Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Catherine's Association Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001847</td>
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<tr>
<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Catherine's Association Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Ian Grey</td>
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<tr>
<td>Lead inspector:</td>
<td>Eva Boyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>Ann Delany;</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
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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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 23 June 2014 10:00
To: 23 June 2014 17:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<td>Outcome 08: Safeguarding and Safety</td>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

The first inspection of this children's residential centre was unannounced and was carried out by two inspectors over one day. As part of the inspection, inspectors met with the director of services, the centre manager (person in charge), staff members and observed the three children in the centre. Inspectors reviewed policies and procedures, as well as personal plans, behavioural support plans, fire records and staff files.

The centre was located in a dormer bungalow with a separate self contained apartment in a residential setting on the outskirts of a town in Co. Wicklow. Three children were living in the house, and one adult was resident in the self contained apartment.

Inspectors observed the three children within the centre and they received close supervision on the day of the inspection. Staff interacted warmly and were respectful in their interactions with the children. Inspectors found that there were deficits in the assessment of children's needs and in children's personal plans. The centre had draft personal plans that were under development. There was insufficient evidence of multi-disciplinary assessment and input in the draft plans that were reviewed. There was limited evidence of the centre preparing the children in life skills, and this was an area that required further development.

Inspectors observed hazards not assessed within the centre including an unrestricted
window in a first floor children's bedroom. This was brought to the attention of the centre manager who took immediate action and the matter was addressed prior to the inspectors leaving the centre. There was no health and safety statement for the centre and inspectors found that the centre's environment had not been risk assessed.

The centre had a policy in relation to child protection and it was compliant with Children First: National Guidelines for the Protection and Welfare of Children (2011). Inspectors found that staff used a 'calm room' in the management of some children's behaviour. Staff told inspectors that this room was used for individual children to calm down when their behaviour was particularly difficult to manage.

There was no statement of purpose in place for the centre. Staff who met with inspectors were positive about the support and guidance that they received from the manager. However, inspectors did not find any records of the formal supervision of staff. There had been some managerial oversight, by both the manager and the director of services, in relation to behaviour management and restrictive practices. There was no evidence of any ongoing audits in the area of personal plans or medication management.

Recruitment processes were not robust. A substantial number of the staff were not qualified for the role. Staff files did not meet all the requirements of Schedule 2 of the regulations. While staff had received training in emergency medication, they had not been trained in the safe administration of medication.
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.

<table>
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<td>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.</td>
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<th>Theme:</th>
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<tr>
<td>Effective Services</td>
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| Outstanding requirement(s) from previous inspection(s): |
| This was the centre’s first inspection by the Authority. |

**Findings:**
Children’s needs had not been assessed within the centre and personal plans had not been completed. There was limited evidence that children and their families/guardians were being consulted in the development of the plans. There was limited preparation for independent living in the centre.

There was no assessment of each child's needs to inform their personal plan. Inspectors reviewed two personal plans and found that both were under development but were not informed by a multi-disciplinary assessment of need. The draft personal plans did not provide details of the services and supports that were required to meet the child's health, education, social or transport needs. The plans outlined how to effectively communicate with the children, for example using a specific communication device. Inspectors found in one plan that the young person's wishes about further community involvement were recorded, along with their interests and hobbies. Behaviour support plans were in place for the two children whose files were reviewed. There had been some communication with a child’s family in relation to the development of the plan but a formal process had not been established within the centre to engage families and children in personal planning. The centre manager told inspectors that a copy of the personal plan had not as yet been provided to families/guardians. Inspectors found that the plans were not child friendly. The centre had a visual display of daily programmes for each child in place. Inspectors found that there was an emphasis placed on rules and routine. For example, each child had to follow specific daily rules, and chose a reward from a choice of three options. Children chose scheduled activities for each day on the previous evening.

No statutory care plan was on file for children who were in the care of the State but the
The centre manager identified that the social worker had visited in line with the Child Care Act 1991 and Child Care (Placement of Children in Residential Care) Regulations 1995. However, there was no record of these visits in the relevant children’s file.

