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

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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-0001847
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Catherine Byrne
Lead inspector:	Grace Lynam
Support inspector(s):	Catherine Vickers
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 20 May 2016 09:00 To: 20 May 2016 17:30

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

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

Summary of findings from this inspection

This was the fifth inspection of the centre and was a follow-up to the registration inspection that was carried out in September 2015 to monitor compliance against the identified breaches in the regulations at that time. Prior to this three monitoring inspections had taken place.

The service was provided by St. Catherine's Association who had applied to register the centre. The centre was located in the countryside in Co. Wicklow and provided care to children and young people under the age of 18 with a diagnosis of moderate to severe learning disability. There were four children living in the centre at the time of the inspection aged between eight and 18. Their communication abilities ranged from non verbal to having some verbal skills.

As part of the inspection process children the inspectors spent time with the four children. Some of the children were unable to tell the inspectors about their views of the quality of the service but the inspectors observed that they presented as content and happy. The inspectors met with staff members, the children's services manager (person in charge) and the head of operations. The inspectors observed practice and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

Children and young people experienced a good quality life. Inspectors heard them happily interacting with the staff team as they went about their daily activities. All the children attended local special schools and were involved in activities in the local community such as swimming and sports clubs. There were good plans in place for their care.

Governance and management arrangements had changed since the last inspection. A new interim chief executive officer (CEO) had been appointed as well as a head of operations and while there were good reporting relationships between the children's services manager (person in charge) and the head of operations, management systems were not effective. The oversight of the implementation of agreed actions to ensure compliance with the regulations had not been sufficient. The timeframe for full implementation of agreed actions had passed with only 13 out of 33 actions fully completed. A number of these regulatory breaches were ongoing since the first inspection in June 2014. Oversight of the quality of care and support was not sufficient as some poor practices reoccurred, for example medication errors, and ineffective transitions plans. In addition, there was no contingency plan for shortfalls in staffing arrangements and this impacted negatively on the children.

Improvements identified in this inspection included completion of comprehensive assessments of need for the children, gaps in medical records had been addressed, the quality of staff supervision had improved, and the lease for the premises had been secured. Areas requiring further attention included the lack of contracts of care for children and young people, contingency arrangements for shortfalls in staffing, updating of policies, inconsistency of recording and risk management.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The previous inspection had identified deficits in the complaints policy and in the recording of complaints. The arrangements for the management of young people's allowances were not clear.

Complaints were well managed. The complaints policy had been reviewed in April 2016 and it clearly outlined the procedure for making a complaint and who to complain to. The revised procedure was represented in posters displayed in the centre. Inspectors found that there had been nine complaints made in 2016 all of which were managed in line with the regulations and which were clearly recorded including whether or not the complainant was satisfied with the outcome of the investigation.

Staff were advocating on behalf of a young person in relation to their allowances.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

The previous inspection had identified that the communication policy did not sufficiently guide the staff team in their communications with the children and young people.

Children's communication needs were assessed and staff communicated with the children in a meaningful and effective manner. The children's abilities ranged from having some language to being non-verbal. Language, gestures and communication boards were used to assist communication and to elicit the children and young people's preferences. Two of the children used assisted technology to communicate.

The centre manager had taken some action to ensure staff could communicate appropriately with the children. Four staff members had attended communication training and others were scheduled to attend. Three staff had also attended a sign language course to assist them in communication with the children. Inspectors observed the staff team interacting with the children and young people and heard and observed the young people's responses. Records reflected how the staff team used social stories and keyworking sessions to discuss various issues with the children.

However, the communication policy had not yet been reviewed by the quality, compliance and training team.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

At the time of the last inspection there were no contracts of care in place and the admission and discharge policy required review.

Inspectors found that the admission and discharge policy was under review but had not been finalised. There had been no new admissions to the centre since the last inspection.

A contract of care template had been drafted but contracts were still not in place for the children.

