

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001846
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Catherine Byrne
Lead inspector:	Grace Lynam
Support inspector(s):	Bronagh Gibson
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 December 2015 09:00	01 December 2015 16:30
02 December 2015 09:00	02 December 2015 15:30

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 fifth inspection of the centre carried out by the Authority. Four previous monitoring inspections had been carried out in August and December of 2014 and July and September 2015 all identifying large numbers of deficits with the regulations. A notice of proposal to cancel the centre's registration had been issued by HIQA in July 2015. Representations were made by St. Catherine's Association which included a new management structure and an action plan to address the identified deficits. The inspection carried out in September 2015 found that progress was being made in many areas including improvement in the quality of life of the residents, the physical condition of the premises and the management of the centre. However, not all actions had been implemented in line with the planned timeframes.

This was the first full inspection against the regulations to inform a registration decision and took place over two days. The recently appointed children's services manager had been in post for more than two months and had put systems in place to ensure progress in addressing the deficits identified in the last inspection. Of the 20 actions planned for completion by the end of November ten had been completed and six had been substantially progressed. There were still a number of actions outstanding from the previous inspection. These were being implemented over longer periods of time.

The centre provided full-time care to one resident, and shared care and respite care to 17 others. Children received from two to 20 nights care per month. According to the statement of purpose the centre catered for children aged from eight to 17 years of age with a diagnosis of mild to severe intellectual disability. The centre did not cater for children that required full time nursing support.

On the days of inspection there were three children receiving care in addition to the full time resident. As part of the inspection inspectors observed the children and spoke to one of the children who had verbal communication skills. Inspectors also met with the children's services manager (who was the person in charge) and staff members, and spoke with the senior children's services manager and the quality compliance training and development manager. Inspectors reviewed children's files and other documentation and observed care practices in the centre. Inspectors spoke with three parents by telephone.

The centre was located in a large dormer style bungalow in its own grounds close to a small village. There was a fenced off play area containing outdoor play equipment in the large garden that surrounded the house. There was parking to the front of the premises. There was a separate apartment in the grounds which accommodated the full time resident.

This inspection found that the quality of care for the residents had continued to improve. Children were safe in the centre and presented as content and happy. Planning had further improved: six comprehensive assessments had been completed and personal plans were in place. These plans set goals for the children and there was a system in place to monitor the progress of goals. There were a number of new management systems in place to guide practice and these were being applied across all aspects of the care provided.

The condition of the premises had improved further: the house and the apartment were bright, clean and colourful and were suitably furnished and decorated to create a safe and homely atmosphere for the residents. The respite nature of the care provided meant that there was a lack of personal belongings in residents bedrooms. Each child had a box containing their own personal items which was stored away when that child was not receiving care. Infection prevention and fire safety measures had improved.

The management of the centre was stronger. The children's services manager was supported by a deputy and both were motivated to ensure that the new

management systems would be consistently implemented by all staff. The emphasis was on bringing practice into line with the revised statement of purpose to ensure that all residents benefitted from personal plans that were developed from comprehensive assessments. However, the children's services manager was only contracted to the centre until January 2016

The staff team were enthusiastic about the new management systems and spoke of feeling more empowered. Accountability and professionalism were promoted by the management team. The core teams - developed before the last inspection - were in place and this was beneficial to the children in ensuring continuity of care. Training had been provided to support the staff in implementing new procedures and the children's services manager had good oversight of progress in all areas. Supervision had improved and provided guidance, learning and support for staff. Awareness about restrictive practices had improved.

Improvements were required in a number of areas. There were no contracts of care in place but work was progressing on this. The new admission procedure had yet to be applied for new admissions. Some comprehensive assessments were outstanding and this impacted on the personal plans developed for the children involved. Some policies such as the risk management policy were still under review. The consistent application of all the new procedures was required to ensure progress continued and was maintained.

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):

Findings:

The rights of residents were respected and promoted in the centre. The centre had good policies in place which promoted rights and the organisation had a rights committee to ensure rights were upheld. Privacy and dignity were respected and promoted and efforts were made to maximise children's independence.

There was good information about their rights available for the children and they or their parents were consulted with about their care. Children were given choices about food preferences and activities they would like to do. There was a folder of pictures that children could choose from to indicate their food and activity preferences. Once chosen the picture was put up on a menu/activity planner on the wall. Inspectors observed children being offered choices: when they returned from school they were asked what they would like to eat and drink. They were appropriately supported by staff to get their snack. Staff on duty on the day of inspection were familiar with the preferences of the children in the centre that day. There was evidence on files of good consultation with children and parents about their children's likes and dislikes. Meetings took place with children to plan their activities and to discuss various aspects of their care such as improving self sufficiency skills and personal evacuation plans. Inspectors read the minutes of these meetings and found that both children and staff requested them. In one meeting a child was consulted on particular issues in relation to the house and how their respite experience could be improved upon.

Inspectors heard staff interact respectfully with children and saw social stories that had been developed for children to teach them to respect each other and their private spaces. Parents told inspectors that their children were being taught about privacy. Inspectors saw signs on bedroom doors reminding children it was a private space.

Complaints were managed effectively and dealt with in a timely manner. Complaints were managed in line with the organisation's complaints policy. The policy clearly stated the procedure for making a complaint and named the person to whom a complaint should be made. The chief executive officer of the organisation had oversight of all complaints. There was an appeals process in place. The policy was available in a child-friendly format and was clearly displayed throughout the centre.

The complaints register, commenced in August 2015, showed that there had been 17 complaints in the four months prior to the inspection. Sixteen of these had been resolved, one was outstanding. The outstanding complaint was in relation to changes in respite dates for a child and arrangements were in place to follow this up. However, it was not clear what access children had to advocacy services for the purposes of making a complaint or whether each complainant was satisfied with the outcome of the complaint.

Each child's right to personal dignity was promoted through good intimate care and behavioural support plans. Children had their own en-suite bedrooms. The centre had a policy on managing money and kept lists of resident's personal belongings.

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):

Findings:

The communication needs of residents were assessed and met. The centre had a good policy on communicating effectively with children. Staff told inspectors about the different communication needs of the residents and how it was possible to "read" the meaning of behaviour as a means of communication especially for the children that had no verbal skills. There was significant evidence of staff communicating with children through the use of language, picture systems, colourful pictures and prompts displayed throughout the house, ipads and other visual aids.

