effective systems were in place for identifying and recording incidents occurring within the centre and notifiable events were dealt with appropriately. The children's services manager was aware of what constituted a notifiable event and all such events were notified to the Chief Inspector within the statutory timeframes. Management often raised the subject of notifiable events at staff meetings to encourage staff to be vigilant in their recording of same.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> Children were engaged in good quality social activities within the centre and wider community but there were deficits in relation to supporting children's educational attainment.</p>

Children were encouraged and supported to participate in activities that reflected their interests, capacities and developmental needs. Children had sufficient opportunities within the centre to play and to develop life-skills in preparation for adulthood.

The centre had an up-to-date education policy, however, practice did not always reflect policy. Children identified as having a difficulty attending school were not always supported in the manner set out by the policy. Inspectors reviewed a school report on one child's file, for example, which stated that his/her attendance was poor. There was no evidence to suggest that this was followed up to improve outcomes for the child in line with the policy.

The plans in place for children approaching adulthood focussed primarily on children's social participation and providing opportunities for children to have new experiences. Training and education, however, were not always sufficiently addressed. While good systems were in place to assess children's independent living skills and social goals and aspirations, inspectors could not find evidence of a robust assessment to establish children's educational, employment and training goals.

**Judgment:**

Non Compliant - Moderate

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Inspectors found that good efforts were made by staff to educate and encourage children to participate in their own healthcare to the best of their abilities. Children's healthcare needs were generally met when attending the centre but improvements were necessary in relation to diet and nutrition.

Each child has a section in their personal plan specific to their health and medication needs. Children's healthcare needs were comprehensively described and their needs were generally met in accordance with their personal plans. Because children attended the centre for respite only, parents were primarily responsible for meeting children's healthcare needs, however, the centre worked closely with allied healthcare professionals when appropriate, particularly if the child accessed services through the school attached to the service. Staff linked in with dieticians and speech and language therapists, for example, if children were on special diets or programmes. Children had



access to medical practitioners while on respite and staff linked directly with pharmacists and general practitioners as necessary when the children attended for respite. Staff also provided support to some parents who struggled to meet their children's healthcare needs.

Staff made efforts to educate children about their own healthcare through media appropriate to their needs such as social stories. Inspectors viewed social stories on menstruation for example and basic hygiene. Inspectors observed staff encouraging children to tend to their own personal hygiene to the best of their abilities when getting ready for school. Staff encouraged children in a gentle and supportive manner appropriate to their individual needs.

Children could choose what they ate while on respite but there was little evidence to suggest that children were encouraged to make healthy choices. There was little documented communication with parents in relation to children's diets so it would be difficult for staff to assess whether children's diets were balanced and nutritious. Inspectors noticed that chips often featured on daily menus and in the absence of consultation with parents this could mean a high weekly intake of fatty foods.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

There were sufficient mechanisms in place to ensure children's protection in relation to medication management. A comprehensive policy was in place in relation to ordering, prescribing, storing and administering medicines to children. Staff followed safe practice procedures and had a good knowledge of the policy and procedures in place. Staff actively participated in trying to improve systems within the centre to protect children and prevent errors from reoccurring.

Individual medication plans were in place for children in receipt of medication and these were included in their personal plans. Appropriate procedures were in place for the storage and safe disposal of medications and the centre had put in place a controlled drugs register since the previous inspection.

Adequate systems were in place for reviewing and monitoring safe medication

management practices. There was a safe system in place for medication entering and leaving the centre. Medication was counted and recorded on admission and signed out with a record of what had been administered. The children's services manager carried out monthly medication audits and had received training in how to conduct such an audit. She had developed her own system of recording and monitoring errors within the centre which proved a useful tool for tracking trends in the amount of errors being recorded.

A record of medication errors was maintained within the centre. While few internal errors were recorded staff did identify issues in relation to out of date prescriptions, labelling and generic medications when a specific brand was prescribed. Staff managed these issues on a case by case basis and used the medication error report form to record these issues. The errors identified were being managed by the children's services manager and the team were developing systems to support families and prevent reoccurrence.

