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A designated centre for people with disabilities operated by St Catherine's Association Limited, Wicklow

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**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-0003409
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Kate Killeen
Lead inspector:	Orla Murphy
Support inspector(s):	Ann Delany
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 December 2014 09:30 To: 11 December 2014 19:00

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

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

Summary of findings from this inspection

This was the third inspection of the centre by the Authority. The inspection was announced and was carried out by two inspectors over one day. The purpose of the inspection was to follow up on the actions outlined in the report of the previous inspection which took place on 07 August 2014 as two previous inspections of the centre had identified significant deficits.. At that time an unusual step was taken by the Authority when an immediate action plan was issued due to significant risks with medication management and risks regarding the premises. In addition, there were 27 other regulatory non compliances. Inspectors found that while the provider had begun to address almost all of these actions, further improvements were required.

The centre, which was located in a rural area close to a town, comprised of a bungalow set in its own grounds. The perimeter of the centre was secure and there was a large garden and a play area for the children. Accommodation was available for three children, however due to the children's needs only two children were cared for in the centre at the time of this inspection.

Since the last inspection governance structures had been significantly improved. A new Board had been appointed with a new Chair, and a new senior management team had been put in place in October 2014. There was evidence that more robust management systems were being established and implemented including policies and procedures, medication, a staff training programme, fire safety systems, risk

management systems and some quality assurance mechanisms. A residents' rights committee had also been established. Fire safety measures were improved and significant environmental risks had been mitigated against. New assessment and personal planning frameworks had been put in place and restrictive practices had decreased overall. Core training had been provided to staff and several unqualified staff had been supported to undertake studies to achieve qualifications in social care.

As part of the inspection, the inspectors met with the person in charge and four staff members. Inspectors also met three members of the senior management team and feedback was provided to the person in charge at the end of the inspection. The inspectors met the two children who were resident in the centre and observed their interaction with staff. Inspectors reviewed a number of the children's files, policies and procedures, staff files and other records in the centre.

Inspectors found that a number of areas still required improvement. The purpose and function of the centre did not adequately describe the children it catered for, or the skills and qualifications required to meet the complex needs of children. Assessments and personal plans were fragmented and not undertaken or informed by a multi disciplinary team. An annual review of the quality and safety of care and support had not been carried out and an unannounced visit to assess the quality and safety of care in the centre did not assess an adequate number of areas. Some restrictive practices were not being recorded and reviewed. The core (permanent) staff group had been depleted due to long term leave, and consequently there was an over reliance on relief staff. Staff did not receive formal supervision and staff were not provided with sufficient training and development to ensure they had the appropriate knowledge and skills to meet complex needs. Recruitment practices were not robust and further improvements were also required in the areas of risk management, fire safety, quality assurance, and staff training.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

A system was in place to provide assessments of need for both children residing in the centre. However, there was no one comprehensive assessment of need for each child, and the children's social care, cultural and educational needs were not adequately considered by the assessments in place or informed by a multi disciplinary team.

Assessments were fragmented and not adequately co-ordinated. Inspectors found through interviews and a review of records that the core staff knew both children well, and this meant that they could effectively deliver personal care and meet many of their daily needs. However, their understanding of and training in meeting complex needs was limited. Inspectors found that while the multi disciplinary input into the children's care had improved, it remained in need of much greater co-ordination to ensure one complete assessment informed the personal plan for each child.

Inspectors reviewed assessments for both children and found that while staff had completed an assessment of need for both children, this was based solely on their own knowledge of them and not on any multi disciplinary assessment. Inspectors also found that staff were not trained to undertake assessments. Additional, separate assessments of behaviour, speech and language and occupational therapy needs had been completed by various professionals involved with the children, and were also examined by inspectors. Inspectors found that while multi disciplinary involvement for both children had improved, much greater co-ordination of this was needed by the staff team. The result was that there were fragmented assessments in place that did not encompass all of the children's needs. While fragmented assessments of need were in place, there was a significant risk that needs would remain unmet, and not all

appropriate supports would be put in place to meet the children's needs. At the time of the last inspection, both children required a number of appointments with and referrals to health care professionals. Inspectors found from a review of records that the acting centre manager had ensured that many of these appointments were followed through, and that others were in progress.

Dependency levels of children were not formally assessed. The children had been determined informally by the staff team as requiring a minimum of one-to-one staffing levels during the day, with additional staffing for specific activities. The acting centre manager informed inspectors that dependency levels were determined from the staff knowledge of the support required for both children to meet their needs. However, no tool was used to determine their dependency needs. The team had determined that 1.5 staff was needed to support each child at most times during the morning, evening and at weekends. Inspectors found from a review of the staff roster that three-to-two staffing was provided at times where the children were in the centre. This support allowed the children to engage in activities inside and outside the centre and to access the community and receive the intensive support they needed.

Personal plans did not encapsulate the children's various assessments fully, or reflect all of the identified needs of the children in the one plan to ensure it was comprehensive, implemented consistently and reviewed effectively by the multi disciplinary team. Planning was fragmented, and the involvement of families was inadequate. Inspectors examined the personal plans put in place for both children. The plans reflected input from the staff team, a behaviour support therapist and input from one parent. However, separate goals which were identified in assessments by other disciplines such as speech therapy and occupational therapy, were not included in the personal plan. Inspectors found that not all goals were adequately described and a number of goals existed in different formats. This meant that goals may compete, and this may impede on the progress of key areas for children. Inspectors found that the cultural and educational needs of both children were not adequately planned for or considered. In addition, there were separate plans in place for intimate care needs and behaviour support. There was no evidence that families had been provided with copies of the plans and the views of family members were not sufficiently represented in the personal plans seen by inspectors. Overall, this represented fragmented planning for children and meant that there was no co-ordinated planning to ensure that key goals were prioritised, and were not competing with each other. The acting centre manager was the person identified to ensure actions from the plan were implemented and inspectors found that some actions were in progress. There had been one review to date of the plans, and the acting centre manager informed inspectors that plans were due to be reviewed further following the inspection, and that the multi disciplinary team was responsible for the ongoing development, implementation and review of both plans. One child was in the care of the Child and Family Agency, and had a statutory care plan in place that was up to date. The acting centre manager confirmed that the centre staff team had been involved in statutory reviews for this child, and most goals from the care plan related to the development and maintenance of the long term placement for this child in the centre.

