

**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:	Kate Killeen
Lead inspector:	Una Coloe
Support inspector(s):	Eva Boyle;
Type of inspection	Announced
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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 19 January 2015 09:30 To: 19 January 2015 18:30

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

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

Summary of findings from this inspection

The centre was previously inspected by the Authority in June and September 2014. The inspection was announced and carried out by two inspectors over one day. Inspectors met with the person in charge, the human resource manager, staff members and observed children in the centre. Inspectors reviewed policies and procedures, and documentation relating to risk management, staffing, care provision and other areas.

The centre was located in a dormer bungalow with a separate self contained apartment in a residential area on the outskirts of a town in Co. Wicklow. Four children aged between 8 and 16 were accommodated in the house and the self contained apartment was not occupied on the day of the inspection.

The inspectors found some evidence of engagement with the multi-disciplinary team. However, this was not fully incorporated into the children's personal plans. Improvements had been made in the assessment of children's needs but some deficits remained. There was limited evidence that the children were supported in preparing for transitions from the service and in the development of life skills and this area required further improvement.

The centre had effective procedures in place for the management of fire and infection control. Some improvement was required to ensure the risk management policy was compliant with the regulations. The centre had a policy in relation to child

protection and welfare and this required some amendments to ensure it was compliant with Children First: National Guidelines for the Protection and Welfare of Children (2011). Internal procedures for the management of information regarding child protection and welfare issues were not adequate. Incidents of behaviour that challenged had increased in the centre and although a system was in place to review the incidents, the impact and learning from the reviews was not clear.

The statement of purpose was amended but it was not fully compliant with the requirements of the regulations. The person in charge had been recently appointed and this was the second appointment of this nature since the last inspection. The senior management team had completed some visits to the centre to assess the quality and safety of the organisation. However, the reports from the visits did not cover all aspects of the quality of the care and support in the centre. Regular audits of the systems and processes in the centre had not been completed. Supervision had commenced for the staff team but it was not in place for staff members at the time of inspection and there were difficulties in maintaining adequate staffing levels.

These and other findings will be discussed throughout the report.

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

There had been some improvements in this area since the last inspection. Inspectors found that children's needs and the personal plans had been reviewed within the centre. There was no documentation in place regarding the planning for transitions or the support and guidance provided to the children to develop the life skills to live as independently as possible.

The children's files contained a number of documents, including a pre admission form, a personal plan, a personal plan assessment report and a support needs form. The various plans reviewed were not fully completed, repetitive and lacked one clear document to guide the practice.

Multidisciplinary input had improved but the quality of the assessments varied and required improvement. There were some comprehensive reports in place from professionals including a behaviour support therapist, a speech and language therapist and a teacher. The inspectors noted that recommendations and goals detailed in these reports were not always incorporated into the child's plan and therefore may not be reflected in the work practices and care provided to the child. A pre admission form reviewed by inspectors, regarding the most recent admission to the centre in August 2014, was completed by a social care worker which contained some basic information on diet, continence and communication needs. The assessment was not comprehensive and there were gaps such as mental health and sensory needs which were not identified. The pre-admission form was inaccurate as it stated that an individual medication plan was not applicable despite the fact that an individual medication plan was present for this child, which the inspectors reviewed in a separate file. One of the

personal plan assessment forms reviewed by inspectors was not signed by the professionals who completed or contributed, was not dated and did not specify a date for review. The person in charge advised that there are on-going discussions with management regarding a new template for assessments. The person in charge advised that full multi-disciplinary meetings had not convened for the children, however input from professionals was obtained via phone calls, emails and when the professionals visited the centre. S/he advised that the centre intends to organise annual reviews with the multidisciplinary team and six monthly reviews in the centre.

The personal plans did not give a holistic overview of the children's needs. The personal plans reviewed contained some details regarding the health, personal and social care needs of the child but additional information was required to ensure the plans were comprehensive. For example, the educational needs of the child were not outlined consistently and did not detail the child's level of reading or understanding of text. Information regarding the child's health needs, such as immunisations received, was not documented. The inspectors noted that in another case that the plan did not refer to the personal and intimate care plan contained within the file. The children's files did not contain all necessary information. Documents such as behaviour support plans and social work contact regarding a child in care were absent from the files. The person in charge advised this information was located in various other places within the centre which inspectors later reviewed.

The goals identified for the children were not adequate and required additional work to ensure they were achievable and measurable. There were some goals noted sporadically throughout the plans. In many instances the goals were broad and did not stipulate how they would be achieved. For example a goal documented for one child was to have "more consistency and stability in his life". In other cases professionals had identified goals in their reports and this was not incorporated into the personal plan. One staff member interviewed advised that the service had recently commenced the development of goals for the children. S/he stated that some goals were incorporated into the child's behaviour management plan regarding their behaviour which s/he felt guided the work in terms of managing behaviour.

