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-0001850 |
| 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: | Ann Delany |
| Support inspector(s): | Una Coloe, Michelle McDonnell |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 3 |
| Number of vacancies on the date of inspection: | 2 |
About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 15 December 2014 09:35  To: 15 December 2014 17:00

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

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

Summary of findings from this inspection
This was the second inspection of the centre by the Authority. The inspection was announced and was carried out over one day. As part of the inspection inspectors met with the staff members, the children's services manager (who was acting as person in charge), the quality and compliance services manager and the acting CEO. The inspectors also met with the three children and observed their interaction with the staff. Children's care plans, staff files, policies and procedures and other records were also reviewed by inspectors.

St. Catherines Association Limited is the registered provider of this centre which provided respite care to children and young people up to the age of 18 years. The centre is a bungalow set on its own grounds with a secure play area. Another centre is adjacent to it and the children shared a secure garden. The centre can cater for a maximum of five children per night depending on their required needs and dependency levels. 24 children attend the service.

The purpose of the inspection was to follow up on actions outlined in the report of the previous inspection which took place on the 30 July 2014. At that time an immediate action plan was issued due to significant risks in relation to medication management. In addition there were 48 other regulatory non compliances. Inspectors found that while the provider had begun to address almost all of these actions, further improvements were required.
Since the last inspection governance structures had been significantly improved. A new Board had been appointed with a new Chair, a new senior management team had been put in place in October 2014 and a new person in charge had been appointed to the centre. There was evidence that more robust management systems were being established and implemented including policies and procedures, medication, a staff training programme, fire safety systems, risk management systems and some quality assurance mechanisms. New assessment and personal planning frameworks had been established and were in the process of being implemented. A review of staffing was also underway.

However, the provider's monitoring of the quality and safety of care and outcomes for children was not sufficient. The inspectors found that a number of care practices, such as the use of restrictive practices and behaviour management did not receive managerial oversight to ensure they were the least restrictive as possible. Recruitment processes were not robust. A number of staff remained unqualified for the role and inspectors were not assured that the staff team were adequately skilled to meet the required needs of children up to the age of 18 years with a range of complex needs. This presented a risk that staff might not be able to provide safe evidence based practice but have to rely on individual judgment and their experience. Staff files did not meet all of the requirements of Schedule 2 of the regulations. Staff did not receive formal supervision and this meant that the team leader did not have the opportunity to formally identify positive practice, developmental needs or areas of improvement or concern to staff.
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 the children's needs and personal plans had been reviewed since the last inspection. However, there was limited input from parents or the multidisciplinary team in the planning process and the quality of the assessments and plans varied. There was no transitional planning in place.

Inspectors found that, on a day to day basis, children attending the service were well cared for by the staff team. Since the last inspection, a new assessment template had been introduced and an assessment had been completed in the five children's files reviewed. However, inspectors found that the assessment was not comprehensive as it was informed by the staff's own knowledge of the children with some input from parents rather than the staff undertaking an assessment of the child's actual needs. Staff told inspectors that they had 'checked in' with parents and emailed them questions though some had declined to answer. The children's services manager agreed that the assessment process was not robust and was not informed by the multidisciplinary team. S/he identified that the template required further work.

As a result, personal plans were fragmented and were not always informed by a multidisciplinary approach. Personal plans were present in individual children’s files and gave some direction on how to deliver care on specific areas such as medical needs, routine, health and care needs. Inspectors found that some of the children's files contained a number of plans including 'all about me', a nursing profile, intimate care plan, safety plan and a seizure plan. The 'all about me' document was written in the first person and provided an opportunity for new staff to get to know what the child liked and did not
like promptly. In one of the children's files reviewed there were eight different plans in the file. Staff reported that some of these may be older plans. However, these plans remained in the child's file and there was a possibility that staff might not be providing care and support in accordance with the most up to date goals and objectives.

The plans read by inspectors had a date for a review to be completed. However, the plan did not outline the professional participation in the plan or how needs were identified. The 'all about me' plan was much more child friendly, written in the first person, represented the voice of the child and in some identified a number of short term and long term goals. Some staff had documented that the child participated in the plan through the use of visual supports. A staff member interviewed by inspectors advised that due to the communication difficulties of some of the children, it was difficult to ensure their participation. Overall the participation of family members was not clearly documented in the plan, although one plan referred to a mother declining to answer a question. Staff interviewed advised that parents had not signed the personal plans but that they had reviewed parts of their child's plan and were aware of any changes made. However, this was not recorded in the child's file.