Inspectors read accounts of discussions with children about issues such as fire safety, their schedule for the day and their personal plans. There were pictures of the staff on duty for the day up on a wall so children would know who was caring for them that day. Children's personal plans included assessment of their communication needs and

information about aids used in communication. Personal plans for children that did not have verbal skills included descriptions of how they communicated through gestures, touch, facial expression and behaviour. Inspectors observed children and staff communicating with language and with gestures. Children were facilitated to promote their full capabilities through the methods of communication used.

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:

Staff maintained good contact with families. Residents were supported to maintain their personal relationships and to develop links with the wider community. Families were encouraged to maintain involvement with their children.

Records showed that families were in contact with staff by telephone and the use of a communication book. Parents were informed daily of the child's wellbeing where this was specifically requested. Families attended personal planning meetings. Children's files contained evidence of staff communicating with families on issues relating to their child's care. This included consent forms signed by parents for services for their children (such as occupational therapy and positive behavioural support), contact details and parents preferences about how and when communication should take place. When children were receiving shared care the levels of communication were appropriate to ensure families were consulted in relation to their care and kept informed of their child's progress.

The centre had a visitor's policy and a book in which visitors names and times of their visits were recorded. There was ample room for private visits. Children attending for shared care or who lived in the centre had regular family visits and telephone contact. Families were welcomed by the staff team and were involved in their child's care especially where there were shared care arrangements in place. Files contained evidence of contacts between staff and parents regarding children and the children's day to day care and activities.

On the day of inspection children were brought out on a community access visit to a play centre which one child told inspectors is "a place where kids go to play when it's raining". Records viewed by inspectors showed that activities in the community were planned and there were photographs in the centre depicting children enjoying outings.

Parents told inspectors that staff supported their child to take part in purposeful activities which they enjoyed.

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 revised their admission and discharge procedure and all admissions were channelled through an admissions and discharge committee. There was a policy on admission and discharge but it was being updated so that it reflected the revised admission arrangements and the statement of purpose. There had been no new admissions to the centre since September 2015.

The centre's directory of residents recorded two discharges from the centre, one of which was unplanned. The register did not record the date of one of the discharges.

The centre had not followed their own procedure in relation to admissions to the centre, and then subsequent to the inspection an admission to the centre was cancelled.

There were no written contracts for provision of services as required by the regulations. This meant that there were no written agreements with residents or their representatives on the terms on which the resident would reside in the centre.

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

Theme:

Effective Services

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

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

Findings:

The majority of children had assessments of needs in place which informed good personal plans. These ensured that their social care needs were met by the staff team whether they were receiving full time, respite or shared care.

Previous inspections had identified that comprehensive assessments of need were not conducted for all children prior to receiving care in the centre. Six comprehensive assessments had been completed since the last inspection in September 2015. There were four more to be completed and of these two had been commenced. Assessments clearly outlined multidisciplinary recommendations for various areas of the child's care. Assessments were also reviewed to reflect changes in the needs of the children.

However, some children did not have comprehensive needs assessments completed prior to their admission to the centre. The senior children's services manager told inspectors that a number of options were being examined to address this to ensure that all comprehensive assessments would be completed.

The lack of a comprehensive assessment of need hampered the efforts of staff to fully meet the needs of some children. The children's services manager and senior children's services manager had made efforts to get all required information from parents and professionals involved with the children but there were gaps in some of the information. The children's services manager described to inspectors how this impacted on the care given to one resident and how the staff team were making efforts to ensure the child's needs were met. Inspectors reviewed this child's file and found that their personal plan was substantially completed.

Where assessments had been completed they informed a good personal plan that reflected the children's needs. These plans outlined the supports required to maximise the residents personal development and were individually developed with the participation of the children and their parents. Goals were identified and activities planned to support each child to achieve these goals. Good individual planning ensured that day to day care and goal setting were meaningful for children. There was evidence of good multidisciplinary input into children's personal plans. Other plans where there was no assessment were not up to date as they did not include all the needs of the children.

Inspectors spoke with staff who demonstrated knowledge about the specific goals of children. The progress of the child in achieving their goals was recorded and reviewed and their personal plans were updated to reflect changing needs and priorities.

However, the reviews did not record the rationale for proposed changes and the timescales for achieving objectives in the plan as required by regulation 5.(7) (b) and (c).

Personal plans were available in a child friendly format and were contained in children's files. There were social stories created to explain their personal plans to the children and there was evidence that this were used. However, it was not evident that children were involved in the care planning process.

Residents were supported to develop and use life skills appropriate to their abilities. Children were also supported with household tasks such as sweeping the floor and setting the table. Staff told inspectors that children helped with the laundry. Inspectors saw a new utility room that had been set up in the house to facilitate the children to learn how to do the laundry or assist with the task. There were social stories available in the kitchen which were used by staff to guide the children with these tasks. There was evidence of good use of social stories to support the children with daily activities. Children were supported to achieve as much independence as possible and to be able to carry out such tasks as getting themselves a drink. Inspectors saw staff patiently support children with tasks and allow them several attempts to achieve their goals.

Children were supported and prepared for adulthood. Children who had attained their fifteenth birthday had transition plans in place. Goals identified in transition plans included increasing independence in a safe way for the young person. Examples of such goals included supporting the resident to prepare a snack or increasing independence in the community in tasks such as crossing the road or having a meal out in a restaurant.

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):

Findings:

The centre was accessible and the design and layout of the centre was suitable for its stated purpose and could meet residents needs in a comfortable and homely way. The centre included a house and a separate apartment for the sole use of the full time resident. Both buildings were in a good state of repair both externally and internally.

They were clean, nicely decorated and well maintained. The centre had been recently painted, there were new curtains throughout and new flooring in one bedroom. The centre had suitable heating, lighting and ventilation. There were suitable and sufficient fixtures and fittings. There was both private and communal accommodation. Each child had the use of an en-suite bedroom and the accommodation of the house included two sitting rooms, a large sun room, a kitchen and a dining. Bedrooms had enough space and suitable storage facilities for the personal use of residents. Bedrooms were not personalised but this reflected the nature of the care provided. Each resident had a separate facility for personal possessions. The premises was free from any major dangers which could cause injury. Waste was disposed of safely. The kitchen was well equipped and safely maintained.

There were appropriate outdoor recreational areas including play facilities. There was a large garden around the centre which had a safely fenced off area with play equipment installed.

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:

There were adequate measures in place to ensure the health and safety of residents and visitors. Fire precautions were satisfactory. Risk management had improved since the last inspection but the policy continued to be non compliant with the regulations.