There was evidence of participation of children in their plans but the child friendly plans required further development to ensure they were in an accessible format for the children. The inspectors reviewed some of the child friendly personal plans which were written in the first person and documented the child's views regarding their likes and dislikes relating to community outings and social activities. They did not contain pictures and therefore required improvement to ensure it was appropriate as the child's version of the plan. A staff member interviewed advised that some of the children have limited verbal interaction and as a result emotion boards and visual cues are used to obtain the child's views on some aspects of their care. Child friendly communication passports were in place and gave an overview of the children's likes, dislikes and information regarding their family and how to keep safe.

It was clear from the files reviewed that the centre attempted to ensure family participation in planning for the children. One file clearly documented the attendance of family members at a meeting and it was recorded that the family declined to participate in another plan reviewed. Inspectors reviewed minutes of a care review meeting which

documented that the family attended. The minutes documented that discussions had taken place regarding the child's behaviour, education and upcoming appointments. The minutes were not clear and it was difficult to assess the effectiveness of this meeting in terms of identified goals or actions arising from the meeting.

Transition planning was not sufficient and there was no evidence that the young people had been supported in preparing for adulthood. There were no transition plans in place for the two 16 year olds residing at the centre. The person in charge confirmed this and advised that informal discussions had taken place for one child but formal planning for their future had not commenced. The development and promotion of children's life skills was not recorded in the documents reviewed. The person in charge stated that some life skills work was completed and gave examples of how children went to the shop to pick out items for their room. S/he also advised there were plans to set up a bank account for two young people. Improvements were required regarding the documentation of life skills work with the young people as this work was not evident in the files reviewed.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

There had been some improvements in the centre's risk management system since the last inspection. The organisation's quality, safety and risk management framework policy and procedure was updated but required further improvement. A risk register was developed in the centre however opportunities to learn from incidents was not evident in all cases. A new health and safety officer was employed for the organisation.

The risk management policy was updated since the last inspection but it did not meet all the requirements of the regulations. The policy included proactive and reactive strategies regarding risk and outlined the responsibilities of the board & executive level, the management team and staff members of the organisation. The policy also provided detailed information in relation to risk and risk registers. It did not outline the process required for hazard identification and the assessment of risk, the measures and actions to control the risks, or arrangements for the identification, recording and investigation of, and learning from, serious incidents. There was no system for responding to emergencies and the measures and actions in place to control the four stated risks in the regulations were not documented, however other policies were referred to for

guidance in these areas.

There was a risk management system within the centre but this required improvement. Inspectors reviewed the risk register during the inspection which identified categories of risk including unexplained absences, risk of self-harm, aggression or violence and accidental injury. Each category was risk rated, using a risk matrix system which assessed the likelihood of the risk and the consequence or impact. The system required that risks rated as 12 or over should be included on the risk register but the inspector noted that one risk, rated as 9 had been placed on the register and therefore a consistent approach was not employed. The register gave a description of the risk and outlined existing and new controls to mitigate the risk. The risk register also identified the person responsible for the action, the due date and limitations in relation to control the risk.

Risk assessments completed for the centre were not comprehensive. A number of risk assessments were completed by the person in charge in November 2014 and January 2015 however the description of the risk was not adequate. Inspectors noted that the nature of the risk was not defined accurately for example slippery surface of the decking and loose electrical wires. Roof windows in the children's bedrooms were identified as a safety risk and appropriate measures were in place to control the identified risk. Inspector's reviewed logs of the daily checks of these windows which were signed by staff, which ensured that the windows were opened during the day for ventilation and locked on the children's return from school. Other risks were identified for specific areas in the building such as the kitchen and the risk of burns/scalds was documented.

A centre specific safety statement was in place and further improvements were required to ensure issues relating to health and safety in the centre were reviewed. The safety statement was signed by the acting CEO in January 2015. It detailed the centre's safety representative and also the safety officer for the organisation. It also outlined the responsibilities of the CEO, the auxiliary manager, managers and employees. The statement also detailed an emergency disaster plan and a list of contact numbers. It outlined that a consultation group met at intervals of six months to discuss and review health and safety aspects of the organisation. Inspectors reviewed minutes of two safety committee meetings from November and December 2014 which discussed organisational issues regarding policies and procedures, training needs and feedback from each location in the organisation. There was no representative from the centre at the meetings and therefore specific issues relating to the centre were not discussed.

Risk management briefings were provided in the centre by the organisations quality and compliance service manager at a team meeting. The person in charge advised that she had not completed external risk management training. A staff member interviewed was aware of the new system for managing risk within the centre and identified that certain risks had to be escalated to senior management. S/he gave an example of safety issues regarding the stream on the grounds of the centre and stated senior management were advised of this issue. There was a policy in place for working alone but this required additional information to ensure the safeguarding of staff and children. The policy did not refer to the risk of behaviour that challenged. There was also a gap in terms of risk assessments for working alone. The policy detailed that a staff member should read a risk assessment if one is available but did not stipulate a requirement to have a

completed risk assessment before commencement of this work.