However, the plans did not set out all of the needs of the child and how they were to be managed. There were some goals and objectives of the placement noted in the plans reviewed for example, to learn independence skills. However, the detail of how this would be promoted or reviewed was not documented. A staff member interviewed by inspectors advised that the staff team had not incorporated a goal-orientated approach in their work with the children at present but stated that this was due to begin in the near future. The plans did not identify what the child liked to do outside of the centre and long term planning was missing. While intimate care plans identified the level of assistance the child required they did not set out a plan of care. This meant that staff did not have sufficient guidance in relation to bathing and showering the children in a safe way. In one intimate care plan menstrual care was described yet the child was only five years old. There was no evidence that all key people, including the child (as appropriate), parents, care staff, and allied health professionals reviewed the plan collectively. This meant that all of these individuals who were involved with the child may be working on different individual prioritised goals. This had the potential to confuse the child and cause the child not to reach their full potential.

Some aspects of these plans had been reviewed since the last inspection but there was no record that their effectiveness of the plan was assessed or that any new developments or changes in circumstances were considered. Nor was there a record that the children, as appropriate, or their family had been involved in the review process or received a copy of the plan in an accessible format. Staff members interviewed recognised the benefits of using care plans and stated that they knew the children better as a result. However, they identified the need for further training in this area in order to develop a plan which really directed children's care.

On the day of inspection there were two teenage boys and one five year old girl residing at the centre with two staff members on duty. A staff member told inspectors that there were adequate staffing levels to ensure the necessary supervision and safeguarding of the children. However, the staff member did acknowledge that the broad age range and varied needs of the children created potential problems, including planning of activities
appropriate to the age range and interests of the children. S/he stated that the provider was due to change the admissions process to factor in the various age ranges and developmental needs of the children. Deficits in the admissions plan and relevant safeguarding issues were acknowledged by the children's services manager.

Inspectors observed the children playing in the centre on the day of the inspection. This included colouring, playing on hand held computers, and from time to time the two boys engaged with each other. At the end of the inspection the children and staff were going out to buy the christmas tree for the centre. However, inspectors could not get a sense from care plans or daily notes what children experienced or liked to do while residing in the centre.

Transition planning was not timely or of a good quality. There were no transition plans in place despite the fact that one young person was due to leave the service in the near future. A staff member told inspectors that some discussions had taken place with family members to begin the planning process. However, a transition plan had not been devised and the young person was not being prepared for the options of where their next placement might be with the appropriate planned supports.

There had been some improvements in how children were supported to develop life-skills but further work was required. Since the last inspection, children and young people attending the service had experiences of shopping for food items such as bread and milk. However, the staff team needed to develop the care plans further to ensure that the children were provided with opportunities to learn life skills and take increasing levels of responsibility in line with their age, ability and stage of development.

**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:**
Some improvements had been made in the areas of health and safety, risk management, fire safety and infection control but further improvements were required in these areas. Policies and procedures had been developed to support the safe management of risk but they were not fully implemented and did not meet all of the requirements of the regulations. The majority of hazards identified at the time of the last inspection, had been managed and were not observed on the day of the inspection. The
exception was the risk associated with the sluice room and the requirement for staff to lift cleaning buckets to empty them down the sluice.

There was an organisational health and safety statement (March 2014). However, there were no supporting documents on local hazards and how they were addressed or mitigated. A new health and safety officer had commenced employment for the provider on the day of the inspection. Three staff had not received manual handling and another three had not received first aid training.

The risk management system showed some improvements but further work was required. The quality and compliance services manager had responsibility for risk management and was providing support to the staff team in relation to risk assessments. The risk management policy had been revised in October 2014. It set out the risk management framework for the centre including the roles and responsibilities of the managers and staff. However, the policy did not set out how to identify and assess risks, how measures and controls were identified and implemented, the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events or the arrangements in place to ensure that the risk control measures were proportionate to the risks identified and have considered the impact on the child's quality of life. While the policy did refer to the organisation's risk assessment process this was not made available to inspectors.

The quality, safety and risk management framework policy was not being followed. A corporate risk register and local risk register had been established. However, a number of risks identified on the local risk register were not actual risks for the centre and inspectors identified other risks that should have been on the risk register but were not such as, unqualified staff, the absence of staff supervision and staff training deficits.