Judgment:

Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The previous inspection had identified that comprehensive assessments were not fully completed for all of the children, children did not participate in their own planning and the planning for transition to adult services required improvement. Timely progress had been made in relation to some of the actions identified to address deficits and this was an ongoing process.

Progress had been made in completing comprehensive assessments. Three of the four children had comprehensive assessments on file and there was evidence of the continuing efforts of the staff team to ensure they had all the information required to complete the one remaining assessment.

Social stories and key working sessions were being used to encourage children's participation in their own care planning. Children's files showed that staff used social stories and keyworking sessions to explain personal plans and the review process in an

effort to encourage and support the children and young people to participate in their personal planning reviews. Children's representatives were included in the planning and reviewing process.

Planning for young people's transition to adult services was evolving. For children approaching 16 years, systems were being developed to ensure the planning was timely and comprehensive. For those who were closer to the transition stage the planning process had been insufficient to ensure that the forward placement had been identified in a timely manner.

Judgment:
Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

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

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

Findings:

The previous inspection had identified that some doors had not been in good working order. This had been addressed and these doors had been repaired. An effective maintenance system had been put in place and a good recording system was used to log all requests and reflect when the repairs had been completed. The new system had commenced and was being embedded into practice. However, there were some gaps in the maintenance log relating to dates of completion of maintenance tasks, signature by the children's services manager and the last two of days records were incomplete. Inspectors did not observe any obvious maintenance issues on the premises.

Judgment:
Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

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

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

Findings:

The previous inspection had identified deficits in the risk management policy, reviews of accidents and incidents and some unidentified hazards. Inspectors found that not all the actions from the previous inspection had been satisfactorily implemented within the identified timeframe. The risk management policy remained in breach of the regulations since the first inspection in June 2014.

Hazards had been appropriately identified and risk assessed. Hazards identified at the time of the last inspection had been removed and the Health and Safety Statement had been updated in February 2016.

An adverse events policy, effective from May 2015, had been developed which described a new system to ensure the oversight of all incidents, accidents and near misses. This included a quarterly review of all incidents and adverse events by a sub-committee. The centre maintained an adverse incidents log which included all incidents relating to accidents and injuries, behavioural incidents, complaints, medical errors, allegations of abuse and fire drills. This formed part of the new system which was in the early stages of development.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

The previous inspection had identified a deficit in the reporting of restrictive practices to HIQA. Inspectors found that practice in this area had improved and the quarterly notifications to HIQA reflected the incidents recorded in the restrictive practices log. Quarterly notifications were submitted in a timely manner.

However, improvements were required in relation to the timeliness of notifications. One unexplained absence of a resident had not been received within the three day notice period.

Judgment:
Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

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

Findings:

The previous inspection had identified that there was no system to ensure that clear education or training plans were in place for residents in their final school year. This deficit had been addressed in a timely manner and inspectors found that all children had up-to-date education plans in place.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

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

Findings:

The previous inspection had identified gaps in immunisation records, delays in some behavioural plans being reviewed by the relevant specialist and in accessing a dietician.

Medical records in relation to the children were complete. Inspectors found that there were full immunisation records on all the children's files.

Behavioural plans had been reviewed by the relevant specialist to reflect the needs of the children. Behavioural plans provided clear instruction to the staff team about how to manage the children's behaviour and records reflected that the guidance was being followed.

However, access to dietician services remained outstanding.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

Findings:
The previous inspection identified that inadequate measures were in place to reduce re-occurring medication errors. Medication errors continued to occur. Inspectors found that medication was not being administered as per the prescription instructions. The errors had been identified by the nurse who audited the medication practices and had been followed through by the children's services manager at supervision and team meetings. However, inspectors did not find that the managers had considered why staff administered the medication in the wrong order, i.e. was the prescription unclear or were staff not following the instruction and so medication errors were likely to reoccur.

Judgment:
Substantially Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:

The statement of purpose remained non-compliant with regulations since the first inspection in June 2014 and it had not been made available to children and their parents. These deficits had not been addressed sufficiently.