Transitions to the centre for both children were managed well and systems were in place to support effective transitions for children. Both children had moved to the centre

six months prior to this inspection from another centre in the organisation, and there had been no discharges from the centre in this time. The staff team working with both children had also moved with them to support them in their new home. Given the complex needs of both children, the familiarity of the staff team available to them had provided consistency for both children in their placements.

Staff supported children to be as independent as their needs allowed in various aspects of their lives. Both children were not yet of an age where they would be transitioning to adult services. However, inspectors observed staff supporting the children to make choices about activities, food and how they spent their time. One child was observed being supported by staff to make a snack on his/her return from school. Records examined by inspectors showed that the children were provided with guidance from staff to carry out some tasks with as much autonomy as possible, considering their complex needs.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

There were some systems in place to promote and protect the health and safety of children, staff and visitors in the centre. Improvements had been made in the areas of infection control, risk management and fire safety but further improvements were required in these areas.

Risk management practices were not sufficiently robust. The risk management policy had been reviewed. It set out the risk management framework, and the roles and responsibilities of managers and staff. However, not all procedures were adequately described or fully implemented. Inspectors found that the risk management policy referred to the risks specified in the Regulations but did not set out the controls in place to manage those risks. Inspectors noted that controls to manage some risks were recorded elsewhere, such as in action plans from risk assessments, and on the centre's risk register. A risk register had been developed by managers in the service that was specific to the centre. However, inspectors found that the procedure was not adhered to and not all risks were adequately identified or assessed. Risks that were recorded on the register were assessed and rated. The centre risk register was examined by inspectors and found to contain ten identified risks to both children and staff. However,

the majority of these risks were rated at less than the threshold of 12 that the policy required in order to be placed on the risk register. Other risks, for example unqualified staff, absence of professional development to meet the needs of the children were unidentified or unassessed.

Inspectors found that the majority of risks contained within the centre risk register had adequate controls in place. The acting centre manager demonstrated an understanding of the risk escalation process to inspectors during interview. All risks on the risk register were notified to the quality, compliance and training manager in the service, and the centre risk register informed the overall organisational risk register as required by the procedure. At the time of the previous inspection two significant environmental hazards had been identified by inspectors, and these had been assessed and fully attended to by the provider immediately following that inspection. Inspectors found that formal risk assessments had been carried out on the environment by the acting centre manager and auxiliary manager since that time, and these were also in the process of being reviewed at the time of this inspection. Inspectors examined these assessments and found that they were adequate, and that identified actions had been carried out to reduce or eliminate any risks identified.

There was a process for the reporting of incidents in the centre. However, inspectors found that at the time of this inspection, oversight in relation to these incidents and untoward events was not robust enough. Both children had complex needs and frequently displayed behaviour that challenged the staff team. Incidents of behaviour that challenged the staff team and event notifications were reported into the external line manager of the centre. The acting centre manager advised that these incidents were currently reviewed weekly by the behaviour support therapist and acting centre manager and actions identified were communicated to keyworkers and the staff team. However, some records of incidents examined by inspectors were not fully signed off by internal or external managers. Inspectors found that given the complex behavioural needs of both children, the formal oversight by managers was not sufficiently robust.

Inspectors found there were systems in place to control the risk of infection. However, some improvements were needed. Inspectors found that the centre was clean and well maintained, and staff were observed carrying out a cleaning schedule during the inspection. The centre had bins in place for the disposal of clinical waste, but no clinical waste was produced, and inspectors found that this was an ineffective use of resources. There were sufficient hand washing facilities in the centre, and inspectors found that there was a colour coded system for the use of cleaning equipment. However, the storage of some equipment was not optimum.

Fire safety practices had improved in the centre and the monitoring of fire safety was more robust. However, some improvements were still needed. Staff interviewed by inspectors were better informed about fire safety, and regular checks were carried out on equipment. Inspectors found from an examination of records and interviews that the staff team had attended fire safety training and had also begun to test equipment, exits and evacuation procedures regularly since the last inspection. Records were also maintained of tests of equipment, lighting and detectors, which were periodically carried out by an external contractor. However, furnishings in the centre had not been treated to render them fire retardant. A fire safety risk assessment was in place, but inspectors

found that this had not identified the impact of having non-fire retardant furnishings in the centre. Records reflected that staff had carried out four fire drills since the last inspection and that equipment and exits were visually tested on a weekly basis. The systems in place to help children to understand fire safety procedures were good. Both children used a communication tool called social stories to support them to understand events and situations. This social story was available in the centre in an accessible format for the children. Inspectors were cognisant of the fact that the needs of both children meant that events outside of their routines, such as evacuations, may impact negatively on them. However, both children had not experienced the evacuation procedure in recent months to ensure that they have some understanding in the event of a real evacuation and this was not adequate.

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 measures in place to safeguard and protect children from harm in the centre. However, the reporting of alleged abuse was not sufficiently timely. The centre had policies, practices and training in place to support safe practices and protect children and inspectors found that the managers of the service had reviewed incidents to determine if practices had complied with national guidance. Inspectors found that the centre had a child protection policy document that was in line with Children First: National Guidelines for the Protection and Welfare of Children (2011) and was specific to the organisation. The policy set out the roles and responsibilities of staff and the designated liaison person, who was the director of nursing. It also outlined the signs and symptoms of abuse and neglect, safeguarding measures such as those involved in the recruitment and supervision of staff, and the procedures to be followed in the event of a suspicion of or allegation of child abuse. However, the policy was not up to date as it referenced the role of the Health Service Executive as the statutory agency instead of the Child and Family Agency. All staff who were interviewed could identify who the designated liaison person was within the organisation, and had good awareness of this

role. Staff were knowledgeable about the indicators and identification of abuse and how they would respond if they witnessed or suspected abuse in the centre. All staff had received training in Children First (2011) in the year prior to this inspection. One concern was reported to the Child and Family Agency in line with national guidance following a retrospective review of events by the newly appointed senior management team. This concern was also notified to the Authority at that time. Inspectors found that safeguarding action had been taken in the centre to protect children and staff at the time of these reports.