A new service risk assessment form had been developed as part of the review of the risk management policy. However, the centre did not have any records of any identified risks or where they had considered appropriate control measures for these risks. Nor was there evidence which showed how risks were reviewed over time or mitigated against.

The provider had revised their missing person's policy. This policy identified tasks that staff must ensure before going on an outing. However, it did not identify the measures and actions to control the unexpected absence of a child. While the policy did provide guidance to staff on what to do in the event of a child going missing, some areas required further clarity. For example, the policy referred to escalating to stage 2 within a 'short period' of time. However, there was no further guidance as to what this should mean for staff and therefore staff may escalate an incident within different timeframes.

The monitoring of incidents was not robust. Details of incidents were recorded in numerous places and therefore it was difficult to establish the extent of incidents within the centre. Immediate responses to incidents were not recorded and there was no evidence to suggest that first aid, for example, had been administered. In addition there was no record of whether a family member had been made aware of the incident. Completed incident reports went to various members of the management team depending on the type of incident. For example medication incidents went to the director of nursing, behavioural incidents went to the behaviour support therapist and
fire and environmental incidents went to the auxiliary manager. This meant that no one person within the organisation had oversight of all the incidents that occurred within the centre and opportunities to learn may be missed.

Infection prevention and control measures had improved. Minutes of staff meetings showed that the manager had discussed the infection control policy on 26 November 2014 including the clinical waste bins, management of soiled clothing and hand hygiene. However, while some staff had received training in hand hygiene in 2013, there was no evidence of any further training in hand hygiene. Six staff had received food hygiene training in November 2014.

Since the last inspection fire prevention measures had improved. The centre was clean and tidy with the corridors and rooms free of clutter that could pose a fire risk or block escape routes. Fire evacuation procedures, with escape routes, were clearly displayed around the centre and included a visual version for children. There was a clearly documented place of safety for evacuation purposes. Records now showed that a number of staff had attended fire safety training since the last inspection and there was a system in place to monitor ongoing mandatory training needs. However, 11 staff should have received training in November 2014 but had not. All staff spoken to where clear about their role in the event of a fire or other emergency. Minutes of a staff meeting on 26 November 2014 showed that fire evacuation had been discussed with staff and they were asked to familiarise themselves with the emergency plan. Escape route signage was in place. There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company. Staff also completed daily, weekly and monthly checks of the fire alarm panel, equipment and escape routes. Documents showed that on most occasions issues were identified and actions were taken to address these. Regular fire drills took place on various shifts and children had participated in them. These showed clear steps taken to improve support for the children in subsequent drills.

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
Findings:
There were some measures in place to safeguard children and improvements were noted since the last inspection. The personal and intimate care policy and the behaviour management policy still required review to ensure satisfactory guidance for the safeguarding of the children. Restrictive practices continued to be used within the centre in the absence of risk assessments or multi-disciplinary input.

There were some measures in place to safeguard and protect children from abuse such as policies in relation to recruitment, intimate care, behaviour support and children going missing from care. However, inspectors noted that some of these policies required review and further training was required to ensure staff had sufficient knowledge and skill in safeguarding children. Inspectors observed interactions between staff members and children in the centre and the children were treated with respect and warmth. Staff were caring towards the children and were very knowledgeable about their needs and spoke about children in a very respectful way.

There was no evidence in the children's files reviewed, that children were being supported to develop knowledge, self awareness, understanding and skills needed for self care and protection. There was a new organisational policy in place for provision of intimate and personal care, dated December 2014. Individual intimate care plans were not in place for all children and where present, were not satisfactory. Plans reviewed by inspectors were not specific and did not outline the necessary guidance for staff to follow. Details recorded in one intimate care plan did not reflect the developmental stage of the child and therefore displayed an inaccurate representation of the child’s needs. A staff member told inspectors that individual intimate care plans were being developed for each child. The absence of good quality intimate care plans meant that staff, particularly new staff or agency staff, did not have sufficient guidance in relation to bathing or showering each of the children in a safe way.

There was an organisational protected disclosures policy in place which provided additional safeguarding measures for children. One staff member interviewed was unsure if there was a policy in place but was aware of what constituted a protected disclosure and described how s/he would escalate concerns if necessary.