The statement of purpose remained non-compliant with the regulations. While the statement of purpose had been reviewed in April 2016, it did not outline the arrangements for the supervision of specific therapeutic techniques used in the centre and it made reference to a senior children's services manager, a post which no longer existed in the organisation.

The statement of purpose had not been made available to children and their parents as required by the regulations.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The previous inspection identified that some management systems were ineffective and the annual review of the quality and safety of care and support was not comprehensive and did not include consultation with the children's representatives.

Since the last inspection, the management and governance arrangements of the organisation had changed with an interim chief executive officer in place and a head of operation that directly managed the children's services manager. The person in charge said that the revised line management arrangements were clear. Staff had met the people identified in the new roles when they visited the centre and were clear about their roles and responsibilities.

However, management systems were not effective. The findings of this inspection identify that a number of regulatory breaches were ongoing since the time of the first inspection in June 2014. These included the statement of purpose and function not complying with the regulations, incomplete staff files, policies not providing sufficient guidance to staff and insufficient risk management policies and practices. While some of the policies had been reviewed since the last inspection, including the child protection and welfare policy and the complaints policy, others had not. Inspectors found that the actions identified in previous action plans had not been addressed within the timeframe agreed and the governance arrangements within St. Catherine's Association had not ensured oversight of these deficits or appropriate responses to the time delays.

Oversight of the quality of care and support was not sufficient as some poor practices reoccurred, for example medication errors, and ineffective transitions plans. In addition, there was no contingency plan for shortfalls in staffing arrangements and this impacted negatively on the children.

Inspectors reviewed the most recent annual report for 2015 which was based on visits to the centre conducted in June and September 2015. Inspectors found that the report identified deficits in the care and support of children in the centre but it did not include an action plan to address the concerns identified. The report had not considered the views of service users and their representatives. A further six monthly provider visit had been conducted in April 2016 but the finalised report was not available at the time of the inspection.

Staff were clear about who to report concerns about the quality and safety of care. There was a policy in place and staff told inspectors what they would do. Inspectors found that the interim CEO had communicated with all staff about the importance of reporting any concerns and that all concerns would be taken seriously and managed.

Judgment:
Non Compliant - Major

Outcome 16: Use of Resources

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

Theme:
Use of Resources

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

Findings:
During the last inspection inspectors found that the lease on the premises was due to expire in March 2016 and that the centre did not have a designated budget. These deficits had been addressed. The lease on the house had been extended for a further

three years. Inspectors found that there was a system in place to ensure that the children's services manager could obtain any items required to ensure the needs of the children and young people were met.

Judgment:
Compliant

Outcome 17: Workforce

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

Theme:
Responsive Workforce

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

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

Findings:

A number of deficits in relation to the workforce were identified during the previous inspection including staff not being appropriately skilled to meet the needs of all the children and young people, gaps in staff files such as employment histories and job descriptions, and poor staff supervision. Inspectors found improvements in staff supervision but other required actions had not been addressed in a timely manner.

The quality of staff supervision was good and a newly developed and comprehensive format was used. All staff members had received supervision from the children's services manager since the last inspection. However, the regularity of supervision had not been in line with the supervision policy. The children's services manager had attended training in performance development in preparation for implementing this in the staff supervision sessions. In the meantime training needs were discussed with staff at supervision to identify their training needs.

The children's services manager had conducted a more comprehensive training needs analysis based on the needs of the children and a training calendar was in place to ensure that the training required was provided to the staff team.

Staff files continued to be incomplete despite this being identified in the previous four inspections of the centre. Whilst some of the gaps in staff files had been addressed others remained, including incomplete Garda vetting and incomplete employment histories.