**Judgment:**

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):**

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

**Findings:**

There was a written statement of purpose that described the service provided in the centre but some aspects of the statement were unclear, such as the needs of children for whom the service was provided, the provisions in place for periods of extended respite in exceptional circumstances and the supervision of children during family contact.

The statement of purpose was reviewed annually and was visible within the centre. Copies of the statement were available to parents, carers and representatives and an accessible format was also available for children. The accessible version for children reflected the statement of purpose through social stories. It was easy to follow, colourful and child friendly.

The statement of purpose reflected the aims, objectives and ethos of the centre. It accurately described the design and layout of the building and the facilities and services provided for children attending the service. The needs of children for whom the service

was applicable, however, were unclear from the statement of purpose. One section stated that the centre catered for children with mild to moderate intellectual disabilities and another specified mild to severe.

The statement of purpose also stated that staff supported children to maintain contact with parents/families via various means of communication; phone, text, email, Skype, etc. and that staff provided supervision during these family contacts to ensure the safety and protection of the child. When inspectors highlighted that this compromised children's rights to privacy, they were told that children were only supervised when browsing online. The statement of purpose therefore did not accurately reflect practice.

Inspectors were not assured that sufficient mechanisms were in place to prevent periods of extended respite in exceptional circumstances from drifting to become more long term arrangements as had happened in the past for two children who attended this centre. The statement of purpose in this regard was too vague and was not reflective of a centre that provided short term day and overnight respite only.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The service was provided by St. Catherine's Association and three previous inspections had taken place in April, September and December 2014. In September 2014, a notice of proposal was issued to cancel and refuse registration based on the fitness of the provider. Subsequently, there was a change of board and a new management structure was implemented. Improvements were found at a follow up inspection in December 2014. Inspectors found on this inspection that the majority of actions from the previous inspection had been completed. Governance systems had improved and lines of accountability and responsibility were clearer. There was evidence of effective communication and decision making but some management systems still required improvement. There was no performance management system in place.

There was a clear management structure with defined lines of authority and accountability. Staff were clear about the structure, who they reported to and their roles and responsibilities. The board met on a regular basis and were kept up to date by the acting CEO. The acting CEO was known to staff and children and she visited the centre on a regular basis. The children's services manager reported to a senior children's services manager who in turn reported to the acting CEO.

A new children's services manager was recruited from an internal panel and took up the position in August 2015. The children's services manager was suitably qualified and skilled and she demonstrated sufficient knowledge of the legislation and her statutory responsibilities. She had full time office hours in the centre and provided good leadership to the staff team. The children's services manager was decisive and child centred in her role and inspectors observed her interaction with the children and staff to be appropriate and warm. Decisions were made by the children's services manager or shift leader in relation to the day-to-day running of the centre. Decisions requiring further sanction were referred to the senior management team, for example purchasing a new mattress for the centre. Inspectors were told that decisions were made in a timely fashion to prevent delays in service provision. The children's services manager was committed to her own personal development. She attended some relevant training in the lead up to her appointment, in relation to supervision, for example, and carrying out audits. Arrangements were in place for the management of the centre in the absence of the children's services manager on a short term basis and arrangements were in the process of being finalised for more extended periods of leave.

There were good communication systems in place. Children's services management meetings were held weekly and were attended by all children's services managers and their line manager. Policies, procedures and resources were prioritised at management meetings. Team meetings were held on average once a fortnight. Changes to policy and practice were discussed with the staff team in this context as well as in supervision. Discussions at team meetings were child centred and generally focused on improving practice. Staff said that they did not always have time to read policies but they were knowledgeable about key policies when interviewed by inspectors.