The centre had put measures in place to mitigate a serious risk which was identified during the last inspection. Inspectors observed that the stream had been fenced off and a locked gate was in place for the safety of the children. A Christmas tree was evident at the side of the house which had a metal stand and inspectors viewed this as a possible risk to the children. Inspectors reviewed incident reports which all related to incidents of challenging behaviour. The person in charge advised s/he monitors the incident report forms and stated that if the incident relates to challenging behaviour, it is forwarded to the behaviour analyst. It was not evident that the incidents reviewed by inspectors had been assessed by the manager and therefore opportunities for learning had been missed. Maintenance records were reviewed and a timely response to the requests was recorded.

Infection control procedures required some improvements. There was a colour coded system in operation for cleaning. There was colour coded mops for cleaning but the mops were in the same colour buckets which may cause confusion. The mops were stored in the apartment which was not occupied on the day of the inspection. This was not appropriate as they were not easily accessible. Inspectors observed signage in the kitchen regarding the colour coded system and cleaning of mops. The general waste bins were pedal operated and colour coded chopping boards were available in the centre. Inspectors also observed alcohol gels and antibacterial hand wash with guidance on display regarding hand hygiene. Gloves and aprons were available and a staff member was observed wearing them while cleaning. Inspectors observed pest control protection boxes on the grounds of the centre. The person in charge was not aware of any documentation in relation to this and therefore records in relation to this were not reviewed.

There were adequate provisions in place regarding fire. Personal emergency evacuation plans were introduced since the last inspection and detailed the child's level of understanding regarding fire, mobility issues, visual or hearing impairments, and information regarding their sleeping pattern and an emergency plan for both night time and waking hours. Daily and weekly fire checks were in place with a tick box system for escape routes, fire fighting equipment and emergency lighting. Monthly fire checks were completed in November, December and January which tested the fire doors, the pressure of fire extinguishers and the emergency lighting system. The fire equipment and fire blanket was serviced in April 2014 and inspectors observed a certificate of test and inspection which took place in August 2014. Five fire drills had taken place since September 2014 and details were recorded regarding the children and staff members that engaged and the length of time the evacuation required. One fire drill was completed at night time. The person in charge confirmed that all children residing at the centre had completed fire drills. All staff had completed fire training, except for one staff member who was on sick leave at the time. Six staff members had signed that they had read the fire folder in January 2015. The centre had a named safety representative.

Training was provided to the staff team in manual handling, first aid and food safety. The training records reviewed by the inspector outlined that two staff members were not trained in manual handling or first aid. The inspector was advised that training in manual handling was scheduled for January 2015. Training in food hygiene was

outstanding for some staff members. The training records outlined that only eight members of the staff team had completed this training.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

There were measures in place to safeguard children and improvements were noted since the last inspection. The restrictive practices used within the centre were reviewed regularly and some practices had ceased. Incidents of behaviour that challenged had increased in the centre and improvements were required in the management of documentation, review and learning from this behaviour. All staff members had received training in Children First - National Guidelines for the Protection and Welfare of Children (2011).

The organisations child protection and welfare policy was reviewed since the last inspection, dated November 2014 and inspectors noted that it was significantly detailed. The policy outlined in detail the role of the designated liaison person and the reporting procedures to follow. Some aspects of the policy were not up to date. The policy referred to the Health Service Executive rather than the Child and Family Agency as the statutory agency and stated concerns were escalated to a duty social care worker. There was a protected disclosures policy in place and staff members were aware of this. Inspectors were also advised of a new confidential text line to escalate concerns about the service if necessary.

All staff members were trained in Children First - National Guidelines for the Protection and Welfare of Children (2011). Staff were knowledgeable about what constituted abuse, how to respond to an allegation and were aware of the role of designated liaison person, their deputies and the on call rota. The person in charge was not aware of all concerns escalated to the designated liaison officer and had limited information on referrals to the Child and Family Agency. Information regarding contact with child

protection social work was not easily accessible and was not retained in the children's files. The person in charge advised that the information was recorded in a variety of places including emails, daily logs and on the computer system.

Child protection and welfare concerns were managed in the centre but not in a timely manner. Inspectors reviewed a child protection concern escalated to the Child and Family Agency by the designated liaison officer and the centre had amended the centre's procedures as a result of this concern to ensure additional safeguarding of children. Inspectors reviewed the new procedure and the staff interviewed were aware of the changes. This issue had been reported to the Authority prior to the inspection. Inspectors spoke with the designated liaison person on the day of the inspection and was advised that the service was awaiting feedback from the social work department regarding this issue. S/he advised of many attempts made recently to obtain this update.