Inspectors found that there was limited preparation for independent living. Children were engaged in some household chores such as stacking the dishwasher and sweeping the floor. The centre manager informed inspectors that the centre did not complete weekly grocery shops as most grocery supplies were procured monthly and in bulk. Therefore, children living in the centre were not being provided with the opportunity to develop their life skills of grocery shopping.

**Judgment:**
Non Compliant - Moderate

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**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were limited systems in place to promote the health and safety of children and staff in the centre. There was no site specific health and safety statement.

There were some policies relating to risk management recently introduced, but they were not in compliance with Section 26 of the regulations. For example, the policy had not included the identification of hazards and assessment of risks throughout the designated centre, and the measures and actions in place to control the identified risks. The centre had not completed a risk assessment of the centre and its environment.

Inspectors identified a number of potential hazards within the centre including an unrestricted window in an upstairs children’s bedroom, loose decking, old white goods, and ligatures both inside and outside the centre. These were brought to the attention of the centre manager who took immediate action in relation to the unrestricted window and the matter was addressed prior to the inspectors leaving the centre. The manager told inspectors and documentation confirmed that she had requested that repairs would be completed such as on the decking, and the removal of white goods from the back of the centre. However, these repairs remained outstanding. The majority of staff had completed training in manual handling.

The centre had completed risk assessments for individual children which identified specific risks such as a child leaving the centre. Inspectors found that some of these risk assessments were comprehensive, identified the risk, the impact, existing control and additional control measures. The person responsible and timeframes for action were
outlined. The specific number of staff required to control identified risks for the child was outlined in specific risk assessments.

The centre had some precautions in place in relation to fire safety. The centre had completed two fire drills in January 2014. Two children refused to co-operate with the first fire drill that was held and on the second occasion, two staff and two service users completed a fire drill, but the alarm was not sounded. Therefore, not all staff had experienced a fire drill. The fire alarm and fire equipment were serviced in April 2014 by an outside contractor. Staff conducted daily checks of escape routes. The centre had an assembly point and evacuation instructions were recorded in the hall of the centre. There was a procedure in place to evacuate the centre. However, there was no contingency plan in the event that the children could not return to the centre. Two staff members were not up to date with fire safety training.

The centre had adequate procedures in place in relation to infection control. There were adequate hand-washing facilities and procedures in place regarding same. Inspectors found that staff had good knowledge in relation to the prevention of infection. However, inspectors found that harmful substances such as detergents and cleaning agents were stored away in an area where dried foods were also stored. Not all staff in the centre had up to date first aid training. However, inspectors were told that training in first aid was scheduled for July.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There were some systems in place in relation to safeguarding children from harm. 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). There was a centre specific policy on positive behavioural support in place and children had behaviour support plans. Some restrictive practices had been used within the centre. The centre had a specific 'calm room' within the centre, and inspectors queried whether
there were alternative management strategies that could be used.

There were adequate policies in place in relation to the prevention, identification and response to concerns of child protection within the centre. The policy did not reference protected disclosures, and staff were unaware of the concept. All staff who were interviewed knew who the designated and deputy designated liaison person was within the organisation and had good awareness of this role. Staff were knowledgeable about the identification of abuse. No reports of a child protection concern were made to the Child and Family Agency since August 2013. The centre had procedures in place for staff who worked alone with clients and recommended that staff keep doors open within the centre so that other members of staff could monitor colleagues interaction with children.

The centre had some safeguarding policies and procedures in relation to bullying, keeping safe and children missing from care. The centre's policy on unauthorised absences (March 2014) was guided by a joint protocol agreed between the Health Service Executive (HSE) and An Garda Síochána.

The centre had a policy on positive behavioural support and staff placed an emphasis on reinforcing positive behaviour. Young people at the centre had behaviour support plans, which were reviewed and amended regularly. Staff had received training in a model of behavioural management. The staff team had access to a behavioural support specialist who drew up and reviewed behavioural support plans along with the staff team. Inspectors reviewed behavioural support plans and found them to be comprehensive and directed staff to the appropriate intervention.