Some management systems were still fragmented, particularly in relation to risk. Quality management systems were in the process of being developed and implemented as policies and procedures had recently been reviewed. It was difficult therefore for inspectors to fully establish how effective some measures were in terms of improving practice. Internal audits were taking place which improved managerial oversight. The most recent health and safety audit for example did not identify all risks and not all identified risks were included in the local risk register. Good progress however had been made in terms of progressing the health and safety audit action plan and the majority of actions had been met within timeframe. The person responsible for implementing the action plan was clear in this respect and good oversight was maintained by the children's services manager.

An unannounced six monthly review of the safety and quality of care and support provided within the centre was conducted on 27th August 2015 and an annual review had also been carried out. These reports were made available to inspectors during

inspection. Inspectors found that two annual reviews had been carried out since the previous inspection, June and September 2015. Inspectors found that reviews of the safety and quality of care and support were at times inconsistent and they did not always address the issues identified in sufficient detail. Not all of the issues that arose during this inspection featured in the reviews. Actions were not always specific enough, they did not always reflect findings and they were sometimes unrealistic. The annual report prepared in June 2015 was found to be particularly ineffective because it did not identify timeframes or specify who was responsible for the completion of individual actions.

A supervision contract between the children's services manager and her line manager was in place and supervision was regular and consistent. Inspectors queried, whether 30-45 minutes per month for a newly appointed children's services manager was sufficient. While supervision was child centred and focused on improving practice, progress on action plans was not always discussed. The children's services manager had only attended two supervision sessions since she took up her role but inspectors were assured that she felt sufficiently supported and mentored through the availability of her line manager, informal contact with the previous children's services manager and the weekly management meetings.

Systems were in place for staff to raise concerns about the service. A whistleblowing policy was in place and staff were aware of the policies and procedures to follow in such circumstances.

**Judgment:**

Non Compliant - Moderate

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

At the time of this inspection the Authority had been appropriately notified of changes made to the position of person in charge. The newly appointed person in charge was due to take an extended period of leave (longer than 28 days) and arrangements were being put in place for the management of the centre in her absence.

**Judgment:**

Compliant

**Outcome 16: Use of Resources**

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

**Theme:**

Use of Resources

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

No actions were required from the previous inspection.

**Findings:**

The centre had sufficient material supplies and equipment to meet the needs of children attending for respite.

A small budget was available to staff for the purchase of day-to-day necessities. Approval was sought from senior managers when additional resources were needed, for example, the made-to-measure mattress. Inspectors found that the centre was suitably equipped with child centred and developmentally appropriate materials. Good outdoor facilities were available to children such as a swing, a slide and a trampoline. Children could access sensory materials both indoors and outdoors. The centre had a fully equipped sensory room inside the centre and children had access to sand and water boxes outdoors. The centre had use of a dedicated mini-bus and children had access to games, arts and crafts, television, DVD's, and a computer within the centre.

**Judgment:**

Compliant

**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 staff members interviewed as part of this inspection were enthusiastic, child centred and committed to the service. While inspectors found that staffing was sufficient to meet the immediate and basic needs of children, staff did not have sufficient office hours to complete keyworker duties (this is further addressed under Outcome 5: Social Care Needs). Staff had access to a range of training courses however mandatory training was not up to date for all staff.

At the time of inspection the centre had a full staff compliment. Not all staff members were qualified but the majority of staff members had significant experience of working with children with disabilities. The children's services manager interviewed for the position and was recruited from an internal panel. While new staff members were recruited, selected and vetted in accordance with best recruitment practice, not all documentation was retained on staff files in accordance with schedule 2 of the regulations. A complete employment history, for example, was not retained on file for all staff members. The centre was primarily staffed by social care workers and trainee social care workers. Although a small number of relief staff worked in the centre on occasion continuity of care was maintained because relief staff were regular and known to the majority of children from school. Contracts of employment and job descriptions were found on all staff files reviewed as part of this inspection but the records were sometimes unclear and contradictory. One staff member, for example, was contracted to work as a 'relief social care worker' on a permanent part-time basis but her job description stated that she was expected to work 39 hours per week.