The centre had a risk management policy which was largely in compliance with the regulations. However, it did not fully articulate what the arrangements would be for learning from adverse events. The quality and risk manager told inspectors the review of the policy would be completed by year end. The centre had a system for identifying, rating and mitigating risk. This included a risk register. Inspectors viewed the register and found that there were four risks identified. These were all described and rated and the control measures which were in place to address them were clearly identified. New controls were added when the risks were reviewed and the rating was revised accordingly. The system dictated that any risks rated over 12 were reported to senior management for inclusion on the organisation risk register. A previous inspection had identified that some risks were rated higher than was necessary. This had been reviewed and rectified by the children's services manager. Training in risk management

was included on the 2016 training plan for staff.

There was an up-to-date centre specific health and safety statement. The statement identified 36 location risks such as the risk of fire and the risk of accidents in the kitchen. These had been rated appropriately and adequate control measures put in place. The centre had a staff member assigned to day to day health and safety issues. The organisation's health and safety officer visited the centre regularly and carried out onsite health and safety audits.

Adequate infection control measures were in place. Inspectors saw suitably equipped staff engaged in cleaning tasks in the centre. Cleaning schedules had been revised, checklists created and an audit tool used to review the effectiveness of the cleaning schedule. A comprehensive protocol had been put in place which incorporated daily and weekly checks of equipment.

There were effective fire safety measures in place. Bedding and furnishings were fire retardant. Fire equipment was serviced by contractors and checked regularly by staff. However, inspectors identified one outside area where flammable liquids were stored and there was no fire extinguisher available nearby.

There was a fire register which included comprehensive instructions on evacuation procedures for residents with a variety of support needs. There were also instructions on how to conduct a fire drill and details of the emergency evacuation plan that was in place. Fire evacuation procedures were prominently displayed throughout the centre and there were social stories for the residents to explain these procedures. Staff had received training in fire safety and were aware of risk and their responsibilities in the event of fire. There were good quality individual risk assessments in place for children and clear personal evacuation plans that guided staff should evacuation of the premises be necessary.

Fire prevention and evacuation checklists had been recently put in place by the children's services manager. Inspectors sampled the checklist for the month of November and found that these had been fully completed daily and each night. The checks included checks of exit doors, temperature controls on heating, fire doors closed and other fire prevention measures. There was a further list of weekly and monthly inspections that were carried out. The children's services manager carried out periodic audits to ensure the new practices were being implemented consistently.

There was evidence that regular fire drills had been conducted with staff and residents. However, there were three staff and three residents that had not participated in a fire drill. The children's services manager was aware of this issue. The rota showed that there was always a staff member on duty that had fire training.

The issue of a fire blanket being removed from one room had been identified by a previous inspection. This had been dealt with creatively and sensitively by the staff team. Records demonstrated that this was no longer an issue.

The vehicle that inspectors checked was fit for purpose and appropriately insured and equipped for use by the residents. The centre was adequately insured against accidents

or injury to staff, residents and visitors to the centre.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were satisfactory measures in place to safeguard and protect children. The centre had policies which gave clear guidance to staff on appropriate professional practice and safeguarding. Staff had been vetted by An Garda Síochána and a record was kept of visitors to the centre including contractors and anyone who might come into contact with the children. There was an adequate missing persons policy that gave guidance to staff on what to do if a child went missing. There were also good quality individual risk assessments on children in relation to accidental injury and when travelling on transport. These risk assessments identified control measures to address the risks. Safeguarding systems had been put in place. These included a check list for location outings, environmental safety checks and social stories for the children on how to be safe.

The centre had an intimate care policy and good quality intimate care plans were on children's files. These guided staff in assisting and supporting children with self care tasks in a manner which was respectful to them and maintained their privacy and dignity.

There were social stories in place for children about how to keep safe and files contained guidance for staff on what to do if a child went missing. These social stories were specific to each child's individual abilities and communication needs. Some staff still required training in intimate care. Staff were appropriate in their interactions with children. Children presented as happy and content and were smiling and interactive with staff. Staff demonstrated patience and understanding with the children.

The centre had a child protection and welfare policy which was in line with Children First: National Guidance on the Protection and Welfare of Children (2011). There had

been no child protection concerns since the previous inspection. Staff were aware of their responsibilities to identify and report child protection concerns. They knew what the signs and symptoms of abuse were and who the designated person was to whom they should report any concerns about children. All staff had been trained in child protection and were due to attend a refresher course later in December 2015. The children's services manager had recently put in place a system to manage and record the children's pocket money.

Behaviour management practices had continued to improve since the last inspection. The centre had a positive behaviour support policy which provided good guidance to staff on managing behaviour in a positive way. Behavioural support plans were developed by a behaviour support specialist and implemented by staff. These plans provided good clear direction to staff in how to respond to and manage behaviours. Some staff had been trained in how to manage behaviour that challenges in a positive way and they were receiving training from the behaviour support specialist on the second day of the inspection. Some staff still required training in positive behaviour support.

Behaviours were written down and analysed and there was evidence that reactive strategies used by staff demonstrated their understanding of the child's behaviour and were effective in helping the children to cope better with their environment. For example, a child who became distressed when he had to move from one room to another was provided with a selection of items he could choose from to take with him and this helped reduce his distress. Children that did not attend the St Catherine's school had access to behaviour support plans prepared by psychologists attached to the schools they were attending. Parental consent had been sought for therapeutic interventions and completed forms were on children's files.

The identification and recording of restrictive practice had improved since the last inspection. There was a comprehensive restrictive practice policy in place. This included a review process of the use of restrictive practices. Restrictive practices included locking of doors for safety reasons, locking a pantry door (when a child with particular dietary requirements was in residence) and use of magnetic harnesses in the centre vehicle. These practices were logged and appropriately reported to the Authority.

On a previous inspection inspectors raised concern about some restrictive practices that had not been identified. The children's services manager had put a new system in place whereby she reviewed the records of all incidents to ensure restrictive practices had been identified. Inspectors reviewed the system log and found that out of 42 incidents recorded for the month of October, the children's services manager had identified three restrictive practices that had not been identified as such. These involved blocking a child from kicking another child and locking a door for safety reasons. The restrictive practices that were missed were subsequently recorded in the appropriate log and the children's services manager reminded staff of the error and of the importance of identifying and recording every occasion when restrictive practices were employed. The organisation had a rights restriction committee in place which reviewed the use of restrictive practices in the centre.

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:

The centre had a system in place to record all incidents that occurred in the centre. The children's services manager was generally knowledgeable on what events were notifiable to the Authority and how to report them. However, one incident had occurred which was not identified as requiring notification to the Authority until further information had been received. This incident was notified to the Authority but was not timely.