There were occasions when there was not sufficient staff on duty to meet the needs of the children and there was no contingency plan. On the day of inspection there were sufficient staff on duty but there had been occasions since the last inspection when insufficient staffing had impacted negatively on the care of the children. There were four staff vacancies at the time of inspection. While the children's services manager endeavoured to fill these shifts through the use of agency staff and overtime, inspectors found occasions when children were not brought for scheduled activities including medical appointments and another occasion when restrictive practices were applied due to low numbers of staff. Staff and parents had raised concerns in relation to the negative impact of low staffing numbers on the children following some of these events.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

At the time of the last inspection not all the required policies were in place, the residents directory was not up-to-date and the quality of recording was inconsistent as some records were incomplete, undated and unsigned. Some progress had been made in addressing these deficits.

The directory of residents was reviewed and found to be up-to-date.

The quality of record keeping continued to be inconsistent. Some records were fully completed and signed while others were not. The children's services manager was implementing a system of auditing records to ensure they were completed correctly. When gaps were found the children's services manager brought the record to the attention of the staff member for amendments to be made. However, inspectors found some records that were still not up-to-date.

The staff did not have all the policies required under Schedule 5 available to them. Inspectors identified that there were no policies in the centre to inform the monitoring and documentation of nutritional intake, provision of information to residents, the creation of access to, retention of, maintenance of and destruction of records and education.

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:

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001847
Date of Inspection:	20 May 2016
Date of response:	08 July 2016

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 02: Communication

Theme: Individualised Supports and Care

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

The communication policy did not provide sufficient guidance to staff and required review.

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

1. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

The Communication and Information policy is currently under external review. The revised policy will provide sufficient guidance to staff.

Proposed Timescale: 30/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was no agreement of the terms on which the resident shall reside in the centre.

2. Action Required:

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

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

1. Agreements for the Provision of Care in line with Regulation 24 (3) were approved by the Board of Directors as of 5th April 2016.
2. A copy of the Agreement for the Provision of Care was circulated to resident's representatives by 8th July 2016. The Children's Services Manager has requested that resident's representatives review the agreement and revert with a signed copy by 25th July 2016.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

The admission and discharge policy did not provide sufficient guidance for staff regarding the appropriateness of admissions and what to do if a referral was not suitable.

3. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Referrals and Discharge Policy has been revised and been replaced by two policies which are in line with Regulation 24 (1) (a). Both policies were forwarded for approval at the next Board of Directors meeting scheduled for 25th July 2016.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

There was no agreement for the provision of services which detailed the services to be provided and, where appropriate, the fees to be charged.

4. Action Required:

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

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

1. Agreements for the Provision of Care in line with Regulation (24) (4) (a) were approved by the Board of Directors as of 5th April 2016.
2. A copy of the Agreement for the Provision of Care was circulated to resident's representatives by 8th July 2016. The Children's Services Manager has requested that resident's representatives review the agreement and revert with a signed copy by 25th July 2016.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

The agreement did not provide for, and was not consistent with the residents' needs as assessed and the statement of purpose.

5. Action Required:

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

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

1. Agreements for the Provision of Care in line with Regulation 24 (4) (b) were approved by the Board of Directors as of 5th April 2016.
2. A copy of the Agreement for the Provision of Care was circulated to resident's representatives by 8th July 2016. The Children's Services Manager has requested that

resident's representatives review the agreement and revert with a signed copy by 25th July 2016

Proposed Timescale: 25/07/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Not all children's needs were comprehensively assessed.

6. 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 annual review of the outstanding comprehensive assessment will be completed by 25th July 2016 to reflect the resident's current needs.

Proposed Timescale: 25/07/2016

Theme: Effective Services

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

Planning for the transition of young people to adult services was not always timely.

7. Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

- 1) Transition planning for young people will commence with a dedicated Team Around the Child (TAC) meeting for all young people over 15 years of age in the designated centre.
- 2) A transition plan will be developed in conjunction with the young person and their representatives to promote independence and focus on the development of skills required as the young person progresses towards transition to adult life and discharge from the designated centre. This plan will also ensure timely identification of suitable adult placement and funding approval in advance of their transition from the service.
- 3) The Referrals and Discharge Policy has been revised and is now called the External Referrals and Discharge Policy for Residential Support and Short Breaks. This policy

references guidelines in relation to transition to adult life and the subsequent discharge process from the designated centre. This policy was forwarded to Board of Directors for approval for meeting scheduled for 25th July 2016. The Board have requested additional information for the next meeting prior to approval. Due to annual leave this is not scheduled till September 2016.