Inspectors reviewed planned and actual staff rotas and staff were appropriately mixed in terms of qualifications, skills and experience. Efforts were also made by the children's services manager to match children with particular staff members, for example their keyworkers or those specifically requested by children. The majority of staff members had attended mandatory training such as fire safety, manual handling, first aid, food safety, medication management and Children First (2011). However, refresher training was due for many staff members in relation to manual handling, fire safety, first aid and behaviour support. A training database was maintained by the children's services manager but a training needs analysis was not in place. Because a training needs analysis was not completed, staff's training needs did not reflect the needs of children. Not all staff were trained to work with children with autism for example, or in the methods of communication used by children attending the centre such as PECS or Lámh.

Staff received regular one-to-one supervision from the children's services manager however staff did not receive supervision for a period of two months when changes to management were underway. Supervision was effective in that it provided appropriate support to staff but it could be improved to include elements of performance appraisal and continued professional development. Supervision records were detailed and well maintained. Discussions were child focused and centred around policy and practice issues.

Staff interviewed were knowledgeable about policy and procedures and some staff members were actively involved in trying to improve procedures within the centre to better meet the needs of children. One staff member was, for example, actively involved in trying to improve communication between the centre and parents in relation to children's medication. Staff were also engaged in developing new tools to assist with

planning admissions.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

The majority of records reviewed by inspectors were well maintained and complete. The gaps that were identified during this inspection are dealt with primarily under Outcome 5: Social Care Needs and Outcome 7: Health and Safety and Risk Management. Children could access their own files and staff interviewed as part of this inspection were aware of and conscious of this at all times.

Prior to this inspection improvements had been made to the storage of children's files. Children's files which had previously been stored in the staff office, were moved to the sleepover staff bedroom. This proved a more secure means of storage as the staff office was generally kept open and accessible to all passing through the house.

The centre had all of the written operational policies as required by Schedule 5 of the regulations. These policies had been updated and were easily retrievable. Records relating to other audits and inspections such as fire and health and safety were also maintained and accessible to inspectors. The centre was adequately insured against accidents or injury to residents, staff and visitors.

**Judgment:**

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:***

Jennifer Healy  
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Regulation Directorate  
Health Information and Quality Authority

# Health Information and Quality Authority Regulation Directorate

## Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0001851
<b>Date of Inspection:</b>	20 October 2015
<b>Date of response:</b>	

### Requirements

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

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

### Outcome 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Children could not always retain control of their possessions.

#### 1. Action Required:

Under Regulation 12 (3) (a) you are required to: Ensure that each resident uses and retains control over his or her clothes.

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

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

The present system of children's belongings arriving at the centre is being reviewed and parental input is being sought. The new system proposed is that children's belongings arriving at the centre will not be recorded until children are present for the inventory to be completed.

**Proposed Timescale:** 31/01/2016

**Theme:** Individualised Supports and Care

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

There was no nominated person to oversee the complaints process in line with the Regulations.

**2. Action Required:**

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Organisational Complaints Lead (OCL) has nominated a senior manager (PPIM) to oversee the complaints process in line with Regulation 34 (3).

The complaints policy has been revised to clarify the roles of the nominated persons.

**Proposed Timescale:** 20/10/2015

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

A written contract for the provision of services was not provided for each resident on admission to the centre.

**3. Action Required:**

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. The organisation has developed a Respite Services Agreement for the Provision of Care. A letter has been sent to families with information in relation to this agreement on 2nd December 2015.

2. The Children's Service Manager (CSM) will arrange to review and sign agreements with residents' representatives.

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

#### **Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

Comprehensive assessments were not always completed prior to admission.