Whilst quarterly notifications were made to the Authority in a timely way in accordance with the timeframes outlined in the regulations, not all three day notification were.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

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.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Residents were facilitated and supported to have new experiences, to have their educational needs met and to enjoy social outings. The centre had an education policy and all children receiving respite in the centre attended their schools from there. Education was valued and promoted and there was evidence of daily communication with the school through a communication notebook that both staff and teachers wrote

in. Children had good individual education plans that were specific to their assessed needs and there were school reports in children's files. On the day of inspection all the children attended school. Older residents attended day services.

The staff maintained a book of community access. This was a book of pictures depicting the residents taking part in activities in the community such as crossing the road, going to the library and to the local takeaway. There was also a pictorial exchange communication system which was used to give children and young people choices about activities such as going to the cinema, visiting local beauty spots and going bowling.

On the day of inspection the children were brought out on a trip to a local play centre which they were excited about. All residents were involved in activities that were meaningful to them and which promoted their independence. Inspectors read personal plans for children which outlined the improvement of community contact as a goal. These goals had been identified by the children or their parents and included joining a community group to encourage social interaction with peers and being able to go out with family members for a meal.

Judgment:
Compliant

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:

Children were supported to enjoy good health. Their health care needs were assessed and outlined in their personal plans. There was appropriate multidisciplinary input into personal plans. The children's services manager had made contact with parents in order to ensure that an annual medical examination was arranged for the children that were in respite and shared care arrangements. There was evidence on files of children's attendance at paediatric appointments and assessment by speech and language therapist, occupational therapist and psychology. There were care plans in place for children with epilepsy which guided the staff in the management of such episodes.

Residents were encouraged to make healthy food choices. Inspectors saw a poster on the wall in the kitchen which outlined and encouraged healthy food choices. Inspectors saw staff preparing nutritious food for the evening meal. There was a variety of fresh nutritious food available to the children.

Where children had been assessed by a dietician as having special dietary requirements these were facilitated in the centre. Inspectors saw evidence of implementation of special dietary requirements and staff were knowledgeable about the particular dietary needs of the children in their care as these were recorded on the children's files. Records were maintained of the food and fluid intake of the children to ensure their diets were healthy and appropriate for their needs. Mealtimes were social and positive events for children. Inspectors observed children sitting at the dining table eating a snack. Staff were with them and they were smiling and interacting both with staff and inspectors.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The management of medication had improved and residents were protected by the centre's policies and procedures for medication management. Inspectors reviewed these and found they were comprehensive. Staff were familiar with the protocols and records reviewed by inspectors demonstrated its implementation. All staff had received training in medication management practices. Residents had individual medication plans on their files.

Medication was safely stored and labelled correctly. Photographs of residents were on their individual medication records. However, the staff team did not have access to a list of controlled drugs to ensure they were aware of what constituted a controlled drug.

A previous inspection had identified that medication was not reconciled in line with the centre's medication policy. This had been addressed and inspectors found that medication was reconciled. Errors were identified and recorded and learning for staff was disseminated. The children's services manager carried out monthly medication audits to ensure all information was in place and up to date before children came into the centre for respite. The director of nursing also carried out medication audits.

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):

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

Findings:

The centre's statement of purpose and function continued to be non compliant with the regulations. It stated that children between the ages of eight and 17 years with a diagnosis of intellectual disability within the mild to severe spectrum would be considered for placement. The centre could not cater for children that required full time nursing care. The statement of purpose set out arrangements for providing care under a variety of headings. However, the statement did not differentiate between the types of care provided by the centre, the organisational structure and floor plans were not up to date.

The statement of purpose and function was largely reflected in the care provided to residents with one notable exception: the admission criteria for the centre stated that a comprehensive assessment would be finalised prior to a child accessing the service. There were a number of children availing of respite that did not have a comprehensive assessment carried out prior to their admission to the centre. This had been identified in previous inspections and actions were being taken to rectify this.

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 centre had a clear management structure. There was a children's services manager in charge of the day to day running of the centre. The children's services manager was supported by a deputy services manager. The children's services manager was line managed by a senior children's services manager who reported to the acting chief executive officer (CEO) of the organisation. The CEO reported to the chair of the board of St Catherine's Association. The children's services manager was qualified in social care and in management, had significant experience with the organisation and was competent. She was knowledgeable about the statutory responsibilities attached to the role and provided strong leadership to the staff team. The children's services manager worked full time in the centre and provided good leadership. However, she was only contracted to work in the centre until January 2016 and this left the stability of the management of the centre and the sustainability of improvements in doubt.

When neither the children's services manager nor her deputy were on duty a shift leader was identified as being in charge. Staff were clear about the management structure and knew who to report to. They were clear about their roles and responsibilities. Staff told inspectors they felt supported by management. The children's services manager had regular contact with their line manager who also visited the centre to discuss children's wellbeing, staff and practice issues.

There were good management systems in place but they needed to be embedded into practice. Many of these had been developed by the children's services manager since the last inspection. There was evidence that the children's services manager was committed to improving the service and was carrying out audits against the standards to ensure progress in a number of areas. There were new systems in place which included systems for recording injuries to children and analysing how children were progressing with their goals. There was a risk register, a house meeting minutes book and a protocols and guidelines book to guide staff in adhering to all the procedures and protocols for the daily running of the centre.

There were effective communication systems in place. The children's services manager held monthly staff meetings and these were well attended by staff and were well run. These meetings occurred more regularly when the new children's services manager commenced her post. Inspectors reviewed the minutes of these meetings and found that the children's services manager gave clear instructions about what was expected of staff in relation to their responsibilities and in the implementation of the new management systems. Staff that inspectors spoke with were knowledgeable about the new management systems that had been recently put in place. The minutes of the team meetings outlined the actions that were decided on and who was to carry them out. Staff members told inspectors they felt empowered by the clarity of the procedures and that they guided their practice. Handover meetings were held at each shift change so that the team knew what the plans were for the day for each resident. There was evidence of good communication between other managers within the organisation. The children's services manager attended a weekly meeting with managers of other centres where issues that affected all the centres within the organisation were discussed.

Inspectors sampled minutes of these meetings and found that staff were updated on policies and strategic planning.

The children's services manager had been given enhanced decision making powers in the initial months of her tenure in the post. She had authority to purchase all items required to bring the centre into compliance with the regulations. The CEO had overseen the implementation of this increased spending. The children's services manager had been proactive in creating and implementing the new systems in the centre and was supported by management in these improvements.