Restrictive practices were used within the centre. The centre had a policy on restrictive practices which identified that all restrictive practices had to be approved by the director of services. The manager identified that a number of restrictive practices, such as the physical restraint of a child had been utilised within the service. Inspectors identified that while a log of restrictive practices was available within the centre it was not used by staff to reflect all use of restrictive practices. It was also unclear whether alternative measures were considered before a restrictive practice was used and that it was the least restrictive procedure used for the shortest duration possible.

One of the behavioural support plans referenced the use of a 'calm room'. Inspectors observed the calm room, which was a small room, with a door, a small internal window and a bean bag. This room also had a baby monitor camera. The manager told staff that when a young person's behaviour got to an uncontrollable stage that the child may have been requested to go into the calm room, where they would remain for a number of minutes to calm down. In one of the behavioural support plans, it referenced a child going into the calm room for 15 minutes, and that after 15 minutes that staff would ask if the young person had calmed down. A child could spend a further period of up to 15 minutes in this room, if required. If the child was calm, staff would complete relaxation exercises before the child left the calm room. Inspectors queried this practice with the manager and the director of services. The manager outlined that the room had only been used for this purpose once in the last two months. She stated that the door of the calm room remained open, and said that the camera was rarely used. The inspectors found that the director of services and the behavioural support specialist had signed off on this practice. In other behavioural support plans that were reviewed, there were clear
preventative and management strategies outlined to deal with a child's behaviours.

It was unclear whether family members had been consulted in the use of restrictive practices. In addition, the manager had not notified the Authority of the use of any restrictive practices at the time of the inspection. After the inspection was completed, the manager submitted notifications of occasions when restrictive practices were used by the centre. The inspector reviewed notifications from November 2013 to June 2014. The centre extensively used time out with children. Children on occasions were on time out in the sensory room or for some children in the 'calm room'. Physical restraints were used on occasions to transport some children into the 'calm room' and on other occasions, it is recorded that "children chose to go into the calm room themselves". Inspectors found that there was a reduction in the use of the calm room in May and June 2014.

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):
No actions were required from the previous inspection.

Findings:
The centre did not have a centre specific policy for the management, prescription and administration of medication. Staff had not received training in the safe administration of medication.

The centre did not have a centre specific policy for the management, prescription and administration of medication. There was a procedure in place for the safekeeping of medication and for the disposal of medication. All medication was stored securely in a locked cabinet. The centre used a blister pack system for some of the children, and each prescription was attached to the blister pack.

The centre used a combined prescription and administration sheet. The prescription and administration sheets recorded the name and date of birth of the child and there was a photo of each child. Inspectors found that the prescribing general practitioner (GP) was not always named on the prescription sheet. The route of administration of the medication was not recorded on the prescription sheets and the maximum dosage of as required (PRN) medications was not recorded. The manager told inspectors that prescriptions were transcribed by one nurse within the organisation but inspectors found that the relevant GP had not co-signed the prescription. The organisation's policy
outlined that “only nursing staff may transcribe prescriptions if deemed necessary under their own professional accountability. The decision to transcribe a prescription should only be made in the best interests of the service user. A nurse who transcribes is professionally accountable for her/his decision to transcribe and the accuracy of the transcription – An Bord Altranais 2007” However, this was not in adherence with the Irish Nursing Board’s Guidance to Nurses and Midwives on Medication Management (2007) as two nurses were not involved in the transcription and co-signed by the prescribing doctor or registered nurse prescriber within a designated timeframe. Neither did inspectors find that the practice of transcribing was subject to regular audit.

Staff were not trained in medication administration. The centre manager advised that the shift leader administered medication to children. There were no recorded medication errors and on review of administration sheets, inspectors did not observe any medication errors. Documents reviewed identified that staff had received training in emergency medications. There was no separate system for recording medication errors. The centre manager informed inspectors that if a medication was administered late then this would be recorded in the comment sheet.