Inspectors reviewed the complaints log and found that there had been no complaints recorded. Inspectors reviewed the maintenance of children's money and noted that one child had a large sum of money stored in the centre. Inspectors noted discrepancies in the balance of this money for example on two occasions the total amount was down by over seven euro and three euro. The record sheet was signed by two staff members however there was no evidence that this was reviewed or audited. The person in charge advised that the staff on duty monitor this money and stated that s/he had not completed an audit of the children's money.

Incidents of behaviour that challenged had increased in the centre. Inspectors reviewed incident report forms relating to behaviour that challenged and noted an increase in episodes of challenging behaviour regarding one child in particular. Staff members advised that they could not identify any specific triggers that may have caused an increase in these behaviours. Inspectors reviewed incident report forms and noted that the management of the forms was not consistent. Some sections of the forms had not been completed including the response and signature of management and the behavioural specialist. One incident report form reviewed outlined the team leader's response which did not reflect the nature of the incident. The stated incident had occurred at night time but the team leaders response referred to an incident that occurred outside.

Incidents of challenging behaviour were reviewed by the person in charge and the behavioural specialist. It was not evident that other reviews had taken place outside of those who had devised the behavioural support plans. Inspectors reviewed the minutes of meetings from November, December and January. They were not sufficiently detailed in order to determine the recommendations in place for specific incidents and whether the process of review had contributed to safer practice.

The centre's positive behaviour support policy was insufficient and required improvement. The policy did not adequately describe the behaviour management strategies for staff to use and therefore all staff members may not consistently apply the same approach when dealing with behaviour that challenged. Training was provided to staff in behaviour management and the training register outlined that 15 staff members had received training in 2014 while three staff members had been trained in 2013. Individual behaviour management plans were in place and referred to multidisciplinary

input. The plans outlined triggers, preventative and reactive strategies to implement with the children. The plans were not contained in the child's personal file. The inspector was advised that there were referenced on a daily basis and located in a separate behaviour management folder. They were not signed by all staff members and some plans did not specify a review date. The use of therapeutic holds/restraint was outlined as a behaviour management technique in some of the behaviour support plans reviewed as part of the inspection. Inspectors discussed this intervention with the person in charge and s/he identified an inaccuracy in one child's plan which may have placed the child at risk of injury if the technique was used due to nature of the child's disability. The review of this plan which was scheduled to take place in November 2014 had not occurred and the person in charge stated that this plan would be reviewed as a priority following the inspection. The person in charge advised that s/he did not have the authority to amend the behavioural plans and advised that this was the responsibility of the behavioural specialist.

There was no guidance on peer abuse. The person in charge and staff members described difficulties in maintaining optimal staffing levels at all times and that this posed a difficulty regarding the supervision of children during incidents of behaviour that challenged. S/he advised that two or three staff members may be required to manage an incident. Inspectors reviewed incident reports and on one occasion it detailed that a child had thrown toys at staff and other service users. It was not documented how the other children were supported following the incident and it was not clear if this aspect had been discussed at the review meeting a week later. The inspectors were advised of an issue a staff member had escalated to the designated liaison person regarding a physical altercation between two children on the school bus. The person in charge advised that interim measures were put in place to ensure the safety of all the children following this incident and the behavioural specialist was asked to review the issue. The person in charge said she had contacted the behavioural specialist and was awaiting feedback regarding this. A staff member interviewed advised that a child may be verbally or physically directed to the "little sitting room" which was previously called the "calm room" during an incident of behaviour that challenged. S/he also advised that children could access this room freely. On the day of the inspection, inspectors witnessed an incident of challenging behaviour and observed staff members using restraint to manage the situation, by holding a large bean bag against the exit of the room which prevented the child from leaving the room. It was observed that this incident lasted approximately 20 minutes. Another child present in the centre during this time remained in the kitchen while the three staff members on duty and the person in charge at some intervals, attended to the distressed child. It was evident during this incident that there was not adequate staffing levels to meet the needs of all the children in the centre during an incident of behaviour that challenged.

Intimate care plans were in place for the children but they were not sufficiently detailed. There was an organisational intimate and personal care policy in place dated December 2014. Intimate care plans in the files reviewed detailed information regarding the child's preferences in relation to the provision of this care. Additional information was required to ensure the safeguarding of children and steps to ensure the privacy and dignity of the individual was maintained. Staff members advised that children were offered the choice of staff on duty to support them in relation to their personal care however the number of staff required to attend to the child's needs was not documented on the plan.