Children were provided with some tools to support communication around their needs and safety, such as a communication book, staff support, and intimate care plans. However, both children had complex needs and a limited ability to protect themselves. Staff demonstrated a good awareness of the vulnerability of both children, and were cognisant of the need to protect them. Both children living in the centre had limited capacity to protect themselves due to the nature of their disability. Both children's understanding and ability to communicate if they felt unsafe was affected by their individual needs and their ability to express themselves, and was further impacted by their complex needs. This was a barrier to self protection for the children, and they were reliant on their families and staff to identify if they were unsafe. Staff accompanied children at all times, in the community and at home and both children required significant staff supervision. Inspectors found that this was provided. There were synopsis books in place for the children which described what their gestures, phrases and behaviour meant, and how staff should respond. Inspectors found that this was an effective tool to help staff support the children to communicate their feelings.

Children's personal care was well attended to and supported by the staff team. There was a new organisational policy in place for the provision of intimate and personal care. Individual intimate care plans were in place for both children and these detailed the support that staff needed to provide for each child when attending to their personal care. Inspectors found that these plans provided guidance to staff in supporting the children on a daily basis. Daily logs examined by inspectors discreetly reflected the personal care provided to the children. Inspectors observed staff supporting children effectively and attending to their care needs during the inspection.

Behaviour support plans were in place for both children, and a policy regarding positive behaviour support was implemented. Inspectors found there were improvements in the support in place, and in outcomes achieved for children in the centre. Inspectors found that behaviour support plans were of a good quality and sufficiently detailed to support staff in implementing interventions consistently and in supporting children to manage their behaviour in a positive way. However, different interventions were used in the centre and in school which meant there may be inconsistent practice. Inspectors found from an examination of staff files that staff had received training in the agreed model of behaviour support for the centre. Both children's behaviour support plans outlined the behaviour they engaged in and the planned responses to that behaviour. Reward systems were in place and the children exercised choices and control around their routines and activities to support them to have more positive experiences. Inspectors also found that while efforts had been made to identify underlying causes to the children's behaviour, both children still displayed complex behaviour that challenged at times. Child mental health supports had been identified and accessed for one child, and

inspectors found that this was progressing at the time of the inspection. Inspectors found evidence of reviews of behaviour support plans by a behavioural support specialist and the team, and there was evidence of the introduction of different responses where interventions were ineffective. The person in charge and behaviour support specialist met with keyworkers to ensure identified actions from reviews of incidents were also implemented. This had some positive impact for both children but there were still times when their behaviour continued to significantly challenge the team and interventions were ineffective. Due to the complex needs and behaviour exhibited by the children, inspectors found that the staff team was in need of more specialised training to respond to complex needs that challenged in this centre. One child had achieved significantly improved outcomes in relation to their behaviour on occasion, and this had resulted in increased access to the community and in more activities being accessible to them. Inspectors noted from a review of records and in interviews that some interventions that had ceased in the centre such as the use of a specific restrictive practice, was still in use in school for one child, which meant that interventions with that child were not fully consistent.

The centre had a policy on restrictive practices and this was implemented. The policy set out the organisation's conditions for the use of restrictive practices, and the reporting arrangements for such interventions. However, it required amendment as it described a role (director of services) that was no longer in place in the organisation. The practice of seclusion had ceased and the centre's policy reflected that seclusion was not to be used. However, there were some periods of increase in physical interventions and some restrictive practices were still not recorded appropriately. The policy did outline that the least restrictive interventions should be used with children, and that all restrictions must be reported. A log of restrictive practices was maintained within the centre and this was examined by inspectors. Inspectors found that overall, the number of restrictive practices, such as physical interventions and time outs had decreased significantly within the centre in recent months. However, inspectors found that there had been a moderate increase in physical interventions with one child in the weeks prior to this inspection, with the highest number being 19 physical interventions carried out in one week. Inspectors found that while there were some weeks with no restrictive interventions for this child, there were other weeks where this was not the case. The number of physical interventions was high at times. The acting centre manager was cognisant of this, and told inspectors that while interventions and multi disciplinary input had proved more effective for this child, there were still occasions where the child's behaviour was unsafe and self injurious which had necessitated an increase in physical interventions to keep the child safe. The acting centre manager stated that these practices and incidents were reviewed weekly by themselves and the behaviour support specialist and the external line manager. These reviews reportedly considered the type, length and validity of the intervention, and whether the least restrictive intervention was used. However, inspectors did not see records of reviews or identify sustained reductions in some interventions as a result of these reviews. Inspectors found that even though there had been improvements in some respects, there remained a high number of interventions in place which indicated that the supports in place were not fully effective

During the inspection, inspectors identified that an item of restrictive clothing was used to allow a child to access the community safely and effectively. This restriction was not recorded in the log examined. While records reflected that the practice had yielded

positive results such as a significant increase in community activities and engagement for the child, the use of any restrictions should have been subject to recording and review, to ensure it was used appropriately and for the least duration possible.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The management of medication had improved since the last inspection, and systems and procedures in place ensured that children were protected. There was a service wide policy for the management, prescribing, storage and administration of medication implemented in the centre, which was examined by inspectors and found to comply with regulations. The policy identified that only staff who had completed safe administration of medication training and a competency assessment could administer medication. An immediate action plan had been issued by the Authority regarding untrained staff administering medication at the time of the last inspection, and this had been addressed by the provider. Inspectors found through a review of training records that staff had been trained and assessed in the safe administration of medication since the last inspection. Inspectors also found that staff had received specific training in the administration of emergency medications, such as those to treat prolonged seizures. The director of nursing had oversight of medication administration across the service and when interviewed by inspectors s/he stated that staff would receive refresher training in safe administration of medicines every two years and when required.