The manager told inspectors that a staff member had responsibility to ensure that any medication that is unused or out of date is returned to the pharmacy, and the pharmacy provided a record of this. However, inspectors found out of date medication in the medicine press. Inspectors also found that while staff recorded what medications they returned to the pharmacy this was not reconciled with the record from the pharmacy.

**Judgment:**
Non Compliant - Moderate

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was no statement of purpose in place. A document was provided to inspectors, which appeared to be a template statement of purpose document and the specifics of the centre had not been inserted, such as name, and number of children that were catered for. However, an adult was resident in the self-contained apartment that was adjacent to the children’s centre.
Judgment:
Non Compliant - Major

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):
This was the centre’s first inspection by the Authority.

Findings:
The management systems within the centre were not robust. Formal systems of supervision and quality assurance were needed to ensure that children received a good quality service with measurable outcomes.

There was a management structure in place with lines of authority but the lines of accountability and decision making were not clear. The centre manager who was nominated by the organisation to be the person in charge reported to the director of services for the organisation who in turn reported to the board of directors. The director of services was responsible for providing oversight and monitoring of all residential services within the overall organisation, along with the management of maintenance, the training officer and behaviour specialists. All care staff reported to the centre manager and were clear about the reporting relationships. An on-call system was available for staff for out of hours cover and staff told inspectors that if they were concerned about any of the children’s health that they would contact the nurse who worked in one of St. Catherine’s Association’s other designated centres. The centre manager told inspectors that she met with the director of services on a weekly basis and had one to one supervision as well as a management meeting. Minutes of these were not available for review by inspectors. Inspectors did not find supporting evidence of how either the centre manager or the director of services were held to account for decision-making or responsibility for delivery of services to residents.

During the course of the inspection, the centre manager referenced that the organisation was in the process of bringing in new governance arrangements and informed inspectors that she was now the person in charge for only one centre. Inspectors reviewed a document which outlined the governance structures and systems which were in the process of being implemented within the overall organisation such as weekly residential meetings, monthly reports to the board of directors, quarterly residential reviews, annual reviews of residential services and audit committees. At the time of the inspection, weekly residential meetings were in place. However, inspectors
did not find evidence of the implementation of the other governance systems or arrangements as outlined above.

The centre manager was employed on a full time basis and was manager of the centre since August 2013. She had a good knowledge of the children living in the centre. The centre manager was suitably qualified and had some knowledge of the regulations and her statutory responsibilities. However, relevant notifications had not been submitted to the Authority within the relevant timeframe. Inspectors found that the centre manager had limited managerial oversight of the care provided to children.

Inspectors found that there were limited formal management systems in place. Inspectors found some records where the centre manager, behavioural support specialist and staff reviewed specific behavioural support plans of individual children following an incident. However, there was limited monitoring of the overall quality of care provided to the children, their outcomes and a system of regular audits were not in place for issues such as the quality of the children's personal plans, medication management or use of restrictive practices. There were no formal systems in place to monitor the centre’s performance against standards or regulations. The director of services told inspectors that all managers had a monthly audit tool to complete in relation to quality and safety. Inspectors asked the manager about this tool but she was not familiar with it. She showed inspectors a folder of HIQA notification forms rather than the tool. Overall, the organisation planned that during the month of June, an internal assessment would be completed of their compliance with disability regulations and standards. However, inspectors did not find any evidence of this process being in place in the centre. Inspectors reviewed a plan of scheduled meetings but there was only one record of team meeting minutes from February 2014 available for inspectors to review.

Staff were not formally supported and performance managed. There was a staff appraisal system in place and a supervision policy. Inspectors found that not all aspects of staff appraisals were completed and future actions were not always specific for the staff member. It was unclear to inspectors how staff performance was managed in order to ensure that the service was continually improving and that staff would exercise their professional responsibility for the quality and safety of services delivered. There was no protected disclosure policy in place for staff to raise concerns in relation to the running of the service.