The recording of the use of restrictive practices was not adequate. The use of restrictive practices was logged on a daily basis and reviewed weekly by the quality and compliance services manager. Positive changes were noted by inspectors for example, the use of a harness for one child was no longer used with an alternative in place to ensure the least restrictive measure was promoted for that child. Inspectors reviewed the types of restrictive practice documented which included the locking of the kitchen door and restrictive holds and blocks. A staff member interviewed described using a bean bag as a block during behaviours that challenge and this had not been recorded as a restrictive practice. Inspectors observed this practice on the day of the inspection as outlined previously. The number of restrictive practices logged in the centre had reduced with only one restrictive practice recorded in January. The inspectors noted inconsistencies in logs from October, November and December with a number of days where no information was recorded.

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):

Findings:

There had been some improvements in the management of medication at the centre and all staff had been trained in the safe administration of medication.

The centre had an organisational medication management policy and this was dated August 2014. The policy gave guidance in relation to the administration and storage of medication. Individual medication plans were in place and contained satisfactory information but one plan had no date recorded to review the plan. All medication was stored in a locked room and the shift leader had responsibility for the keys to this room. Inspectors observed that medication was stored and maintained adequately in the centre. The inspectors observed that two as required (PRN) medications had not been labelled with the name of the medication. Inspectors reviewed a pharmacy returns log completed in September which had been signed by the pharmacy and a staff member.

The medication administration and prescription sheets contained some of the required information. The administration sheets included the medications as identified on the prescription sheet however they were not consistently signed by two staff members. One prescription sheet reviewed did not state the maximum dosage required for the as

required (PRN) medication. Another prescription sheet reviewed contained two discontinued medications but this was not clearly signed off by the GP. The person in charge advised that she/he had spoken with the GP to request a clearer signature in such instances.

A controlled drugs register was implemented in January 2015 and this was sufficiently detailed. The register outlined the name of the controlled drug, date supplied, the current balance, the child's name, amount given and a section for signatures of who administered the drug and a space for the staff who witnessed the administration. The reason the drug was required was not outlined on the register. The centre used a blister pack system for controlled drugs for one of the children. The controlled drugs sent to the child's home during access visits were signed off by one staff member only.

Medication errors had increased since the last inspection. A staff member interviewed advised that s/he completed training in medication management recently, was aware of the medication policy and spoke about the requirement to record all errors. S/he was aware of incidents and errors that required recording and gave an example of a tablet being dropped on the floor. Inspectors reviewed seven medication errors from September to December 2014. The incidents were not clearly recorded and the learning obtained following the errors was not clear. On one incident, it was recorded that an extra dose of a controlled drug "appeared" to have been administered while the child was with their family. It was recorded that medical advice was sought following this issue. It was not clear if this had been discussed with the family. Other errors included occasions where the balance of medication was incorrect and another occasion where a child was not administered a prescribed spray due to insufficient time in between taking other medications. The person in charge had signed off on the errors but there was no additional information recorded regarding management direction or learning from the incidents. The medication incident report form had sections to highlight learning and actions required but these were not documented. The person in charge stated that some actions were identified to ensure learning following the errors and gave an example that a summary document would be included in the front of each child's file to outline the need for the required medication. Inspectors did not observe this on the day of the inspection.

Monthly medication audits were completed by a nurse however the audit completed in January which was reviewed by inspectors did not detail all of the deficits that inspectors had observed – for example some PRN medication not labelled. An action plan was devised following this audit which included a recommendation that information regarding a child's medication needed be included on the child's care plan, daily audits of medication be completed only, and for assessments of a child's health and development to be supported by policies and procedures. This action plan outlined that recommendations were to be completed by March 2015. The training records reviewed by the inspectors indicated that all staff members had completed training in medication management in August 2014.

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):**Findings:**

The statement of purpose was dated January 2015 and it contained some items as outlined in Schedule 1 of the Regulations. Inspectors reviewed the document and it included information regarding the admissions process, the type of services provided, staffing levels as well as information on respecting the privacy and dignity of residents.

The statement of purpose outlined the occupancy and resident profile and also the age range that the centre catered for. Inspectors found the criteria very broad with an extensive range of needs catered for including children with an intellectual disability, on the autism spectrum, with psychological disorders and with or without behaviours that challenge. The information in the statement of purpose was not consistent with what inspectors found during the day of inspection in terms of actual service delivery. For example the statement of purpose referred to staff members as social care workers and behaviour support workers. This was not reflected in the staff roles description or on the rota for the centre. The centre caters for children in statutory care but contact with the Child and Family Agency was not referenced.

The statement of purpose did not include information regarding emergency admissions. The residents profile referred to "other children's profiles" that may be considered. This information was not clear, lacked detail and was not documented in the admissions process. The document referred to a behaviour management technique used within the centre however it did not adequately describe the behaviour management strategies that were implemented.

The document stated that a family/meeting room was available to accommodate visitors. Inspectors reviewed the floor plan and a family/meeting room was not evident. The person in charge advised that the communal kitchen was used to facilitate access. This was not an appropriate space for access as privacy could not be ensured for the children. The statement of purpose contains some pictures however it was not available in a format that is accessible to residents.