The Inspectors viewed a quality planning document prepared by the children's services manager which set out the actions required to achieve full compliance with the regulations and to improve the quality of the services in the future. There was evidence that this process was commencing.

Risk management systems had improved. Adequate measures were put in place to mitigate risks and review dates noted so that risks would be constantly evaluated. However, the risk management policy remained non compliant with the regulations.

Quality management systems continued to evolve. The children's services manager had put a number of audits in place to assess the extent to which the new management systems were being implemented. When she found evidence that there were errors being made she addressed these with staff in supervision. Staff told inspectors they appreciated this as it gave them opportunities for learning. Weekly audits were carried out on the daily tasks assigned to staff and there were checklists for all duties to ensure systems were being consistently implemented. The senior manager carried out bi-monthly audits on records in the centre. Inspectors reviewed the checklist used by the senior manager and found that this related to documentation under a variety of headings and to actions required to achieve compliance with the standards.

Audits did not always result in improvements. An unannounced audit that had been carried out of the service in November 2015 to assess the centre's compliance with the standards and regulations identified deficits that were also found on this inspection. These included the gaps in staff files and the fact that some policies and procedures were still under review. These issues had all been identified on previous inspections. However, some previously identified issues had improved. These included community activities for children effectively integrating them into the community and the correct signing of medication administration records.

Not all actions from the last inspection had been implemented in line with the timeframes identified by St. Catherine's Association. An annual review required them to consult with children and families and the resulting report was to be made available to them. Performance management systems had not been developed to support staff in their professional responsibilities.

Judgment:

Non Compliant - Major

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:

The provider was aware of the obligation to notify the Authority in the event of the absence of the person in charge for a specified period. There had been no notifications of the absence of the person in charge since the last inspection.

Arrangements were in place for the deputy children's services manager to assume the role of the person in charge should the person in charge be absent.

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):**Findings:**

The centre was well resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were enough staff to meet the needs of the children and to support them to achieve their individual personal plans. The children's services manager told inspectors that following a previous inspection extra resources had been allocated to the centre to assist in addressing deficits identified by the inspection. This included the allocation of one full time staff member to the centre specifically for the purpose of supporting the creation and implementation of new management systems.

There were sufficient financial resources to ensure the children's needs were met. There

were written protocols on petty cash and evidence that these were being implemented. There was a good system in place to ensure the appropriate recording of expenditure. Inspectors read the expenditure log and found it clearly outlined the protocol for expenditure and was signed off by the children's services manager. The figures had been checked regularly and found to be correct by an accountant from the organisation's finance department.

There was an effective system in place to ensure the purchase of more expensive items that were required to meet the needs of the children. The children's services manager told inspectors that, generally, there was no difficulty in receiving extra funding for any item that was requested.

However, the house in which the centre was located was only leased until April 2016.

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 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:

There were sufficient staff to meet the needs of the children and staff were committed to providing good quality care. There were 26 staff in total, 18 of whom worked in the centre on a fulltime basis. Thirteen staff had a social care qualification.

Since the last inspection, improvements had been made in the way the staff rota was organised. The rota had been reviewed and developed to meet the needs of the children and to ensure continuity of care. Core teams had been identified to work together on the same days each week. These teams were put on the rota together to ensure a good mix of skills was available within the team to meet the needs of the children. The rota was arranged so that staff without qualifications always worked with qualified staff. There was always a staff member on duty with medication management, child protection and fire safety training. The children's services manager told inspectors that staffing was organised around the needs of the residents so that there were more staff on duty when the children were actually in the centre. The children's services manager

and the deputy worked different hours to ensure there was always managerial presence on-site except for one day at weekends.

Supervision practice had improved since September 2015 but required further development. The children's services manager and the deputy children's services manager undertook staff supervision. Staff told inspectors they felt supported and that they were clear on what their responsibilities were. They felt empowered and said that the new management systems supported good practice and promoted the development of professionalism. Inspectors reviewed supervision files and found contracts of supervision in place and improvements in the quality and regularity of the supervision. There was a schedule of supervision in place and if supervision did not take place this was recorded. All staff had had supervision. Supervision was used to manage the performance of staff and the children's services manager planned to empower staff further through training and awareness. A performance appraisal system was being introduced.

There had been some improvement in training since the last inspection but gaps remained. Staff were being developed to ensure they could meet the assessed needs of the residents. The children's services manager had recently ensured that all staff had received induction in medication management, fire safety precautions, recording systems within the house, policies and procedures, infection control, confidentiality and restrictive practices. All staff were trained in safe administration of medication. Not all staff had received other core training including fire safety, manual handling, behaviour support and child protection.

A training needs analysis had been carried out and a training programme had been developed to address the deficits in staff training. This plan included training on topics such as personal planning, intimate care, restrictive practices and goal setting all of which were relevant to meeting the needs of the residents. However, the training needs analysis was not comprehensive as it did not include previously identified training needs such as training in disability awareness, understanding autism and communication.

Staff files remained in breach of the regulations. Previously identified deficits had not been addressed including job descriptions, full and complete employment histories and unsigned contracts.

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)

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

Recording and documentation required further improvement. The duty roster was recorded as required by the regulations and fire safety records were complete. Records of the children and the care provided to them were maintained and stored securely. Children's files were well structured, organised and accessible. There was a good residents guide which was also available in a colourful pictorial format for children and their families.

The directory of residents was maintained but care was required to ensure it was fully completed and kept up to date.

There were gaps in staff files which had been identified in previous inspections that had not been addressed and some children's files did not contain comprehensive assessments or contracts of care. Inspectors did not see previous inspection reports in the centre.

The statement of purpose required updating as discussed under outcome thirteen.

There were adequate policies and procedures maintained in the centre but some required updating. These included the admissions and discharge policy, the access to records policy and the risk management policy.

The centre was appropriately insured.

Judgment:

Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Grace Lynam
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001846
Date of Inspection:	01 December 2015
Date of response:	

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

Access to advocacy services was not outlined in the complaints policy.

1. Action Required:

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

¹ 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:

1. The complaints policy has been amended as of 4th March 2016, to include information in how to access advocacy services for residents who require such support for the purposes of making a complaint.

Proposed Timescale: 04/03/2016

Theme: Individualised Supports and Care

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

It was not clear if the complainant was informed promptly of the outcome of the complaint.

2. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

1. The complaints log was amended as of 17th February 2016 to record whether the complainant was satisfied with the outcome of the complaint.
2. A complaints outcome template will be devised to ensure consistent correspondence in response to receiving a complaint. Correspondence to close out a complaint and/or advise of steps taken thus far will be provided to complainant in line with the timeframes specified in the organisation's complaints policy. This will include reference to the appeals process in place should the complainant be unsatisfied with the outcome of the complaint.

Proposed Timescale: 15/04/2016

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:

There was no written agreement of the terms and conditions on which residents would reside in 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. An Agreement for the Provision of Care has been drafted to include the terms and conditions on which a resident would reside in the centre and was approved by the

Senior Management Team on 8th March 2016. The Interim CEO has forwarded these Agreements to the Chairperson of the Board of Directors for approval by 15th March 2016.

2. The Children's Services Manager will organise distribution of Agreements for the Provision of Care to resident's representatives for signing.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no agreement on the support, care and welfare of residents and details of the service to be provided.

4. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

1. An Agreement for the Provision of Care has been drafted which details the support, care and welfare of the resident and the services to be provided. These agreements have been approved by the Senior Management Team on 8th March 2016. The Interim CEO has forwarded these Agreements to the Chairperson of the Board of Directors for approval by 15th March 2016.

2. The Children's Services Manager will organise distribution of Agreements for the Provision of Care to resident's representatives for signing.

Proposed Timescale: 30/04/2016

Theme: Effective Services

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

There was no written agreement that provided for, and was consistent with the residents' needs as assessed in accordance with Regulation 5 (1) and the statement of purpose.

5. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

1. An Agreement for the Provision of Care has been drafted which details the support,

care and welfare of the resident and the services to be provided in line with their assessed needs and statement of purpose for the centre. These agreements have been approved by the Senior Management Team on 8th March 2016. The Interim CEO has forwarded these Agreements to the Chairperson of the Board of Directors for approval by 15th March 2016.

2. The Children's Services Manager will organise distribution of Agreements for the Provision of Care to resident's representatives for signing.

Proposed Timescale: 30/04/2016

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:

There was not a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident carried out prior to admission to the designated centre.

6. 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 Referrals admission and discharges policy and 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.
2. As of 4 November 2015, all future referrals will have a comprehensive assessment completed prior to admission to the designated centre.

Proposed Timescale: 15/04/2016

Theme: Effective Services

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

Personal planning was not conducted in a manner that included the maximum participation of the child, as appropriate.

7. Action Required:

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

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

1. The policy on Personal Planning is currently under development. This policy will clearly specify the importance of the child's participation in the development and review of their personal plan with the support of their keyworkers and relevant representatives.
2. A social story will be devised to support children's understanding of the team around the child process and meetings.
3. A template will be developed that will include the needs, wishes and views of the child in written or pictorial format as appropriate. Keyworkers will use this template to support the maximum participation of each child in their personal plan review.

Proposed Timescale: 30/04/2016

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.

8. 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:

1. As of 18th December 2015, all children who currently attend the designated centre have a comprehensive assessment which is reviewed yearly or when needs change.
2. All children who have not attended respite in the designated centre in the last six months will be forwarded to the referring agency to determine if respite is still required. In the event that respite is no longer required, the discharge process will be followed. Should respite be required going forward, a fully completed comprehensive assessment will be required before re-commencing respite in the designated centre.

Proposed Timescale: 15/03/2016

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.

9. 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:

1. As of 18th December 2015, comprehensive assessments have been completed for two children that remained outstanding at the time of inspection. Their personal plans have since been revised to reflect the arrangements in place to meet their identified needs.

2. Comprehensive assessments remain outstanding for two residents that have not attended the centre for six months. Both cases will be forwarded to the referring agency to determine if respite is still required. In the event that respite is no longer required, the discharge process will be followed. Should respite be required going forward, a fully completed comprehensive assessment will be required before re-commencing respite in the designated centre so that arrangements can be put in place to meet those identified needs.

Proposed Timescale: 15/03/2016

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.

10. 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:

As of 18th December 2015, all children currently attending the designated centre have a completed personal plan based on their comprehensive assessment to reflect their needs.

Proposed Timescale: 15/12/2015

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.

11. 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. The policy on Personal Planning is currently under development. This policy will clearly specify the importance of the child's participation in the development and review of their personal plan with the support of their keyworkers and relevant representatives.
2. The organisation has developed a more comprehensive person centred planning course which is scheduled to roll out in April 2016. Staff in the designated centre are scheduled to attend in line with the organisational training calendar.
3. Personal Plans will be reviewed for all children to ensure they are in line with the Personal Planning Policy once in place.

Proposed Timescale: 30/06/2016

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 up to date.

12. 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:

As of 18th December 2015, all children currently attending the designated centre have a completed up to date personal plan. Each keyworker is responsible for updating the personal plan in line with changing need as required.

Proposed Timescale: 18/12/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include 26(1) (d) arrangements for learning from serious incidents or adverse events involving residents.

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:

1. The quality safety, risk management policy has been revised in line with regulation 26 (1) d to reflect the arrangements in place for the identification recording and investigation of and learning from serious incidents or adverse events involving residents. The Interim CEO will forward to the Board of Directors for approval on 4th

April 2016.

2. The Serious Incidents and Adverse Events Policy and Framework has also been revised to include further guidance to staff in relation to the identification, recording, reporting, investigation and review of serious incidents and adverse events. This revision also includes an internal notification structure and more comprehensive review process to enhance organisational learning and decision making ability. The Interim CEO will forward to the Board of Directors for approval on 4th April 2016.

Proposed Timescale: 04/04/2016

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.

14. 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:

1. Two staff have been identified as requiring participation in a fire drill, they are only rostered to work with staff who have completed fire drills. Two dates have been identified to schedule staff to participate in a fire drill in the centre on 18th March 2016 and 26th March 2016.
2. One child had not participated in a fire drill at the time of inspection. As of 13th March 2016, this child has participated in a fire drill and their Personal Emergency Evacuation Plan (PEEP) has been revised to reflect information obtained from this drill and the support required in order to ensure safe evacuation.

Proposed Timescale: 26/03/2016

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.

15. 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:

The staff member requiring fire training is scheduled to attend training on 16th March

2016.

Proposed Timescale: 16/03/2016

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 the knowledge or skills to respond to behaviour that challenges.