Secure storage was provided for all medication in the centre and inspectors observed that medication was stored in a locked medication cabinet. Keys were securely held in the centre. The contents of the cabinet were examined by inspectors and the medication was found to be appropriately labelled and in date. There were no controlled drugs in the centre at the time of this inspection. There were appropriate procedures in place for the return of unused and out of date medicines.

Both children had an individual medication plan in place. Inspectors found that these plans included the prescription and administration sheets which had been completed appropriately. The prescription and administration sheets recorded the name and date of birth of the child, and contained a photo of each child to identify them. Inspectors found that the prescribing general practitioner (GP) was named on the prescription

sheet and had signed all prescriptions. The route of administration of medication was recorded on each child's prescription sheets. Inspectors also found that the maximum dosage of "as required" (PRN) medication was not recorded in the case of one medicine, but guidance was in place to administer a dosage "by age".

There were systems in place to monitor the safety of the management of medication in the centre. The director of nursing informed inspectors that six weekly audits were carried out in the centre. These identified any trends or practice of concern, and that additional training and guidance was provided to staff when required or requested. Inspectors examined two previous audits carried out in the centre and these identified errors in relation to incorrect dosages or coding of medicines recorded and some gaps in signatures for administration. Staff completed medication error forms, and these were overseen by the acting centre manager and director of nursing with actions taken to address deficits. For example, two error reports identified that staff had incorrectly documented medication administration, and further training was provided to staff to address this.

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 statement of purpose for the centre had been reviewed since the previous inspection and improvements had been made. However, it still did not contain all of the information required by regulations, or adequately reflect the needs of the children living there.

The statement of purpose did not fully comply with the information described in the regulations. The statement of purpose examined by inspectors had been reviewed and progressed. It reflected that the centre accommodated children only and described the ethos of the centre, the model of care, and the facilities and services available in the centre. The facilities, the building, activities available, care arrangements and key relevant policies and procedures of the centre were also described. However, information regarding complaints contact details, forms of and frequency of consultation and specific room sizes were not sufficiently described. In addition, the organisational

structure was not completed in the statement of purpose document.

The statement of purpose did not adequately describe the complexity of the needs of the children accommodated in the centre or the staff skills and development necessary to meet these needs. As a result, the statement did not reflect practices in the centre. The statement described that the centre could accommodate children with or without behaviour that challenged, who had an intellectual disability and/or who had an autism spectrum disorder. However, inspectors found that this description was too broad and did not reflect the diverse and complex needs and behaviour of children living there. Inspectors found that the staff team were committed to supporting the children, but their skills and knowledge had not been developed to meet the requirements of children with such diverse needs. The supports and skills necessary for staff were also not adequately described in the statement. Inspectors found that the staff interviewed during this inspection were broadly aware of the purpose of the service and the children it catered for.

The statement was not available in a format accessible to children. Inspectors found that the version in place was written in plain English, and was accessible to families and external stakeholders, but not in a format that the children in the centre could understand. The acting social care leader informed inspectors that a children's version of the statement had been drafted, but was not yet in place.

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:

Improved management and governance structures had been put in place since the previous inspection, and the provider set out a plan of action designed to ensure that the centre was in compliance with the Regulations. However, further improvement was required to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored.

There was a clearly defined management structure in place which identified lines of authority and accountability within the centre and in the wider organisation. A new board of directors was appointed in September 2014 and a schedule of monthly board meetings was agreed. New management roles were also appointed. These included a new acting C.E.O., a children's services manager and a manager of quality, compliance and training. The acting C.E.O reported to the Board. The centre manager was the person in charge but at the time of the inspection s/he had been on long term leave and an acting social care leader had been appointed as centre manager in their absence. They had been managing the centre on a day-to-day basis for five weeks prior to the inspection. Staff in the centre reported to the acting centre manager. At the time of inspection the person in charge reported to the children's services manager, who reported to the acting C.E.O. In November 2014, the acting C.E.O and Chair of Board formally reported to the Authority setting out the structural changes in the organisation, and the initial measures taken to bring the centre into compliance with the Regulations.

There was improved oversight and input into the management of the centre by senior managers. Inspectors found that the acting centre manager and managers from other centres met with the children's services manager weekly to examine policy, practice issues, significant events and operational issues in the centres. The minutes of these meetings were examined by inspectors and a small number of issues relating to this centre were discussed at that forum. Inspectors found that the minutes were unclear and did not always identify issues relating to the centre or who was responsible. Examples of some of the areas discussed included staff leave, training requirements, resource allocation, risk registers, and new policies/procedures. However, the minutes reflected that direction was provided by the children's services manager to centre managers regarding practice, policy and staffing issues in the centres. Inspectors also found that additional managers were in place in the wider organisation to manage functions such as staff training and quality, nursing care, and health and safety.

Improved management systems were in place in the centre. However, not all aspects of these were fully developed or implemented, and additional supports were needed to ensure implementation was effective. A number of new and revised policies had been introduced in the centre since the last inspection. These included policies regarding restrictive practices, risk management, child protection and welfare, complaints, and children's finances. Inspectors found that staff had some awareness of these policies and the acting centre manager had introduced policies for discussion at team meetings. However, given the number of new policies being introduced, the lack of formal supervision and that a number of staff were only in the process of undertaking formal qualifications in the field, it was imperative that supports such as training be provided to staff to ensure policies such as personal planning and restrictive practices were fully understood and implemented.