There was a child protection policy in place which had been reviewed in November 2014. However, the policy did not provide correct information to the designated liaison person. While it detailed the new designated liaison person and outlined the role of the child protection and welfare committee for the organisation, some aspects of the policy were not up to date. For example, the policy referred to the Health Service Executive rather than the Child and Family Agency as the statutory body and stated concerns were escalated to a duty social care worker.

The training register outlined that all staff members were trained in "child protection/children first policy". Staff were knowledgeable about what constituted abuse, how to respond to an allegation and were aware of the designated liaison person and their deputies and their role. One auxiliary staff member described the use of personal judgement in deciding whether a particular incident would constitute abuse but had
awareness of how to escalate the concerns. Inspectors were advised that there were no referrals made to the Child and Family Agency and did not find any incidents that should have been referred.

Children's pocket money was well managed. There was a new organisational "Children's money and property" policy in place which clearly outlined procedures for staff to follow, allowing for the safeguarding of children from financial abuse. An effective system was in place to safeguard and protect children's monies. Staff member told inspectors that staff managed the children’s money within the centre and all monies were returned home with the child following their respite break.

The management of behaviour that challenged required improvement. The majority of children in the centre did not present with behaviour that challenged. There was a behaviour support policy in place, dated August 2014. However, aspects of this policy were not evident in practice. Not all children who required a behaviour support plan had one in their file. One behaviour support plan reviewed was not dated, did not give recommendations for staff on how to manage behaviour and did not detail who was involved in compiling the plan. The training register did not outline if staff had been trained in positive behaviour management. However, one staff member told inspectors that training was provided recently on a positive behavioural support model. S/he also advised that the team had the support of a positive behavioural support therapist regarding the provision of recommendations for managing behaviour and reviewing incidents. The staff member described using social stories and communication aids should difficulties arise between children in the centre. However, there was no evidence of this in the files reviewed. The absence of this record meant that staff may not know what work had been done with children or have clarity around aids that were useful for the children. Inspectors reviewed incidents logged on the centre's "ABC recording sheet" which detailed a child being removed from a communal area on two occasions. Additional information was not recorded regarding how this was facilitated or managed. One staff member advised that no physical interventions were used in the centre and described using verbal redirections in such situations while another staff member described guiding a child by the elbow, using prompts and distraction to deescalate a situation. Incidents reviewed by inspectors, repeatedly referred to one particular child and staff advised that this child's case was subject to review to identify if the service was appropriate for the child's needs. Inspectors reviewed behavioural recommendations in place for this child, which were largely comprehensive but lacked guidance for staff in some areas for example reactive strategies.

Restrictive practices were used to manage behaviour but were not implemented in line with the centre's policy. Some progress had been made as some restrictive practices had been reviewed and discontinued since the last inspection including the use of CCTV cameras. The restrictive practices policy stated that 'restrictive interventions must be approved by the Director of Services and be part of a full comprehensive behavioural support plan'. Inspectors did not find that these plans were in place in many instances and as there was no longer a director of services within the organisation, it was not clear who was approving the use of such practices. Inspectors reviewed current restrictive practices in use such as the locking of doors, use of harnesses, half doors and bed rails. No written approval was in place for such practices on the day of inspection. The practices had not been reviewed or risk assessed and the restrictive measures could
have been applied routinely by staff rather than on a therapeutic or risk based basis. Staff identified that a number of these practices were used as safety measures but that they had not considered that they restricted some children's rights. Staff confirmed that alternative measures to ensure that the least restrictive measure were not considered. For some children it was not clear if parental consent regarding these practices had been obtained as it was not documented. Multi-disciplinary input was sought in relation to some equipment such as specialised seating chairs. However, the practice continued to be notified to the Authority as a restrictive practice. The training register did not document if training had been provided to the staff team. A staff member said that the organisation was in the process of setting up a right's committee to review restrictive practices.

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

**Findings:**
There were improvements in the management of medication that ensured the protection of children. An immediate action plan was issued at the time of the last inspection in relation to medication management and staff's competency to administer the medication. Since then the staff team had received medication management training and their competency had been assessed. Incident reports were being completed and the director of nursing was monitoring the incidents and additional training was provided to staff as required.

The medication management policy had been revised in August 2014 and was in compliance with the regulations. The policy identified that only staff who had completed the safe administration of medication training could administer medication. While the policy identified that nurses could transcribe medication onto the prescription sheet with a general practitioner (GP) then signing the medication, the practice had been discontinued in the centre and inspectors found that GPs had prescribed all medicines in line with good practice.