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:
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
Recruitment practices within the centre were not robust. The majority of staff who worked in the unit were not appropriately qualified and staff records were not in compliance with the regulations. The majority of staff had received mandatory training. Inspectors did not find that there was a record of staff supervision within the centre.

The recruitment process was not robust and the centre was not in compliance with Schedule 2 of the regulations. There was a recruitment policy and a staff induction policy in place. A sample of staff files were reviewed and inspectors found that they did not contain all the requirements as outlined in schedule 2. For example, there were gaps in employment histories in three out of four staff files reviewed, two written references (including a reference from the staff member’s most recent employer) were not on all staff files and details of the position that the person held, the number of hours worked and the responsibilities were not recorded in three out of four staff files sampled.

The centre did not have sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents at the time of the inspection. Ten out of fourteen staff who worked in the centre were not qualified but three of these were currently undertaking a relevant educational programme. The manager told inspectors that in reviewing incidents involving the children that she had noticed that there were some patterns regarding the behaviours of children and the staff who were on rota. The manager informed inspectors that she endeavoured to balance the teams experience when developing the staff rota. In light of this finding by the manager it was unclear what steps the manager and the organisation as a whole had taken to ensure that all staff within the centre were appropriately competent to provide a high standard of care to the children. Two staff members were not rostered to work at the time of the inspection as an internal investigation was underway following an incident in the centre.

There was a staff rota in place, which was the actual rota. A number of amendments had been made and erased which it left it difficult to identify the planned and actual rota. The rota outlined that one staff member worked a night shift and a second staff member slept overnight in the centre. When the children were in the centre there was one to one supervision by staff.

The centre had not completed a training needs analysis for staff. The manager informed inspectors that a training needs analysis process was being developed by the organisation. She outlined that a training co-ordinator attended weekly management meetings. The majority of staff had completed mandatory training in manual handling, behavioural management, fire safety, first aid, and Children First (2011).

The centre had a staff supervision policy which identified that staff supervision should take place every 6 to 8 weeks. Staff told inspectors that they received supervision from the manager. The manager told inspectors that there was no formal system of
supervision in place but that the organisation was in the process of commencing formal supervision meetings with staff and the training officer was sourcing training in supervision for managers. The manager told inspectors that she met the service director for supervision on a weekly basis. Staff received appraisals, and inspectors reviewed these. Appraisals focused on productivity, quality of staff's accomplishments, responsibility, interpersonal skills, attendance and job knowledge. In the sample of appraisals reviewed it was not very clear what future actions were identified following on from the appraisals and no overall rating was completed. The manager outlined that she had not completed appraisals recently due to other pressures within the centre. However, there were appraisals on file that were completed in 2014.

**Judgment:**
Non Compliant - Major

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**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:**

Eva Boyle
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 report

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<thead>
<tr>
<th>Centre name:</th>
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<td>Date of Inspection:</td>
<td>23 June 2014</td>
</tr>
<tr>
<td>Date of response:</td>
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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:
Children’s needs were not holistically assessed with multi-disciplinary involvement.

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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
and circumstances, but no less frequently than on an annual basis.

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

Action 1
The registered provider has undertaken to establish a multidisciplinary team (MDT) who will support the children attending the centre, this will include Speech and Language Therapist, Physiotherapist, Nursing, Psychologist, Occupational Therapist and Behaviour Support Worker.
The MDT will provide assessment of the health, personal and social care needs of the children attending the centre. A minimum annual assessment of the child’s needs will be carried out by the MDT.
The assessment by the MDT will be included in the child’s Personal Plan and will be discussed with the PIC and parents/guardians.

Action 2
Assessments for children to commence in 01.09.14 and reports to be completed before 30.10.14. Annual review assessment will be organised in sept/oct of each year or sooner if required.

Proposed Timescale:
Action 1 - 1.9.14
Action 2 - 30.10.14

Proposed Timescale: 30/10/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors found that personal plans were in development and there was limited input from family and the children.