#### **4. 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 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. The Referral's, Admissions, Transfers & Discharges Policy & Guidelines is currently under review. The revised policy will clearly specify the requirement for a completed comprehensive assessment prior to admission to the designated centre (Due 31/12/15).
2. New admissions are processed through the Referrals, Admissions, Transfers and Discharges Committee. A referral form is completed in conjunction with a "Getting to know me" document to assist in assessing an individual child's suitability to the respite services.
3. A supports needs form is then completed by members of the committee in consultation with the child's family.
4. Once accepted, the child is then referred to the Respite Planning Committee to determine the suitable location for placement.
5. The comprehensive assessment template has been revised to include relevant information in a more practical and manageable format. It is the responsibility of the Children's Services Manager (CSM) to ensure all required documentation is completed prior to admission to the designated centre. As part of this process, the child's keyworker will be assigned to liaise with relevant clinicians and update the assessment tool as required.
6. All future admissions will have a comprehensive assessment finalised prior to admission to the designated centre (As of 4/11/15).

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

**Theme:** Effective Services

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

Personal plan reviews were not always multi-disciplinary.

**5. Action Required:**

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

1. 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 with relevant multidisciplinary input. 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 (Due 15/01/16).
2. The Children's Services Managers will also meet with the Clinical Managers in order to discuss the review process for children attending the centre that have not been identified as having high support needs (Due 15/01/16).
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 respite services in the centre (Due 15/02/16).
4. Where it is not possible for some clinicians to attend review meetings, the keyworker will seek reports in advance of the meeting and present to the Team Around the Child (TAC) in order to support multidisciplinary reviews of personal plans in a sustainable manner going forward.

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

**Theme:** Effective Services

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

Personal plan reviews did not always assess the effectiveness of each plan.

**6. Action Required:**

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**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 (Due 30/01/16).

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. The Clinical Managers will also meet with the Children's Services Managers in order to discuss the review process for children attending the centre (Due 15/01/16).

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 (15/02/16).

**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 describe the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

**7. 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:** 31/12/2015

**Theme:** Effective Services

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

The risk management policy did not describe the arrangements to ensure that risk control measures are proportionate to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

**8. Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management

policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

The Risk Management policy will be reviewed in line with Regulation 26 (1) (e). Guidance will be included to ensure that the 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.

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

**Theme:** Effective Services

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

The systems in place to identify, assess and manage risks within the centre were ineffective.

**9. 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 (Due 31/12/15).
2. Risk management training will be provided for staff and is scheduled to commence in January / February 2016. This training will address deficits identified during inspection such as the recording and review of risk assessments. 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 (i.e. 3 staff by 25/01/15 and a further 6 staff by 15/02/15).
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 Committee). (Due 30/05/16)
4. The Children's Services Managers monthly audit of the location risk register will be refined to ensure that there is sufficient quality information available including persons responsible, due dates for actions and limitations to control measures (Due 15/02/16).

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

**Theme:** Effective Services

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

One of the emergency exits in the centre did not ensure that all persons were brought to a safe location.

**10. Action Required:**

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

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

The emergency evacuation route is currently under review. The oil tank posing a hazard near the exit will be moved to a different location in order to ensure safe evacuation in the event of an emergency.

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

**Theme:** Effective Services

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

Not all staff had received refresher training in fire safety.

**11. 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. A training calendar is in place and includes fire safety training on a monthly basis. The Children's Services Manager will liaise with the training co-ordinator in order to ensure that outstanding staff are scheduled to attend refresher fire safety training on a two to three staff per session basis (i.e. 2-3 staff trained by each of the following dates: 31/12/15, 31/01/16, 28/02/16).
2. The remainder of the team will be booked for their refresher training in line with certification dates and the training calendar in place.

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

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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



Not all staff had received training in relation to behaviour that is challenging.

**12. 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:**

A training calendar is in place to include training in the management of behaviour that is challenging.

1. A full course is scheduled for January 2016 and staff who have not received this training will be booked to attend.
2. The Children's Services Manager will liaise with the training co-ordinator in order to ensure staff are scheduled to attend behaviour management refresher training in line with the calendar in place for 2016.

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

**Theme:** Safe Services

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

The practice in place for reporting concerns of child abuse did not always protect residents from all forms of abuse.

The child protection and welfare policy guidelines on peer abuse did not protect residents from all forms of abuse.