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:

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff members were aware of the new management structure within the organisation and knew the reporting mechanisms. Staff said communication had improved in the centre recently and advised that they received update reports from senior management, which had not occurred in the past.

The management of the centre had not been consistent in recent months. The person in charge was newly appointment to the position to cover maternity leave and this appointment had been the second of this nature for the same leave period. The person in charge advised that the contract began in November and had been extended until March 2015. S/he advised that a handover was completed regarding the role. S/he identified the role as challenging and highlighted the short time frame to settle into the new position.

The person in charge stated that s/he felt supported in his/her new role in the management of the centre. S/he outlined the support received in the role and advised that the policies of the centre help guide the work as well as informal support from other members management team in the organisation. The person in charge advised that s/he obtained supervision from the children's residential manager. Inspectors reviewed the supervision contract which stated that supervision occurred every 6 – 8 weeks. One supervision record was made available to inspectors from November 2014. Inspectors reviewed the record which included discussions in relation to policies, procedures, regulations and personal plans. There was limited information recorded and therefore it was difficult to ascertain the extent of the support offered to the newly appointed person in charge. There were weekly management meetings in place which the person in charge attended. Inspectors reviewed the minutes of four meetings held since November 2014. The agenda varied for each meeting and the records of what was discussed was not clear. The minutes did not always specify the person responsible for completing an action, for example it was identified that the personal care plans required amendments but the minutes did not document how this would occur or by whom. It was not evident that issues or actions discussed at previous meetings were followed through.

The person in charge was suitably qualified for the position. S/he advised that s/he had a limited time frame in the role and would like more time to make improvements in the centre. The person in charge identified a number of systems in place to safeguard the residents, such as monitoring staff during their day to day operations, reviewing incident reports and informal discussions with staff on a daily basis. The person in charge said the overall quality and safety of the centre had improved and gave examples of fire drills and the monitoring of safety equipment as an improvement which was not completed in the past. The person in charge had not completed any audits of the systems or processes in the centre and could not give examples of any audits s/he was planning to complete. S/he outlined the leadership provided to staff through a message book, emails, and informal discussions and also outlined how s/he observed and monitored staff performance at all times while working in the centre on a full time basis.

Supervision of staff was not adequate. Supervision was not provided to the staff team since the person in charge was appointed in November 2014 and there was no supervision schedule in place. The person in charge advised that s/he was due to attend supervision training on the day of the inspection and as a result training was postponed until February. One team meeting had occurred since the appointment of the new person in charge. Inspectors reviewed minutes of this meeting that was held in December 2014 and a number of issues were discussed including risk assessments, policies and restrictive practices. However, the minutes lacked detail and did not refer to the children's needs or challenging behaviour for example.

An internal audit and an unannounced visit had been completed in the centre by senior management which was a requirement of the regulations, but additional work was required to ensure they were fully compliant with the Regulation 23. It was not clearly documented if the required annual review of the service had been completed. An internal audit of the service was completed by the quality and compliance services manager and the acting CEO in January 2015 and an unannounced visit was completed by the acting CEO in November 2014. Reports were available in the centre regarding both visits.

The unannounced visit was not comprehensive as it only focused on two specific areas of the safety and quality of care and support provided in the centre. These areas included social care needs and health, safety and risk management. The report detailed the specific areas that were assessed during the visit including personal plans, evidence of multidisciplinary input and meaningful activities for the children to participate in. The report also outlined that health and safety policies were reviewed and policies and procedures regarding fire safety and risk were assessed. The report contained an action plan which identified two immediate actions in relation to safety issues for the residents including the stream on the grounds of the centre and the decking area, both of which had been identified during the previous inspection by the Authority. The progress of the actions had not been documented in most cases, despite the fact that the date for completion had passed for most actions.

The internal audit covered eight themes from the national standards however this did not identify all the deficits that inspectors noted during the inspection. The deficits included, for example, personal plans, transition planning and life skills. This audit

highlighted that the children's bedroom doors were locked during the day and this was not recorded on the restrictive practices log. The report identified some issues that required attention or improvement but this was not adequate as the action plan attached to the report had not been completed. The reports did not refer to any consultation with residents or their representatives. The person in charge highlighted one change that was implemented following the audit and stated that a 'plan for the day' was now listed on a whiteboard and mentioned that other areas that were being developed or worked on.

The service had introduced a new confidential text line to allow staff to raise any concerns regarding the safety and quality of the service and a protected disclosure policy was also in place. Staff members were aware of both measures and outlined the necessary steps to escalate a concern should the need arise.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There had been some improvements in this area since the last inspection however difficulties remained regarding adequate staffing levels.

Staff files were adequately maintained but some additional information was required to ensure compliance. Most of the documentation required by Schedule 2 of the Regulations was in place, however contracts were not evident in two of the staff files reviewed. The sample reviewed contained Garda vetting disclosures. The inspectors were advised that one staff member had spent some time abroad and this was not reflected in the Garda vetting disclosure on the file, which was dated 2009 and therefore not up to date.