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

Please state the actions you have taken or are planning to take:
Action 1
Minimum of biannual meetings with the families to review and update the personal plan for each resident.
Personal Plans to be in place for each child 03.11.14 on completion of the MDT assessments and reports.

Proposed Timescale: 01/11/2014
Theme: Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there were no child friendly versions of draft personal plans and families/guardians had not been provided with a copy.

**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:**
Child friendly versions of the personal plans will be given to the family and available to the resident at all times. Plans will be available on completion of the MDT assessments and reports.

**Proposed Timescale:** 03/11/2014

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**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:
Hazards including loose decking, ligatures inside and outside the centre, white goods had not been risk assessed.

**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 risks/hazards identified have been assessed and the maintenance department have addressed these fully and no outstanding issues remain.

**Proposed Timescale:** 25/07/2014

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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include 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 be amended to include hazard identification and assessment of associated risks.

**Proposed Timescale:** 19/09/2014  
**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 in the designated centre.

**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 will be amended to specify the measures and actions required to control identified risks.

**Proposed Timescale:** 19/09/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The policy did not outline the 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:**
A governance policy for residential services is now in place. This policy sets out the monitoring of risk and learning from adverse events. The risk management policy will be amended to outline these systems.

**Proposed Timescale:** 19/09/2014  
**Theme:** Effective Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline measures and actions in place to control the 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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The risk management policy will be amended to specify the measures and actions required to control identified risks.

Proposed Timescale: 19/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the measures and actions in place to control the 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 be amended to specify the measures and actions required to control the risk of aggression and violence.

Proposed Timescale: 19/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the measures and actions in place to control the 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 be amended to specify the measures and actions required to control self-harm

Proposed Timescale: 19/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

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 risk management policy will be amended to include additional details on the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Proposed Timescale: 19/09/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no contingency plan should children need to be evacuated to another location in the event of an emergency.

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

Please state the actions you have taken or are planning to take:
Action 1
The contingency plan, should children need to be evacuated to another location in the event of an emergency, has been completed. This is available in the residents guide and statement of purpose.

Copy of emergency alternative accommodation (as follows)

In the event the centre cannot be re-entered
Options for alternative accommodation below.

If the centre has to close and residents must be relocated for the following reasons

- Fire
- Flooding
- Loss of electricity
- Loss of heating
- Any other reason deemed to warrant an emergency closure

Residents and staff will relocate to the following places:

1. Staff and residents will relocate to either other respite or residential locations which ever is more appropriate at the time.
   If either of the above are not suitable or available please use the designated hotel for emergencies

   House Leaders have visa cards to use for emergencies

<table>
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<tr>
<th>Proposed Timescale: 25/07/2014</th>
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<tbody>
<tr>
<td>Theme: Effective Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Two members of staff were not up to date with fire safety training.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>Action 1- staff will avail of fire safety training on august 26th or 27th</td>
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<th>Proposed Timescale: 27/08/2014</th>
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<tr>
<td>Theme: Effective Services</td>
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<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Not all staff had been involved in fire drills.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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</table>
| 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:**

**Action 1**
The registered provider has undertaken a complete review of all fire safety training. Deficits have been identified and are currently being addressed. It is planned that staff in the organisation will have completed fire safety training not later than 1st September 2014. Training dates are scheduled for August 26th and 27th.

**Action 2**
The PIC will ensure that the roster will include at all times a staff member trained in fire safety across all times of day.

**Action 3**
The PIC will ensure that all staff will have an opportunity to participate in a fire drill at regular intervals.

**Action 4**
For the residents the PIC will develop a social story for fire safety and evacuation to help develop residents awareness of procedures to be followed in case of fire.

**Proposed Timescale:**
- Action 1: 27.08.14
- Action 2: 20.07.14
- Action 3: 28.07.14
- Action 4: 04.08.14

**Proposed Timescale:** 27/08/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not clear that alternative measures were considered before a restrictive practice was used and that it was the least restrictive procedure used for the shortest duration possible.