16. 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. Six staff attended refresher training in behaviour management techniques on 10th December 2016.
2. As of 30th January 2016, booking forms have been submitted to the training co-ordinator for staff to attend behaviour management refresher, in line with the organisational training calendar.
 - 72% of staff have completed the refresher course to date.
 - 88% of staff will have completed the refresher course by the end of May 2016.
 - 100% of staff will have completed the refresher course by the end of November 2016.
3. The Children's Services Manager and Behaviour Support Specialist review incident report forms on a fortnightly basis. Following review, the relevant keyworker is informed of any updates, recommendations, and / or changes to support plans. As of 30th January 2016, the Behaviour Support Specialist will provide support and guidance to the keyworker in the management of behaviour that challenges.
4. The Incident report form reviews will be discussed at staff meetings to support staff learning and to develop their knowledge and skills to manage behaviours that challenge. This will be recorded in staff meeting minutes.
5. The Children's Services Manager and Deputy Children's Services Manager will monitor the implementation of children's behaviour support plans through conducting and recording informal observations of staff supporting children to manage their behaviour at intermittent periods throughout the week.
6. The Children's Services Manager will address deficits in the implementation of children's behaviour support plans through discussion with staff, supervision and revision of the training needs analysis for the designated centre, on a monthly basis.
7. The QCT team will ensure the provider audit will review the above points 1-6 through the 6 monthly and annual provider audits process.

Proposed Timescale: 30/10/2016

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 trained in the management of behaviour that challenges.

17. 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:

1. Six staff attended refresher training in behaviour management techniques on 10th December 2016.
2. As of 30th January 2016, booking forms have been submitted to the training co-ordinator for all remaining staff to attend behaviour management refresher courses, in line with the organisational training calendar, which includes de-escalation and intervention techniques.
 - 72% of staff have completed the refresher course to date.
 - 88% of staff will have completed the refresher course by the end of May 2016.
 - 100% of staff will have completed the refresher course by the end of November 2016.

Proposed Timescale: 30/10/2016

Theme: Safe Services

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

Not all staff had received training in the provision of intimate care needs.

18. 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:

All remaining staff are organised to attend training in the provision of intimate care needs in line with the organisational training calendar in place (7 staff in May, 4 staff in June, 3 staff in July).

Proposed Timescale: 30/07/2016

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 three day notifications were reported in a timely manner.

19. Action Required:

Under Regulation 31 (1) (g) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation of misconduct by the registered provider or by staff.

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

1. As of 8th February 2016, the organisation has amended the in house notification protocol to ensure that persons in charge submit all required notifications to the regulator in line with specified timeframes.
2. As of 8th February 2016, a notification log has been developed for the organisation in order for the Person in Charge, Provider Nominee, Human Resource Department and Quality, Compliance and Training team to monitor notifications submitted and ensure timely follow-up reports as required.
 - Children's Services Manager/ Deputy Children's Service Manager submits notification to the Chief Inspector within 3 working days.
 - Children Servicers Manager inputs data on the organisational notification log on same day as notification is submitted to the Authority.
 - Children Services Manager/Deputy Children's Services Manager notifies QCT/ Human Resource/Provider Nominee by email.
 - Children's Services Manager/Deputy Children's Services Manager are responsible for submitting 20 day follow up where required.
 - If an incident occurs during the course of a weekend where both the Children's Services Manager /Deputy Children's Service Manager are unavailable , staff are to notify the Provider Nominee who will ensure that notification is submitted on the Monday.
3. The submission of notifications to the regulator will be audited by the Quality, Compliance and Training team on a quarterly basis. If it is identified that notifications are not submitted in a timely manner, this will be addressed with the Children's Services Manager of the designated centre and the internal notification protocol will be revised if required.
4. The organisation will register an account on the provider portal for the designated centre for the submission of notifications. A number of users will be identified and provided with access in line with regulatory guidance to ensure 3 day notifications are submitted in a timely manner. The users will include : Childrens Services Manager, Deputy Childrens Services Manager, Provider Nominee, QCT representative, HR representative.

Proposed Timescale: 30/05/2016

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 meet the requirements of schedule 1.

20. 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 amended to reflect the requirements of Schedule 1 of the regulations. This review will include relevant information pertaining to the types of care provided in the centre and an up to date floor plan.

Proposed Timescale: 16/03/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The person in charge was full time but only contracted until January 2016.

21. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

1. The Registered Provider approached two other intellectual disability service providers in order to identify a suitable candidate for secondment. Both organisations indicated that they were unable to facilitate this request by 25th March 2016.
2. Recruitment agencies were contacted in order to identify a suitable candidate for the post. The agencies indicated on 9th March 2016 that they did not have suitable candidates for interview with the required qualifications, skills and experience for the post.
3. As of 11th March 2016, the post is being advertised externally in order to ensure the appointment of a Children's Services Manager with the appropriate qualifications, skills, and experience to manage the designated centre. Closing date for applications is 18th March 2016 with an interview date scheduled for 25th March 2016.
4. The current Children's Services Manager will remain in place until a suitable candidate is identified and in post. Appropriate notifications will be submitted to the regulator. This will occur in line with regulatory requirements and to ensure that progress is maintained and continues towards compliance in the designated centre.

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 still being developed

22. 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. The organisation acknowledges that some management systems are still under development. The Senior Management Team have scheduled a date to agree a process for policy development and review within St. Catherine's Association. This will ensure that policy owners are clearly identified and that policies are reviewed in line with agreed timeframes going forward.
2. The Deputy Children's Services Manager is receiving additional training in supervision. The Children's Services Manager and their Deputy will develop a schedule of supervision for 2016 to ensure that all staff are appropriately supervised within the centre in line with the organisation's policy.
3. The Children's Services Manager has completed some Performance Management Training. Additional training to be completed by end March 2016 in relation to key performance areas for frontline staff.
4. The Children's Services Manager will commence roll out of the performance management process in the designated centre with support from the Human Resources Department by end April 2016.
5. As of January 2016, the organisation has developed a comprehensive and robust internal audit structure which takes into account the effectiveness of management structures and systems in ensuring quality and safety of care in the centre.
6. An organisational action plan will be developed by the Quality Compliance and Training department for the Senior Management Team to ensure oversight, organisational learning, and actions agreed.
7. The risk register in the centre has been reviewed to include identified gaps in order to ensure risk can be effectively controlled in the centre. A review of the locations Health and Safety Statement and associated risk assessments was completed in February 2016.
8. The association is currently progressing towards a merger with a two other organisations in the second quarter of this year. As part of the group structure, the organisation will commence the development of 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.
9. Internal audits conducted by the Children's Services Manager and their Deputy were introduced in November 2015. Upon review by the Children's Services Manager, the frequency of these audits have been reduced in line with developments and improvements in the implementation of systems. These audits will continue at a local

level to ensure continued monitoring and maintenance of these developments.