4) 'Guidelines for Transition to Adult Life' are currently being developed to support Children Services Manager and staff team in the designated centre, to ensure that discharges from the designated centre are planned and agreed with residents and their representatives.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The maintenance log was not always fully completed.

8. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

1) The Children's Services Manager has reviewed the maintenance log and it is up to date as of 1st July 2016.

2) The Children's Services Manager and their Deputy will complete a weekly audit of the maintenance log book to ensure that any identified gaps are closed.

Proposed Timescale: 15/07/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

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

9. Action Required:

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

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

- 1) The Quality, Safety and Risk Management Policy and Procedures has been revised since inspection and is effective from 24th May 2016. The revised policy clearly outlines the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.
- 2) The Children's Services Manager completed a workshop on the revised Risk Management Policy with the Quality, Compliance and Training team on 7th July 2016.
- 3) The Children's Services Manager will discuss the revised policy and practical requirements outlined in the Risk Management Workshop at the next staff meeting.
- 4) The Children's Services Manager will review risk assessments in line with specified timeframes or more frequently if required, as outlined in the revised Quality, Safety and Risk Management Policy and Procedures.
- 5) The Children's Services Manager will support staff in the completion of risk assessments as they are identified, and where required, will request additional support from the Quality and Compliance Team.
- 6) The Children's Services Manager and their Deputy will conduct spot checks in the designated centre to ensure control measures are being implemented as set out in risk assessments.

Proposed Timescale: 15/08/2016

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 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.

10. 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:

- 1) The Quality, Safety and Risk Management Policy and Procedures has been revised since inspection and is effective from 24th May 2016. The revised policy includes the 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.
- 2) The Children's Services Manager completed a workshop on the revised Risk Management Policy with the Quality, Compliance and Training team on 7th July 2016.
- 3) The Children's Services Manager will discuss the revised policy and practical requirements outlined in the Risk Management Workshop at the next staff meeting.

Proposed Timescale: 29/07/2016

Theme: Effective Services

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

The system to review incidents, accidents and near misses was not fully established.

11. 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:

In line with the revised Serious Incidents and Adverse Events Policy and Framework, the Adverse Events Committee will be established by 31st July 2016.

Proposed Timescale: 31/07/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

One unexplained absence of a resident was not reported in a timely manner.

12. Action Required:

Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

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

1) The organisation has registered an account on the provider portal for the designated centre for the submission of notifications. A number of users have been identified and provided with access in line with regulatory guidance to ensure 3 day notifications are submitted in a timely manner. The users include: Childrens Services Manager, Deputy Children's Services Manager, Provider Nominee, QCT representative, and Administrative representative.

2) The Children's Services Manager will discuss statutory notifications at the next team meeting on 29th July 2016. Staff will be reminded to inform a nominated person as outlined above, of any notifiable events in order to ensure reporting to the regulator in a timely manner.

Proposed Timescale: 29/07/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

No dietician had been involved in assessing or formulating a dietary plan for one child.

13. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

- 1) The Children's Services Manager will develop and forward a business case to the funding agency in order to access a private dietician.
- 2) In the interim, the child has been reviewed by an occupational therapist and a number of recommendations have been made in relation to food sampling which are currently being implemented.

Proposed Timescale: 01/08/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Medication errors continued to occur.

14. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- 1) Since inspection, 80% of the staff team have completed a medication management refresher course as of 7th June 2016.
- 2) The remaining 20% will complete the medication management refresher training scheduled for September 2016.
- 3) The Children's Services Manager has emailed all staff and highlighted the importance of reading the individual medication record thoroughly prior to any administration of medication. Where staff are not clear they must bring this to the attention of the shift leader on duty.
- 4) The Children's Services Manager reviews all medication errors in the designated centre as they occur. Identified trends will be discussed at staff meetings as a standing agenda item.
- 5) The Medication Trainer will complete bi-monthly medication error reviews with the

Children's Services Manager in order to ensure trends are identified and actions put in place to mitigate the likelihood of future errors.