In general good quality individual medication plans were in place for each child. Inspectors found that these plans included the prescription and administration sheets which had been completed appropriately, it also contained details on each of the
medications being administered, a copy of the centre's policy and audits completed on the file. However, inspectors found that there was no space for the child's address to be included on the revised medication prescription template which could mean that a child may not be appropriately identified and could lead to an error. In addition there was a requirement for each plan to include a list of staff names and signatures. Inspectors found multiple sheets including one with initials and signatures of staff, another with the name of the staff member and their signature. However, not all staff initials were identified through the signature sheets.

Effective processes were in place for the safe storage of medicines. Medication was stored in either a secure medication trolley or a locked medicines fridge. All medication was returned to parents when children were going home. Staff told inspectors that children were not admitted for a respite break if their medication was not provided. Medication was signed in and out of the centre by two staff. Records reviewed were up to date. There were no controlled drugs in the centre on the day of the inspection. However, there was no register maintained for controlled drugs should they be required and this was not in line with the organisations policy.

There was a system in place for the monitoring and reporting on the safe administration of medication. Staff told inspectors that an audit had taken place which identified that care staff needed additional training on the administration of medication via other routes and use of nebulisers and inhalers. A medication error reporting system was in place and inspectors found that staff proactively reported errors which included incorrect recording, incorrect counts, and medication not sent in by parents.

Judgment:
Non Compliant - Minor

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose had been reviewed and revised since the last inspection but it still did not meet all of the requirements of the regulations.

The statement of purpose identified that the centre provided a respite service for children from two to 18 years with an intellectual disability, associated physical and
sensory difficulties, medical needs, communication and feeding difficulties. The
broadness of the admissions criteria was not matched by a skilled competent staff team
with the ability to care for such a range of both developmental and care needs of the
children that the admission criteria identified. While the statement identified that
emergency admissions would be accepted it did not include the policy and procedures
for these admissions.

The statement of purpose did not meet the requirements of regulation 3 as there were a
number of omissions. For example, it did not clearly describe the specific care needs
that the service intended to meet, the organisational structure or the size of rooms. In
addition, there was not sufficient information on the arrangements for children to
engage in social activities, hobbies and leisure interests, to attend religious services, for
dealing with reviews of personal plans, accessing education, or complaints. The section
relating to the total staffing complement identified that all staff are qualified. However, a
number of the care staff who work in the centre were not qualified. There was no
evidence that the statement had been circulated to the children or their
parents/guardians.

Judgment:
Non Compliant - Moderate

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an
ongoing basis. Effective management systems are in place that support and promote the
delivery of safe, quality care services. There is a clearly defined management structure
that identifies the lines of authority and accountability. The centre is managed by a
suitably qualified, skilled and experienced person with authority, accountability and
responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The management and governance structures had been significantly improved since the
last inspection. A number of management systems had been revised and were in the
process of being implemented within the centre. Formal systems of risk management
and quality assurance were in the early stages of development.

There were clear governance and management structures in place. St. Catherines
Association Limited was the provider of the service. Since the last inspection a new
Board had been convened on 01 September 2014. The new Board was made up of eight
members and a Chair with professional expertise of various corporate functions including
finance, engineering, advocacy, IT and management. The Board had met on five occasions and minutes of these meetings reflected that revised policies for the organisation were being approved by the Board. Other agenda items included finance, human resources, notifiable events, and premises. Minutes of the board meetings also reflected that members of the Board had visited the centre.

There were management structures in place with clear lines of accountability and decision making. A new senior management team had been established. An acting CEO, who was also the head of operations, had been appointed and seven managers reported in to him/her. These managers were the children's service manager, quality, compliance and training manager, director of nursing, financial manager, human resource manager, auxiliary service manager and head of psychology. The senior management team met on a weekly basis to provide leadership and direction to managers and staff, manage the financial and human resource of the organisation, monitor the implementation of the organisation's policies and procedures and the overall operational management of the organisation. Managers provided an update to this group on their responsibilities and these updates were used to provide assurances to the Board on the different areas.

A new person in charge (PIC) (the team leader) had been appointed since the last inspection. The team leader was on extended leave at the time of the inspection. There was a shift leader on duty who had a very good knowledge of the children in the centre and their needs. However, nobody had been identified to act as manager and staff were unclear who held that role or would be responsible for the legislative requirements of the PIC. Inspectors spoke with the children's services manager about the vacancy and s/he identified that s/he would hold responsibility while the PIC remained on leave. The uncertainty around who was in charge in the centre meant that staff may not report concerns or other issues in a timely way to the relevant person and staff and the care they were providing to children was not being managed and or overseen.