Senior managers had developed formal systems to communicate with staff through regular meetings and a developed intranet with access to policies and procedures. Inspectors found that there was some good leadership and decision making by managers in relation to the centre, and decisions were communicated through management and staff meetings, memo's and internal communication tools. Staff meeting minutes reflected that new systems and practices such as risk management

procedures and outcomes from audits were shared with staff and agreed actions put in place. Briefings had been provided for staff to support the implementation of the risk management policy. Practice issues were also examined by the acting centre manager in staff meetings, and in depth support discussions were had regarding the children and their needs and activities of daily living. The acting centre manager had managed staff resources to plan the roster effectively with an identified shift leader in place at all times. Inspectors examined management meeting minutes where resources were discussed and prioritised. Outstanding training for staff had been sourced and provided, and efforts had been made to begin the development of assessments and plans for children. Improved systems were also in place for risk management and behaviour support. However further development and improvements were needed across several areas as outlined in other areas of this report.

The person in charge of the centre provided good leadership to staff, was suitably qualified, and was knowledgeable regarding their statutory responsibilities in their role. However, aspects of the role such as staff supervision had not progressed sufficiently since the last inspection. Inspectors interviewed the acting centre manager and found he/she had a good understanding of the regulations, and of the findings and actions from previous inspection reports. The centre roster reflected that they were involved in the day to day operational management of the centre on a full time basis and they told inspectors that they were well supported by the children's services manager and the senior management team. They had implemented some actions from the previous inspections and were in the process of implementing others. The issues in relation to the system of performance appraisal remained as it was not informed by regular supervision, and this continued to diminish its value.

The monitoring of the service to ensure practices were safe and appropriate to the children's needs had commenced. However, further development and improvements were needed. Inspectors found through interviews and an examination of records that there was formal oversight by the acting centre manager of care files, risk management, and practices in the centre which meant they had begun to assess the safety and quality of care. In addition there were two audits of medication management. However, some initiatives described in the action plans from the previous inspections, such as the establishment of the risk management committee and a continuing professional development programme were not yet in place. Inspectors found that this staff team had not been adequately developed to meet the complex needs of the children in the centre and this was an aspect of the service that had not been identified and addressed by senior managers. One six monthly visit to review the quality and safety of care in the centre had been undertaken by the provider as required by the regulations. However, this visit had only focussed on a small number of standards. This meant that it would take a number of years to ensure all standards were assessed by the external line managers of the service. Given the risks and failings identified at the previous inspections, this level of assessment was inadequate. In addition, an annual report on the quality and safety of the service had not been produced at the time of this inspection as required by the regulations. Inspectors were told that members of the board of management had visited the centre and senior managers had also visited the centre frequently since the last inspection. Despite the evident improvements seen by inspectors, oversight of the quality and safety of the care provided in the centre was insufficient and further development was needed.

There was a system in place to support staff to raise concerns regarding the service. There was a whistle blowing procedure in place in the centre which was examined by inspectors. The procedure had been introduced in the days prior to the last inspection. Inspectors found upon speaking to staff that they were clear about the procedure to follow if they wished to raise concerns about the centre, and were cognisant of their duty to raise any concerns about safety or poor practices.

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 numbers of staff available to meet the needs of the children, and to deliver a service in the centre. However, there was a reliance on relief staff to meet staffing requirements. Staff vetting practices were not robust and this impacted upon the staff team and the centre management. Staff training, qualifications and support had begun to improve, but there remained deficits and supervision was not yet in place.

There were sufficient numbers of staff on duty in the centre to meet the needs of the children. There was an actual and a planned staff roster in place in the centre and staffing levels were in line with the centre's statement of purpose. Inspectors examined the actual staff roster covering a four week period and found that there were 2.5-3 staff on duty during the day, with one waking night staff and one sleepover staff on duty at night. This provided each child with a minimum of one staff at all times, with 1.5 staff available to each child at peak times for activities and support. On the day of the inspection the acting centre manager, relief social care worker and two relief trainee social care workers were on duty. Of these, two staff were qualified and the remaining two staff were undertaking a relevant qualification. An on call system was available for staff for out of hours cover and advice, and a shift leader was identified for each shift on the roster examined by inspectors.

The core (permanent) staff team was depleted and supplemented by relief staff, which

meant that while there were sufficient numbers of staff, there was not a fully established team in place to deliver the service. The range of skills and experience was insufficient to fully meet the complex needs of the children. Records and the roster were examined by inspectors and reflected that the core staff team comprised of a social care leader, a social care worker, and a behavioural support worker, all of whom were qualified; and two trainee (unqualified) social care workers. At the time of this inspection two of the core staff were on long term leave. There was one relief social care worker and seven relief trainee social care workers available to work in the centre, and inspectors found there was a reliance on these staff to ensure staffing levels were sufficient. Records examined and discussions with staff both reflected that the children in the centre required consistent staff to support them as an integral part of their care. Inspectors found that while the relief staff used were consistent, they were used in significant numbers, and the ongoing reliance on a large number of relief trainee social care workers over the last year meant that the staff team was not sufficiently skilled, embedded or consistent. The acting centre manager confirmed that this issue had been raised in management meetings and was also being considered as part of a wider staffing review at board level.

The staff team met the children's daily care needs well, but were not adequately developed to meet their complex needs. The staff that spoke to inspectors were knowledgeable about the children's daily care needs, held them in positive regard and were committed to their wellbeing. Staff were observed supporting the children respectfully and with care. However, in interview staff did not display an adequate level of knowledge regarding the specific supports and interventions required to meet the children's complex needs. This was also reflected in outcomes for children in areas such as assessment, planning and the management of behaviour that challenged. Inspectors found that while staff had attended core training in a range of areas, additional specialised training was necessary to support these children effectively, and this had not been provided. Inspectors found that while several relief social care staff remained unqualified, many had embarked on a course of study to acquire the relevant qualifications for their roles. This was confirmed in the staff files examined by inspectors and was an area that had progressed considerably since the last inspection. The organisation was supporting staff in their studies and the acting centre manager told inspectors that staff were attending college on fixed days and working shifts around their attendance at college.