6) The Medication Trainer will complete quarterly medication management audits in the designated centre and provides a report outlining identified deficits and required actions to the Children's Services Manager and Quality and Compliance Team.

Proposed Timescale: 30/09/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not factually correct and did not detail the arrangements for the supervision of specific therapeutic techniques used in the centre.

15. Action Required:

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

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

The Statement of Purpose has been revised in line with Regulation 3 (1) to include outstanding information and clarify change in roles within the organisation.

Proposed Timescale: 08/07/2016

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 made available to children and their parents.

16. Action Required:

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

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

The Children's Services Manager will make the revised Statement of Purpose available to children and their parents by 15th July 2016.

Proposed Timescale: 15/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems were not effective in ensuring the centre was operating in line with the regulations.

Regulatory breaches were not actioned in a timely manner and as set out in previous action plans.

Risk management systems required further development.

Policies and procedures required updating.

Oversight of the quality of care and support was not sufficient as some poor practices reoccurred, for example medication errors, and ineffective transitions plans.

17. Action Required:

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

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

1) The Senior Management Team (SMT) attended a policy review day on the 30th March 2016. Policy owners were clearly identified and key policies prioritised for review. A Policy Framework for the development and review of policies is currently being drafted.

2) The Quality, Safety and Risk Management Policy and Procedures has been revised since inspection and is effective from 24th May 2016.

3) The Children's Services Manager completed a workshop on the revised Risk Management Policy with the Quality, Compliance and Training team on 7th July 2016. The Children Service Manager will commence roll out of risk management training to all staff through staff meetings commencing 29th July 2016. The Quality, Compliance and Training team will provide additional support for the team if required.

4) The Quality Compliance and Training Manager has developed an Action Plan Tracker to monitor both HIQA Inspections /Provider Audits. These trackers record identified deficits following HIQA Inspections and Provider Audits. As of 1st July 2016, the Children's Services Manager will use the tracker to document progress towards, and completion of actions.

5) The Head of Operation has developed a template for oversight of the designated centre which includes progress on actions from the HIQA /Internal Action Plan Tracker. Progress will be discussed with the Children Service Manager when visiting the designated centre. Any concerns in relation to timeframes will be discussed and solutions agreed.

6) The Head of Operations and Quality Compliance and Training Dept will provide update to the Senior Management Team on a monthly basis on the progress of actions, issues arising and recommendations to address any issues.

7) The Acting CEO reports to the Board of Directors on a quarterly basis, the progress

of Actions for HIQA inspections/Internal Audits. This includes: No of actions identified, No of actions completed, No of actions open, No of actions open but outside agreed timescales.

8) The schedule of audits has been revised to include six monthly provider visits and an annual review of the quality and safety of care at the end of each calendar year.

9) The Children's Services Manager will discuss actions identified following provider audits and HIQA inspections at each team meeting. Where appropriate, actions will be assigned to members of the team, completion dates agreed and documented.

Proposed Timescale: 15/09/2016

Theme: Leadership, Governance and Management

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

A written report on the safety and quality of care and support, which included a plan to address concerns, had not been finalised following the six-monthly unannounced provider visit.

The written report on the safety and quality of care and support did not include a plan to address any concerns regarding the standard of care and support.

18. Action Required:

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

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

1. The Registered Provider will ensure that a written report on the safety and quality of care and support, including an action plan to address the concerns will be available within 5 weeks following an unannounced inspection.

2. The schedule of unannounced audits will be expanded to include dates for completion of reports and return of action plans from the designated centre.

3. The 6 monthly provider audit report was finalised on 27th May 2016 and submitted to the regulator with the action plan to address the concerns regarding the standard of care and support on 14th July 2016.