**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.

An audit of the weekly use of restrictive practices is now in place. The information collected via this audit will be discussed and reviewed at weekly residential/respite meetings.
The registered provider will ensure that each resident has a Behaviour Support Plan (BSP). Restrictive practices are currently identified in the BSP. Where a protocol for each restrictive practice is included in the BSP which describes a hierarchy of interventions to be followed from least to most restrictive.

The registered provider will ensure that the Behaviour Specialist trains all staff on implementation on the BSP.

All restrictive practices are recorded on an incident form which includes duration of event and recording of restrictive practice used, if any. Following use of a restrictive practice with a client, the PIC will meet and review the BSP with the Behavioural specialist and staff involved and update the BSP accordingly to ensure the least restrictive practice is used and for the shortest duration. All incident forms are reviewed at a weekly behavioural meeting.

Proposed Timescale: 12/08/2014

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:

Staff were not trained in the safe administration of medication. GP’s details were not always outlined in prescriptions sheets. The method of administration and dosage was not recorded in prescription and administration sheets within the centre.

Action Required:
Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Action 1
Audit of transcribing practices to commence immediately. Audit will consist of monthly random audits of transcribed kardexs in 2 locations per month with 3 kardexs reviewed in each location. Responsibility for audit is the Nursing Department.

Action 2
Provide training for all staff in the residential centre with respect to safe administration of medication.

Action 3
Audit on the children we currently have attending, their diagnosis and health needs and the needs of staff around training provision.

Action 4
Audit of staff training needs of care staff and nursing department.
Action 5
Source accredited external training to train two nurses can deliver training in safe administration of training going forward.

Action 6
Two nurses will transcribe all medication to kardex and sign as per policy guidelines.

Action 7
We will write to all parents in respite and inform them that we need a signed prescription from the child's GP for all prescribed and over-the-counter medication.

Action 8
Revised medication management policy to be finalised and ready for implementation.

Action 9
Meeting with GP on 6.8.14 and establish system for GP to write prescriptions and transcribe medications. If unsuccessful new GP practice will have to be sourced.

Proposed Timescale:

Action 1 - 11.08.2014
Action 2 - commence 11.08.14 completed 24.08.14
Action 3 - 15.09.2014
Action 4 - 30.09.2014
Action 5 - 31.12.14
Action 6 - 01.08.2014
Action 7 - 08.08.2014
Action 8 - 11.08.2014

Proposed Timescale: 31/12/2014

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:
There was no statement of purpose in place for the centre.

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:
A statement of Purpose is now in place for the centre.
Proposed Timescale: 25/07/2014

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:
There were not clear lines of accountability, decision making and responsibility for the delivery of the services to residents

Action Required:
Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

Please state the actions you have taken or are planning to take:
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 PIC will update staff on any changes in management personnel at monthly staff meetings.
Action 2
The PIC has developed a line management chart for all staff which is on display in the main hall.
The registered provider will notify staff via email of any changes to the executive team.
Action 3
St Catherine’s Association has confirmed the establishment of an Interim Executive Team. The executive team comprises of an Interim General Manager and Director of Service, a HR Manager and a Financial Controller.
Action 4
The registered provider will revise the company handbook and provide staff training to inform them of any changes.

Proposed Timescale:
Action 1- 25.07.14
Action 2-25.07.14
Action 3-25.07.14
Action 4- 01.12.14

Proposed Timescale: 01/12/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence of formal systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.

**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.

The service provider will implement the following steps:

**Action 1**
1. A governance framework has been established which sets out the management system of residential services. This document also sets out the review systems for ensuring quality and safety. These include:
   1. Weekly residential review meetings are held between the PIC and the provider and as part of this there are a number of standing agenda items for review including:
      - Review of all risks identified in the previous week and recording in the centre risk register.
      - Identification and review of restrictive procedures implemented (if any) in the previous week.
      - Identification of maintenance issues
      - Any child protection concerns in line with Children First.
      - Review of progress of individual children.
      - Discussion and review of staffing arrangements.
      - Identification of training needs for staff.
      - Weekly tracking of HIQA audit for compliance with standards.