**13. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. The practice for storing information in relation to child protection concerns has been revised as of 17th November 2015. The Children's Services Manager now has a Child Protection and Welfare folder on site in the location containing all relevant information pertaining to child protection concerns such as correspondence with the Designated Liaison Person, notifications and follow-up reports.
2. The Child Protection & Welfare Policy and Guidelines will be revised to specify information that can and should be shared with staff working directly with children in order to assist them in the detection of abuse.
3. The Guidelines on Peer Abuse will be revised to include provisions for reporting more concerning forms of abuse in the first instance.

**Proposed Timescale:** 23/02/2016

## Outcome 10. General Welfare and Development

**Theme:** Health and Development

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

Children were not always supported to access opportunities for education, training and employment.

**14. Action Required:**

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

Practices within the centre will be reviewed to ensure children are supported to access opportunities for education, training and employment in line with policy while in the care of the centre.

**Proposed Timescale:** 10/02/2016

## Outcome 11. Healthcare Needs

**Theme:** Health and Development

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

Children were not always provided with adequate quantities of wholesome and nutritious food.

**15. Action Required:**

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

A meal planner is in place and children are encouraged to participate in decisions relating to snacks and meals through choice boards and assistive technology as appropriate. The Children's Services Manager will ensure that adequate quantities of wholesome nutritious food is available to children in the centre while taking into account personal preferences and dietary requirements.

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

## 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 specify the care and support needs that the centre intended to meet and the arrangements for the supervision of children during contact with family required clarification.

The criteria for admission to the centre were not specific enough to ensure that children were admitted for periods of respite only in keeping with the centre's statement of purpose.

**16. Action Required:**

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

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

The Statement of Purpose will be revised to clarify the care and support needs the centre is intended to meet and the supervision of children during contact with family. The revised document will clearly specify the criteria for admission, including emergency admissions, and will account for the prevention of periods of extended respite drifting to more long term arrangements.

**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:**

A staff performance management system was not in place.

**17. 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. 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 (Due 31/01/16).
2. The Children's Services Manager has completed Performance Management training as of 24th November 2015.
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 (Due 30/03/16).
4. A number of management training sessions have been scheduled for the CSM in

areas such as roster development, family centred practice, mediation, conflict resolution and budget management in order to support their professional development within the role (Dates include: 20/11/15, 4/12/15, and 11/12/15).

**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:**

Some management systems were not effective or sufficiently developed to ensure the service provided was safe and appropriate to the children's needs, consistent and effectively monitored.

**18. 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 (Due 31/01/16).
2. The Children's Services Manager has completed Performance Management training as of 24th November 2015.
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 (Due 30/03/16).
4. 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 (Due 31/01/16).
5. 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 (Due 31/01/16).
6. 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.

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

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

A full employment history was not retained on file for all staff members.

Job descriptions and contracts of employments were sometimes contradictory and it was not always clear how many hours per week a person was employed to work.

**19. 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's Services 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. The HR Department will review staff files to ensure consistency across documentation such as contracts of employment and job descriptions.

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

**Theme:** Responsive Workforce

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

Staff members were in need of refresher training across several mandatory training courses.

Some staff members had not received communication training relevant to the needs of children.

An efficient continuous professional development programme was not in place to ensure that staff's training needs were identified and met.

**20. 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 comprehensive training needs analysis will be completed for the location based on the staff team and assessed needs of the residents (Due 31/01/16).
2. A training calendar is in place and staff will be booked to attend mandatory refresher training and other courses as they arise in areas such as positive behaviour support, challenging behaviour, introduction to autism, culture, communication, mental health awareness, and dual diagnosis (Due 28/02/16).
3. Lamh training is scheduled for 24th February 2016 in line with the training calendar. Two/Three staff from the centre will be scheduled to attend. These staff will promote the use of Lamh within the centre and discuss at team meetings. The training calendar is currently being revised to include additional dates for 2016. It is hoped that the

remaining staff team will be trained by December 2016.

**Proposed Timescale:** 31/12/2016