Proposed Timescale: 30/04/2016

Theme: Leadership, Governance and Management

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

There were no job descriptions for the person in charge, the deputy or the care staff.

23. 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:

1. The job description for Children's Services Manager is on file as of 10th March 2016.
2. The Human Resource Department will develop a job description for the Deputy Children's Services Manager and put it on their personnel file.
3. The Human Resource Department will store job descriptions for social care workers on their personnel file by 30th March 2016.
4. Job descriptions will be circulated to the Children's Services Manager, Deputy Children's Services Manager and care staff to ensure everyone is clear on their roles and responsibilities within the designated centre.

Proposed Timescale: 29/04/2016

Theme: Leadership, Governance and Management

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

The annual review did not consult with residents and their representatives.

24. 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:

1. All resident's questionnaire was submitted to residents and their representatives in relation to the quality and safety of care in September 2015 and report drafted in relation to same.
2. Going forward, all annual reviews of the designated centre will include consultation with residents and their representatives through a number of formats including questionnaires, phone calls, and interviews. This consultation will be reflected in the annual report on the quality and safety of care in the designated centre.

Proposed Timescale: 30/10/2016

Theme: Leadership, Governance and Management

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

It was not clear that a copy of the annual review was made available to residents or their representatives.

25. Action Required:

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

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

1. All families were notified on 28th August 2015 that provider reports were available to residents and their representatives by asking any member of staff in the designated centre.
2. A copy of the annual review of the quality and safety of care in the designated centre will be circulated to families by 18th March 2016.
3. The Children's Services Manager will ensure keyworkers discuss content of the annual review with children attending the designated centre as an agenda item on children's meetings.

Proposed Timescale: 30/04/2016

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 performance manage the team.

26. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

1. The Children's Services Manager will receive an additional training session in performance management to include identifying key performance areas for staff, policy and documentation review.
2. The Children's Services Manager will commence roll out of the performance management process in the designated centre with support from the Human Resources Department.

Proposed Timescale: 30/04/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The lease for the premises expired in April 2016.

27. Action Required:

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

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

The provider has negotiated a long term (five year) lease and the landlord has confirmed agreement with same. This lease will be signed in line with renewal date of April 2016.

Proposed Timescale: 30/04/2016

Outcome 17: Workforce

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 the information required under Schedule 2 of the regulations.

28. 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 Children's Services Manager has liaised with the Human Resource (HR) Department to identify outstanding documentation required for staff files (22/01/16, 16/02/16, 8/03/16).

The HR Department have prioritised Schedule 2 information for the designated centre and this will be completed by 25th March 2016.

Proposed Timescale: 25/03/2016

Theme: Responsive Workforce

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

Only half of the team had a qualification in social care.

29. 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. The registered provider will ensure that all staff hired in future for the designated centre have a qualification in social care.
2. The Children's Services Manager ensures that the roster is developed to include at least two qualified members of staff on duty each day.

Proposed Timescale: 29/02/2016

Theme: Responsive Workforce

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

Supervision was in the early stages of roll out and recording of supervision required improvement.

30. Action Required:

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

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

1. The Deputy Children's Services Manager is scheduled to attend further training in supervision on 15th March 2016.
2. The Children's Services Manager and their Deputy will develop a schedule of supervision for 2016 to ensure that all staff are appropriately supervised within the centre in line with the organisation's policy.
3. The supervision policy was amended on 10th March 2016 to include a more comprehensive template which facilitates improved recording and documentation of SMART goals.

Proposed Timescale: 30/03/2016

Theme: Responsive Workforce

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

Not all staff had received core training.

The training needs analysis had not taken account of all of the needs of the children and the staff who had no qualification in social care.

31. 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. The Children's Services Manager will revise the training needs analysis to reflect the assessed needs of children in the centre and qualifications of staff.
2. Training has been booked for staff to ensure all staff have core training. These include staff scheduled to attend outstanding training in line with the organisational training calendar: Emergency Medication Training (5 Staff by 31 May 2016), Medication Management (1 Staff by 30 April 2016), HACCP (5 Staff by 31 May 2016), First Aid (4 Staff by 30 March 2016).

Proposed Timescale: 31/05/2016

Theme: Responsive Workforce

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

The numbers of staff on the roster continued to impact on the continuity of care provided to the children attending for respite.

32. 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:

1. The core team was identified for the designated centre as of 30th November 2015, to ensure continuity of care in line with the assessed needs of the children availing of Residential and Respite services on site.

The process involves:

- The Children's Services Manager identifying from the core team, which staff will support each child for their planned stay based on each child's support needs and the skill mix of the staff.
 - The Children's Services Manager planning the roster to ensure that the identified staff are rostered to support each child's stay
2. The planned v's actual roster will be audited on a quarterly basis by the Children's Service Manager to review the continuity of care and address any concerns with the continuity of care at local level and notify concerns the Provider Nominee and HR Department where concerns cannot be resolved.
 3. The organisation has advertised for relief social care worker positions as of 11th March 2016. This recruitment process is being undertaken in order to identify suitable

candidates with increased availability to reduce the numbers of relief staff currently on the roster, thus improving the continuity of care provided to children in the designated centre.

Proposed Timescale: 30/06/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The admissions and discharge policy did not reflect the revised admissions procedure.

The risk management policy did not include arrangements for learning from serious incidents or adverse events involving residents.

Access to records for parents and children needed to be clearer.

33. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

1. The admissions and discharge policy is currently being amended to encompass the revised procedures and protocols relating to admission to the designated centre.

2. The quality safety, risk management policy has been revised in line with regulation 26 (1) d to reflect the arrangements in place for the identification recording and investigation of and learning from serious incidents or adverse events involving residents.

- The Interim CEO will forward to the Board of Directors for approval on 4th April 2016.
- The quality safety, risk management policy will be communicated to all staff by the end of May.

- The quality safety, risk management policy will be implemented in the designated centre in June 2016.

- The QCT team will audit the implementation & staff compliance with the policy in the designated centre in September 2016. Any identified deficits will be addressed through team meetings/ individual sessions with support from QCT.

3. The organisation acknowledge that children and their representatives have a right to access their records which will be managed in line with the appropriate Freedom of Information and Data Protection legislation. The communication and information policy will be revised to reflect these arrangements. Children and their representatives will be informed of the revised policy once complete.