**Action 2**
2. Monthly reports are sent to the Board of Directors in respect of weekly meetings.

**Action 3**
3. Quarterly residential review. This involves the following:
   - Full review of risk register for each residential centre in the previous three months.
   - Audit of restrictive interventions implemented in previous quarter
   - Completion of Quarterly returns for HIQA
   - Completion and review of quarterly progress report for Behaviour Support Plans
   - Review of all Person Centred Plans and monitoring system
   - Identification of organisational issues requiring change to ensure more effective services.
   - Identification of changes required to the Residential Services Policy and Procedures manual
   - Review of complaints, concerns and adverse events

**Proposed Timescale:** 25/07/2014
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not formally supported and performance managed.

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
An appraisal system for all staff is now in place. Appraisals take place twice annually or more often if required between staff and the PIC. Records are kept of appraisals by the PIC.

Action 2
A supervision policy has been developed (31st March 2014). PIC’s will be responsible for the supervision of staff in each unit. Supervision will take place not less frequently than every eight weeks.

Action 3
A suitable supervision training course is being sought by the registered provider for all PIC’s in order to ensure best practice. A record all supervision will be kept in accordance with the supervision policy and national guidelines

Proposed Timescale:
Action 1- 25.07.14
Action 2- 25.07.14
Action 3- 30.09.14

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no protected disclosure policy in place for staff to raise concerns

Action Required:
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Please state the actions you have taken or are planning to take:
The registered provider will revise the Residential manual which will include a policy to protect disclosures for staff who wish to raise concerns
**Proposed Timescale: 25/07/2014**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff files did not meet all the requirements of schedule 2. Not all employment histories were on staff files, and not all staff files held two written references.

**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:**

**Action 1**
Audit of staff files to identify any incomplete file and what information is required

**Action 2**
To ensure that information and documents as specified in Schedule 2 and identified in file audit are obtained for all staff.

**Proposed Timescale:**
Action 1: 31.08.14
Action 2: 11.09.14

**Proposed Timescale: 11/09/2014**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The majority of staff in the centre were not qualified.

**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**
The registered provider will complete a training needs audit of the centre based on the domains identified in the regulations

**Action 2**
An audit of staff qualification for the centre is being conducted

**Action 3**
The current training policy will be further developed based on the first two actions

**Action 4**
All unqualified staff will be identified and a suitable external accredited training
programme identified to provide with the required qualification.

Action 5
Rostering of staff will take account of the need for qualified staff to be on duty at all times with unqualified staff.

Proposed Timescale:
Action 1- 05/09/14
Action 2- 10/09/14
Action 3- 01/10/14
Action 4- 15/09/14
Action 5-15/09/14

Proposed Timescale: 01/10/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Inspectors only found an actual rota, which had been amended and was difficult to interpret.

Action Required:
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

Please state the actions you have taken or are planning to take:
Rotas have been changed and a copy of the original is available on the computer.

Proposed Timescale: 25/07/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
No formal supervision was in place for staff.

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:
Action 1: We will source an external training organisation to provide a supervision course to all PIC’s.
Action 2: We will implement revise the supervision policy to ensure continuity between training and practice in the centre.

Proposed Timescale:
Action 1: 19-08-2014
Action 2: 30-09-2014
Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in manual handling, behavioural management, fire safety, first aid, and Children First (2011).

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:
Action 1: We will review the training records with the training co-ordinator to identify individuals without training identified above.
Action 2: Training will be provided to all staff who have not completed core training or refresher training.
Action 3: We will complete a training needs analysis based on the regulations to identify domains of training going forward.
Action 4: We will write a policy on continuous professional development for the Association with the assistance of HR.

Proposed Timescale:

Action 1: 07-09-2014
Action 2: 30-09-2014
Action 3: 30-09-2014
Action 4: 30-09-2014