Staffing levels were not sufficient to ensure a consistent and appropriate level of care at the centre. A planned and an actual rota was in place in the service. Inspectors reviewed the rotas and there was not enough staff available to cover all the required

shifts. The rota included permanent social care workers and a relief panel. It was evident on the rota that the relief panel was used on a daily basis to cover the required shifts and on some occasions were on duty without a permanent team member. Inspectors noted that a shift leader was not identified for all shifts irrespective of the need to have a shift leader in place for times when the person in charge was not on duty. There was no contingency plan in place to cover sick leave. The person in charge identified a difficulty of ensuring a balance between qualified and unqualified staff due to staff shortages. This could have an impact on the quality of support and care of the residents. Staff and management in the centre discussed staffing shortages with inspectors and highlighted the negative impact this can have on the children, for example in relation to the planning of activities and the management of behaviour that challenged. There was no report available regarding a review of the rotas within the centre. The person in charge advised of the need for the person in charge to cover gaps in the rota which s/he advised was a particular difficulty over the Christmas period. No formal on-call system was in place for outside of normal working hours.

A new system was introduced in the centre to assess the children's needs and the staffing levels required to meet these needs. The inspectors reviewed the support needs forms. They were not fully completed and therefore not an effective tool to guide proactive judgements regarding staffing levels. There was limited information recorded on this form to guide the assessments. The assessment included a tick box system for the areas of need but how the needs were to be met was not completed.

Supervision had commenced in the service but staff members were not supervised appropriately for their role since the appointment of the new person in charge. Two staff appraisals were completed in July 2014 but there was no evidence of any further appraisals completed with the staff team. Inspectors reviewed seven supervision records which had taken place in November 2014 before the current person in charge was appointed. The supervision records reviewed were not adequately detailed, the discussions were not clearly recorded and the plan to follow the supervision was vague. The current person in charge was due to receive supervision training in February. There was no supervision schedule in place at the time of the inspection.

Training opportunities were provided for staff however, there were some gaps in the core training needs of staff members. Training records were reviewed by inspectors and it was noted that all staff had completed Children First (2011) and medication management training in 2014. One staff member had not received fire training and inspectors were advised that this member of staff was on sick leave on the day of the training. First aid training was provided in August 2014. Food hygiene training was attended by eight staff members and training in a new behaviour management technique was outstanding at the time of the inspection. The majority of staff had completed the organisation's core mandatory training. However, some staff were not up to date with their fire training and manual handling. There was no evidence in the training records reviewed that care planning or other specialist training related to children with an intellectual disability had been considered. The statement of purpose outlined that the service catered for a broad age range and level of need. There was a risk that staff members would not be informed by best practice when caring for children as the quality of the service was dependent on individual judgment and experience of staff.

Judgment: Non Compliant - Major

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:

Una Coloe
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:	19 January 2015
Date of response:	

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The pre admission form reviewed by inspectors was not a comprehensive assessment of the child's health, personal and social care needs.

Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out prior to admission to the designated centre.

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

The assessment of need form will be reviewed and developed further to ensure that it represents a comprehensive assessment of need. The assessment of need form will consider all needs and requirements including sensory, medical and mental health support needs of the children.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

A comprehensive assessment of need was not completed for all residents. Multidisciplinary involvement was not consistent and professionals recommendations were not incorporated in the assessments.

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:

An assessment of need will be carried out in this location to ensure a comprehensive assessment for all children and families. The assessment of need will be carried out by an appropriate health care professional with MDT involvement. Professional recommendations will be included in the plans.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

The minutes of a review meeting were handwritten and therefore difficult to determine if an assessment of the effectiveness of the plan was carried out or if it had taken into account changes in circumstances.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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.

Each Personal Plan Review will be clearly documented, with defined recommendations and actions recorded.

The review process will include an assessment of the effectiveness of plans and will take into account changes in circumstances. A record of any proposed changes to the Personal Plan which arise will be clearly maintained and will record a clear rationale for any such changes.

Proposed Timescale: 30/05/2015

Theme: Effective Services

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

There were no transition plans in place for young people.

Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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.

Comprehensive Transition Plans will be developed to support and prepare young people to transition into adulthood.

This transition plan will form part of the overall Personal Plan for the young person. Formal planning for transition to adult services will commence at an early stage for the young person and their family to facilitate a fluid transition process to adult services.

Proposed Timescale: 30/04/2015

Theme: Effective Services

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

The young people had limited opportunities to gain life skills..

Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

The promotion and development of individualised life skills for each young person will form part of their personal plan. Each young person will be supported to explore and avail of maximum opportunities to develop life skills in preparation for adult life. Clear records will be maintained to document the development of life skills which each young person engages in.