Proposed Timescale: 11/11/2016

Theme: Leadership, Governance and Management

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

The annual review of the quality and safety of care and support did not provide for consultation with residents and their representatives.

19. Action Required:

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

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

- 1) The Registered Provider will ensure that all future annual reviews will be in line with the revised audit structure and will be based on a calendar year. A completed annual review will be on site no later than 31st January of the following year.
- 2) The 6 monthly provider audits will be informed by questionnaires circulated to all residents (in a child friendly format) and to their representatives seeking feedback on the quality and safety of care in the designated centre. Follow up phone calls, to go through the questionnaire, will occur where representatives have not returned a questionnaire within the requested timescale.
- 3) On completion, a copy of the annual review will be circulated to all residents/representatives.
- 4) Annual Reviews will be circulated to the Senior Management Team and the Board of Directors for oversight of the designated centre.

Proposed Timescale: 31/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no contingency plan for shortfalls in staffing.

20. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. Since inspection, the Children's Service Manager has recruited and inducted three new qualified staff (Level 7) who are now included on the roster for the designated centre to address the shortfall in staffing.
2. The Children's Services Manager and their Deputy will ensure that planned rosters are developed taking into consideration the profile of children and qualifications / skill mix of staff to meet the assessed needs.
3. The organisation is currently in the recruitment process for social care workers (Level 7) on 'as and when' contracts for the designated centre who will be available to cover any unexpected shortfalls in the roster.
4. In the interim the Children Service Manager and their Deputy will continue to source cover where shortfalls occur from the existing staff pool in the designated centre or where required, from other designated centres.

Proposed Timescale: 14/09/2016

Theme: Responsive Workforce

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

There were gaps in some staff files.

21. 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:

1. The Children Service Manager has liaised with the Human Resource Department and has audited all staff files to identify the deficits in information and documents specified in Schedule 2.
2. The Children Service Manager has sent a final email on the 26th July 2016 to relevant staff where deficits are identified with a deadline of 1st August for information and documentation to be returned.
3. New staff for the designated centre are now required to have all information and documentation as specified in Schedule 2 in place prior to commencing work.

Proposed Timescale: 26/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

Some Schedule 5 policies were not available in the centre. There were no policies to inform the monitoring and documentation of nutritional intake, provision of information to residents, the creation of access to, retention of, maintenance of and destruction of records and education.

22. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

- 1) The following policies have been reviewed since the most recent inspection;
 - Quality, Safety and Risk Management Policy and Procedures (24th May 2016)
 - Child Protection & Welfare Policy (25th May 2016)
 - Trust in Care Policy (25th May 2016)
 - Protection and Safeguarding policy (18th May 2016)
 - Complaints policy (18th May 2016)
 - Serious Incidents and Adverse Events Policy and Framework (18th May 2016)
- 2) The Children's Money Policy has been revised and is due to be approved at the next Board of Directors meeting on 25th July 2016.

- 3) The Managing Short-Breaks Policy and Referrals and Discharge Policy were revised and are due to be approved at the next Board of Directors meeting on 25th July 2016.
- 4) All policies are distributed via the internal server and available to all staff. Hardcopies of all Schedule 5 policies are now available in the designated centre.

Proposed Timescale: 25/07/2016

Theme: Use of Information

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

The quality of record keeping was inconsistent.

23. Action Required:

Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

1. The Children Services Manager and their Deputy have reviewed the current auditing system and will continue the weekly audits in order to ensure effective oversight of the designated centre.
2. The Registered Provider has requested the Quality Compliance Training Department to conduct unannounced monthly spot checks for the next 3 months to be assured that the revised system is effective.
3. Going forward the Children Service Manager and their Deputy will address inconsistencies identified through this process with the relevant staff for immediate action and continue to record on staff records to track, monitor and plan individual training needs.
4. Common themes or issues will be discussed at team meetings in order to promote staff learning and inform team training needs.

Proposed Timescale: 31/10/2016