There was a programme in place that provided staff with standard core and/or refresher training. However, the training programme was not informed by the needs of the children and professional development was not optimal. The acting centre manager informed inspectors that an organisational training needs analysis was being finalised. However, s/he confirmed they had not contributed to this on behalf of the centre. This meant that the specific training needs of staff in the centre, such as meeting complex needs and specialised behaviour support may not be appropriately identified and sourced. Inspectors identified outstanding core training needed by staff at the last inspection, such as fire safety training and safe administration of medicines, and these had since been provided to staff. Inspectors found that a briefing had also been carried out with staff regarding the risk assessment procedure, and the acting centre manager informed inspectors that s/he had requested risk management training for all staff for 2015. There remained no specific training provided in children's rights, advocacy,

complex needs or restrictive practices, which was especially pertinent given the complex needs and behaviours presented by children in the centre. Inspectors also found there had been no training sourced in diversity or cultural aspects of care, which was also pertinent given the cultural heritage of the children.

There was inadequate progress in place to ensure staff were supported and accountable in their roles, as supervision was not provided. Staff did not receive supervision and this, in conjunction with reduced numbers of core staff, the complex needs of children, a deficit in training and the lack of qualifications of some staff, meant that there were considerable risks to the practices and functionality of the centre. The acting centre manager advised inspectors that s/he had been identified to attend this training in early 2015. However, this meant that staff had not received supervision for the previous year. During this time, the senior management team had not made arrangements for staff to be supervised by another supervisor, and this was inadequate. In effect, when staff required supervision the most to support and guide them within their roles, it was not provided. Inspectors did find that while staff were not provided with formal supervision, the centre manager and current acting centre manager supervised care practices within the centre. For example the acting centre manager worked some shifts with staff outside of office hours, attended appointments with children and was observed supervising staff directly during the inspection. Staff told inspectors they felt supported by the acting centre manager, and felt he/she provided good leadership in the centre.

A satisfactory recruitment policy and procedure had been in place since March 2014. However, its implementation was not robust and this meant that managers could not be assured that recruitment practices were safe. At the last two inspections, inspectors found that historical recruitment processes and procedures were not robust and therefore did not promote the safety of children in receipt of a service. The provider gave commitments to rectify historical deficiencies and ensure practices improved and were subject to probity. Inspectors found that there had been some progress of actions in relation to staff vetting, as the acting centre manager could now access checks and documentation for the staff team through electronic records that were stored securely. The acting centre manager informed inspectors that the majority of staff had received updated Garda vetting and that staff without original references were in various stages of updating these. However, they had identified some gaps which they had raised with the organisation's human resource department. For example, the acting centre manager provided evidence to inspectors of their correspondence with human resources in respect of identified gaps and inadequate vetting. Inspectors examined five staff records and found that some progress had been made. However, this progress was inadequate. Of the files examined, all had provided written references, but these references were received from staff directly, and three had not been verified with referees. Four staff had received updated Garda vetting, but, one had not. In addition, inspectors found that some historical issues raised through vetting had not been appropriately examined by the provider, but in an interview with the C.E.O following this inspection s/he assured inspectors that this was being addressed. Inspectors found that given the concerns raised at the previous two inspections regarding vetting, the progress of the service was inadequate in this area.

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Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Orla Murphy
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-0003409
Date of Inspection:	11 December 2014
Date of response:	11 March 2015

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The assessments in place did not adequately identify children's needs in education, culture/heritage and some aspects of their social care needs.

While there were several assessments in place, there was no one comprehensive assessment of need to inform the care planning process.

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

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:

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

A committee has been established to address the area of personal care plans and comprehensive assessments of need. The PIC of this centre is on that committee and will be meeting in coming weeks. A team around each resident will be established and a key clinician identified in order to address areas of need, prioritise goals and review developments going forward. A comprehensive assessment of need will be carried out to include education, culture / heritage, and all aspects of residents' social care needs.

Proposed Timescale: 30/06/2015

Theme: Effective Services

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

The views of families were not adequately represented in the personal plans for each child, and had not informed a review of the plan.

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:

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

Families will be involved wherever possible as a core element of the team around the child going forward. More accurate records of meetings with family members will be kept in future and represented in reviews of the personal plans.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Comprehensive personal plans for both children had not yet been subject to review.

Action Required:

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

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

Both personal plans had been reviewed on schedule in advance of the inspection. This review was conducted by the keyworkers in conjunction with the acting social care leader and parents where possible. Behaviour support input was also included where relevant.

Once developed, the new personal plans will be subject to review not less than on an annual basis. Personal plans will be reviewed more frequently if there is a change in needs or circumstances.

Proposed Timescale: 30/05/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Comprehensive personal plans were not available to relatives, or in a format accessible to the children in the centre.

Action Required:

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

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

Personal Plans will be made available to relatives going forward. Child friendly versions of the personal plans are currently in place and were stored in each resident's bedroom on the day of the inspection. The newly developed plans will be updated to reflect changes as required.

Proposed Timescale: 15/03/2015**Theme:** Effective Services**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Personal plans had not been subject to a co-ordinated multi-disciplinary input or review.

Action Required:

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

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

A team around each resident will be established and a key clinician identified in order to address areas of need, prioritise goals and review developments going forward. This information shall inform all areas of the personal plans.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

Personal plans did not comprehensively reflect the actions in place to meet all of the needs of each child, including their educational, social and cultural needs.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

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

The new Personal Plan layout will allow staff to reflect the actions to meet the needs of each child including their educational, social and cultural needs.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

The effectiveness of personal plans had not been reviewed, and changes in circumstances or developments had not been considered.

Action Required:

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

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

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

Keyworkers will review personal plans for identified goals and progress made on a monthly basis. Keyworkers will link with the PIC, parents and other relevant members of the multidisciplinary team around the child as necessary.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

No comprehensive assessment of need by an appropriate health care professional had been undertaken.