Proposed Timescale: 30/04/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include hazard identification and assessment of risks in the 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 updated to outline the process in place for hazard identification and assessment of risks throughout the designated centre.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

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

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 updated to include the process in place for identifying the measures and actions to control identified risks.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control accidental injuries to residents, visitors and staff.

Action Required:

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

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

The Risk Management policy will be updated to outline the measures and actions in place in the designated centre to control risk the of accidental injury to residents, visitors or staff.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not identify the measures and controls in place to control 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 updated to outline the process to identify the measures and controls in place to control aggression and violence.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

The risk management policy did not identify the measures and actions in place to control 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 updated to outline the process to identify the measures and actions in place to control self-harm.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

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

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

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

Action Required:

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

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

The Risk Management Policy will be updated to outline the process in place to ensure that risk control measures are proportionate to the risk identified. Consideration will be given to the possible adverse impact control measures for the management of risk may have on the resident's quality of life.

Proposed Timescale: 30/03/2015

Theme: Effective Services

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

Incident report forms were not reviewed.

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:

A process is now in place for the review of Incident Report Forms by the person in charge. This review is completed in conjunction with the Positive Behaviour Support Specialist, in order to identify opportunities for learning.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

The risk management policy did not outline the measures and actions in place to control the unexpected absence of any resident.

Action Required:

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

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

The Risk Management policy will be updated to outline the measures and actions in place to control the unexplained absence of a resident.

Proposed Timescale: 30/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

An individual behaviour management plan was not reviewed and contained incorrect information regarding use of physical intervention.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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 behaviour management plan has been reviewed, revised and updated to ensure that correct information pertaining to the use of physical intervention is contained within the plan.

Proposed Timescale: 28/02/2015

Theme: Safe Services

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

The use of bean bags as a restraint were not recorded as a restrictive practice and it was not evident that the least restrictive practice had been considered.

Action Required:

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

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

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

The use of all restrictive practices in the centre are now being recorded.

All restrictive practices are being reviewed to ensure that the restrictive practice in use is considered as being the least restrictive practice.

Proposed Timescale: 20/03/2015

Theme: Safe Services

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

The children were not protected from all forms of abuse. There was no policy on peer abuse.

Action Required:

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

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

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

The Child Protection and Welfare Committee are developing a policy on peer to peer abuse.

Proposed Timescale: 30/05/2015

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:

Some medication stored at the centre was not labelled appropriately and the medication audit did not identify this deficit.

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:

All medications have been reviewed and are now labelled.

The medication management policy has been developed, updated and reviewed has been brought to the attention of and discussed with all staff.

Proposed Timescale: 28/02/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose was not consistent with the inspection findings. The statement of purpose did not include an emergency admissions procedure.

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 and Function will be revised to include an emergency admissions procedure.

Proposed Timescale: 30/04/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems including the monitoring of safety and quality of care was not effective.

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.

1. An audit committee is being set up and audit tools are being developed.
2. The auditing of systems in place in the centre will be completed and monitored by the Person in Charge. These systems will include an audit of medication management, safe services and general health and wellbeing.

Provider's Timescale:

1. 30/05/2015
2. 31/03/2015

Proposed Timescale: 30/05/2015

Theme: Leadership, Governance and Management

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

It was not clear if an annual review of the quality and safety of care and support in the centre was completed.

Action Required:

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

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

The Annual Review of the safety and quality of care and supports provided in the location will be reviewed.

Opportunity for consultation with residents and their representatives will take place during the annual review.

Proposed Timescale: 30/04/2015

Theme: Leadership, Governance and Management

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

An unannounced visit was completed however was not comprehensive and did not review the service in its entirety.

Action Required:

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

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

The 6 monthly provider check template is being reviewed and updated. An unannounced six monthly review of the service will be conducted to include a review of the service in its entirety.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was not always sufficient staff to meet the needs of all the children.

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:

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

A review of the staff rosters in the location is underway. A number of actions have been

identified and are presently being implemented.

1. A review of the assessed needs of the children has taken place to identify the appropriate number and skill set of staff required to meet the needs of the children.
2. A core staff team will be identified for the location.
3. A regular relief panel will be developed to support the core team should extra supports be required at any time to meet the needs of the children.

Proposed Timescale:

1. 30/01/2015
2. 30/04/2015
3. 30/05/2015

Proposed Timescale: 30/05/2015

Theme: Responsive Workforce

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

The staff team were not receiving regular supervision.

Action Required:

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

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

1. The Person in Charge has now been trained in supervision skills
2. A schedule of supervision for staff members in the location is in place
3. All staff in the location will now be supervised in accordance with organisation policy and Regulation 16 (1) (b)

Provider's Timescale:

1. 16/02/2015
2. 26/03/2015
3. 07/05/2015

Proposed Timescale: 07/05/2015