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:

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

A committee has been established to address the area of personal care plans and comprehensive assessments of need. The PIC of this centre is on that committee and will be meeting in coming weeks.

A team around each resident will be established and a key clinician identified in order to address areas of need, prioritise goals and review developments going forward.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

A personal plan which reflected all of the children's assessed needs had not been prepared.

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:

A committee has been established to address the area of personal care plans. The PIC of this centre is on that committee and will be meeting in coming weeks.

A team around each resident will be established and a key clinician identified. This team will prepare a personal plan, prioritise goals and review developments going forward.

Proposed Timescale: 30/06/2015

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 the process for hazard identification and assessment of risks throughout the designated centre.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

The Risk Management policy will incorporate by reference the centre specific Health & Safety Statement, which includes location specific risk assessments. The includes the process for hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks identified.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

The Risk Management Policy is being reviewed. It will be revised to reflect Reg. 26 (1) (b) and will reference the location Health & Safety Statement and Risk Register. This will detail the measures and actions in place to control the risks identified.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The risk management policy did not include arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Action Required:

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

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

The Risk Management Policy will be revised to reflect arrangements for the identification, recording and investigation of and learning from, serious incidents or adverse events involving residents.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

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

Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

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

The location risk register, including all risk assessments will be reviewed. Consideration will be given to the impact such control measures may have on the residents and alternative actions will be implemented where appropriate.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control risk of accidental injury to residents,visitors or staff.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Risk Management policy will incorporate by reference the centre specific Health & Safety Statement, which includes location specific risk assessments. The Health & Safety Statement will include the measures in place to control risk of accidental injury to residents, visitors or staff.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control risk of aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Risk Management policy will incorporate by reference the centre specific Health & Safety Statement, which includes location specific risk assessments. The Health & Safety Statement will include the measures in place to control aggression and violence.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control risk of self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Risk Management policy will incorporate by reference the centre specific Health & Safety Statement, which includes location specific risk assessments. The Health & Safety Statement will include the measures in place to control self-harm.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures in place to control the risk of an unexplained absence of a resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Risk Management policy will incorporate by reference the centre specific Health & Safety Statement, which includes location specific risk assessments. The Health & Safety Statement will include the measures in place to control the unexplained absence of a resident.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

Not all risks were identified, assessed or managed within the centre.

There was insufficient formal oversight and monitoring of incidents and significant events in the centre by the management team.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

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

The assessment, management and oversight of risk review, including a system for responding to emergencies is being developed and will be implemented once in place.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

Cleaning equipment was not stored appropriately, which meant that there was a risk of cross- contamination.

Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Centre assessed by the Health and Safety Officer in February 2015. Risks identified and sent to auxiliary services manager for maintenance work to be carried out.

Mop buckets, handles and heads moved to the external building for storage in the interim.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Children had not been involved in recent fire evacuations from the centre.

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:

Fire drills will be conducted on a monthly basis going forward. Children will be included in these drills on at least a quarterly basis.

Proposed Timescale: 27/02/2015

Theme: Effective Services

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

Furnishings and bedding in the centre were not fire retardant.

Action Required:

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

furnishings.

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

A review of the bedding and furnishings at the centre will take place. Where practical these will be replaced to ensure that they are fire retardant. Fire retardant sprays will be considered where applicable.

Proposed Timescale: 30/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictive practices (such as the use of restrictive clothing) were recorded and reviewed.

The number of physical interventions were very high during some time periods, and this must be carefully monitored and analysed to ensure it is not overused.

Action Required:

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

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

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

Action 1.

The use of restrictive practices has been recorded on a daily basis since January 2015. All restrictive practices are submitted to the QCT Manager on a weekly basis. Physical interventions are monitored on an ongoing basis by the PIC and discussed with behaviour support on a weekly basis when reviewing episodes of challenging behaviour.

Action 2.

The restrictive practices for the centre will be listed on the organisation restrictive practice register. All practices will be monitored and analysed on a regular basis with input from the MDT. Outcomes from analysis will inform practice and be disseminated appropriately.

Proposed Timescale:

Action 1. 05/01/2015

Action 2. 30/03/2015

Proposed Timescale: 30/03/2015

Theme: Safe Services

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

The behaviour support interventions in place were varied in their effectiveness, and staff required additional skills and knowledge to provide effective support to children.

Action Required:

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

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

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

The PIC continues to meet with Behaviour Support on a weekly basis to review episodes of challenging behaviour (Incident Reports) and identify actions going forward. PIC is currently linking with Behaviour Support, Principal Psychologist and QCT Manager regarding the use of restrictive practice for one resident in order to ensure that the least restrictive practice is used for the shortest duration of time. Behaviour Support is currently working through specific strategies for this resident and a new reactive strategy was put in place 4/03/15. A PRN Protocol was also devised in conjunction with the BSP and has been implemented since 6/03/15. The reactive strategy and PRN Protocol were reviewed and amended on 11/03/15 to reflect changes. Next review scheduled for 18/03/15.

A training needs analysis has been conducted and a number of areas have been identified including culture / heritage, children's rights, restrictive practice, stress management, risk management, dual diagnosis, keyworker and PCP training. This will assist staff in gaining the skills and knowledge required to meet the complex needs of children in this centre.

Proposed Timescale: 30/07/2015

Theme: Safe Services

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

It was not evident that every effort to identify and alleviate the cause of the children's behaviour was made at all times and that all alternative measures were considered before a restrictive procedure was used and that the least restrictive procedure, for the shortest duration necessary, was used.

Action Required:

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

considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

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

The PIC continues to meet with Behaviour Support on a weekly basis to review episodes of challenging behaviour and identify actions going forward. PIC is currently linking with Behaviour Support, Principal Psychologist and QCT Manager regarding the use of restrictive practice for one resident. The purpose of this is to review current restrictive practices and ensure that the least restrictive practice for the shortest duration of time is implemented.

Review meetings with Behaviour Support are documented in incident report folders with actions and minutes attached. This information is shared with the staff team verbally, via email and team meetings by the PIC and Behaviour Support Specialist.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

The notification and reporting of an allegation of abuse was not made in a timely manner.

Action Required:

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

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

The system for reporting any allegation of abuse has been revised, to ensure any notification or report is dealt with in a timely manner.

Proposed Timescale: 27/02/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not available in a format accessible to children.

Action Required:

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

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

Once reviewed, a copy of the Statement of Purpose and Function will be made available to all residents and or their parents/guardians. This will be in a format that is meaningful for the children.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

All information required in Schedule 1 of the regulations , including the complex needs catered for in the centre were not described sufficiently in the statement of purpose and function.

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:

Action 1: The Statement of Purpose and Function will be reviewed and revised to reflect information required by Schedule 1.

Action 2: Staff Training Needs will be assessed so as to be able to support the assessed needs of the children attending the location, as identified in the Statement. Training will be provided.

Proposed Timescale:

Action 1: 30/04/2015

Action 2: 30/06/2015

Proposed Timescale: 30/06/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Not all systems, policies and procedures were fully implemented to support the effective management of the centre.

Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

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

Action 1.

The management system has been reviewed. Clarification of management roles has been provided to the staff team. This includes the structure when the CSM (PIC) is on leave.

Action 2.

The line management reporting system has been identified and this is reflected in the organisational chart.

Action 3.

Organisational Policy and Procedures continue to be developed, reviewed, updated and implemented. For example:

- The Human Rights & Rights Review Structure
- The Quality Safety & Risk Management Policy
- The Intimate & Personal Care Policy

Proposed Timescale:

Action 1. 27/02/2015

Action 2. 31/01/2015

Action 3. 30/07/2015

Proposed Timescale: 30/07/2015

Theme: Leadership, Governance and Management

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

There was no copy of an annual review of the quality and safety of care and support made available to residents and the chief inspector.

Action Required:

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

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

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

An Annual Review of the safety and quality of care and supports provided in the location will be conducted. This will be made available to the residents and the chief inspector.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

There was no annual review of the quality and safety of care and support that provided for consultation with residents and their representatives.

Action Required:

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

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

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

An Annual Review of the safety and quality of care and supports provided in the location will be conducted.

This will provide an opportunity for consultation with the residents and their representatives.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

No annual review of the quality and safety of the care and support provided in the centre had been undertaken.

Action Required:

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

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

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

An Annual Review of the safety and quality of care and supports provided in the location will be conducted.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

The six monthly unannounced visit to the centre did not adequately examine a sufficient number of areas of practice in the centre to make an assessment of the quality and safety of the service provided to children.

Action Required:

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

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

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

An unannounced six monthly review of the service by the provider will be conducted to include all 18 outcomes as covered in the standards, as directed under Reg. 23 (2) (a)

Proposed Timescale: 30/03/2015

Theme: Leadership, Governance and Management

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

The performance management system was not adequately informed by a formal supervision system.

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:

Action 1

The Person in Charge received formal training in supervision

Action 2

A timetable of supervision has been devised and communicated to the staff team

Action 3

The Person in Charge will receive formal supervision with the Senior Manager.

Proposed Timescale:
Action 1: 16/02/2015
Action 2: 20/02/2015
Action 3: 01/01/2015

Proposed Timescale: 20/02/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Continuity of care was at risk as there were insufficient core staff in place in the centre, and there was an over reliance on relief staff.

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:

A review of the core staff team is in the process of delivery. The CSM is working with HR to determine how any deficits will be addressed.

Action 1.

Review of Roster to determine the number of hours support required to ensure the continuity of care and support for the residents.

Action 2

Identify the core staff in order to reduce the over reliance on relief staff. This will take into account the skills and knowledge of staff to meet the needs of the residents.

Action 3

Develop a regular relief panel to support the core team should extra supports be required.

Proposed Timescale:
Action 1: 30/01/2015
Action 2: 30/03/2015
Action 3: 30/04/2015

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

Staff were not adequately skilled, developed and knowledgeable to fully meet the needs

of the children in the centre.

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:

Action 1.

An analysis of all staff qualifications has been undertaken in order to determine any deficits in staff knowledge and skill required to meet the assessed needs of the residents.

Four members of the team are at various stages of achieving their third level qualification in Social Care. Two members of the team will achieve their Higher Diploma (Level 8) in Summer 2015. Two other members are nearing completion of First Year in Social Care.

A training needs analysis has been completed to identify specific areas of training required to ensure that the staff team are knowledgeable to meet the needs of the children in the centre. For example, keyworker training and culture and diversity.

Action 2.

Develop a core team of staff with the qualification, skill mix and knowledge to fully support the children in the centre.

Proposed Timescale:

Action 1: 06/01/2015

Action 2: 30/04/2015

Proposed Timescale: 30/04/2015

Theme: Responsive Workforce

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

Not all information required by Schedule 2 of the regulations was in place and/or up to date for each staff member.

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:

Gaps in Schedule 2 information will be identified. The PIC will link with staff and HR to ensure that any outstanding information is sought and updated as required.

Proposed Timescale: 31/03/2015

Theme: Responsive Workforce

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

Formal supervision was not provided to staff in the centre.

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:

The PIC has completed supervision training as of 16th February 2015 and is in the process of conducting initial supervision sessions with all staff in the centre.

Proposed Timescale: 31/03/2015

Theme: Responsive Workforce

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

There was no training needs analysis in place to identify and plan for the training required by the staff team to meet the needs of children in the centre.

Training had not been provided in a range of areas that were specific to the complex needs of the children in the centre.

Training had not been provided in a range of areas pertinent to the children in the centre, such as children's rights, cultural diversity and restrictive practices.

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:

The PIC has completed supervision training as of 16th February 2015 and is in the process of conducting initial supervision sessions with all staff in the centre.

Proposed Timescale: 30/07/2015