The team leader reported to the children's service manager and all staff reported to the team leader. A shift leader was identified on the roster. The children's service manager chaired a weekly meeting with the PIC and the PICS in the organisation's other centres. The purpose of this meeting was the ongoing operational management of the centres, to provide leadership and direction for the PICS and to monitor the implementation of the organisation's policies, procedures and guidelines. Sample minutes of these meetings were reviewed and inspectors found that at times the minutes were unclear. The centre had not been represented at the meeting for a number of weeks which meant that the staff were not being made aware of any shared learning or changes within the organisation. In addition it was unclear that items due to be actioned from a previous meeting had been or what the identified timeframe for action was. This meant that some issues and associated actions may not get followed up at the next meeting.

There was good communication between the team leader and staff team. The team leader held weekly staff meetings and staff told inspectors that the meetings kept them up to date with what was happening in the centre. At a meeting on 24 November 2014 the team leader had identified terms of reference for the meeting and a standing agenda which included the children, risks, complaints, child protection issues, staffing, and training needs. Other minutes reflected that new or revised policies were discussed, risk and risk assessment had been discussed with the quality, compliance, and training
manager present. Fire safety and medication errors were discussed at another meeting.

Other management systems revised or developed since the last inspection included a proposed allocation of a budget to the centre and a risk management framework with a local and corporate risk register. There were clear criteria to indicate what risks should be included on the register. However, as identified in outcome seven, the four risks on the local risk register did not meet these criteria. There was no comprehensive risk assessment completed on the premises as the provider was awaiting the arrival of the health and safety officer. This meant that the provider had not identified or managed all the risks in the centre.

A number of new and revised policies had been rolled out in the centre over the previous few weeks on supervision, child protection and welfare, children's money and property and a missing person's policy. While the staff spoken with had some awareness of these policies and there had been some discussion at team meetings the staff team required more detailed knowledge and or training around the implementation of some aspects of the policies.

There was some monitoring of the quality of the service provided to children but further development of this area was required. The provider had developed templates on quality of life and personal planning and health and medication management audit tools. Inspectors found that one health and medication management audit had been completed in the centre on 27 November 2014. The acting CEO had completed a six monthly visit report on behalf of the provider on 16 November 2014. However, s/he had only reviewed two of 18 outcomes and inspectors found that there had been no annual review undertaken by the provider to assess the safety and quality of care and support provided to children as required by the Regulations. In addition, as identified in outcome seven, a number of different managers were providing oversight to different types of incidents with no one person responsible for monitoring all incidents that occurred in the centre. This meant that any trends may not be identified as quickly and learning opportunities may not be identified and acted upon.

Other monitoring structures were being established, including a child care committee, a restrictive practice working group and residents' rights committee. One of the responsibilities of the child care committee was to complete an annual audit of policy compliance. The acting CEO and children's services manager were members of this committee. One of the purposes of the rights committee was to review restrictive practices from the child's perspective and was also responsible for guiding the organisation in the exercise of rights for the people it supports. However, at the time of the inspection the impact of these new structures on the care that the children received was not evident.

Staff had access to some recently introduced support mechanisms. An employee assistance programme had been introduced for staff by the provider and staff had a good awareness of this service and how to access it if required. A supervision policy had been issued and supervision of staff had commenced in the centre. Management of staff performance and staff development remained unclear in the absence of the team leader and therefore it was not clear how staff were being supported to exercise their professional responsibility for the quality and safety of services being delivered.
**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **Theme:** |
| Responsive Workforce |

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

| **Findings:** |
| There was sufficient staff on duty on the day of the inspection but further improvements were required in relation to staff vetting, the use of unqualified staff, supervision, staff records, as well as the training and development of staff to meet the needs of the children attending the service. In general staff had received core training but continuous professional development was inadequate. Inspectors found that the service was dependent on the commitment of staff and their long term knowledge of the children to run a safe service. |

There was little improvement in the completion of staff files. Inspectors reviewed staff files and found gaps in relation to Schedule 2 of the regulations. These included the number of hours staff worked, roles and responsibilities of staff members, evidence of staff members' identity, relevant qualifications and professional registration status and that references had not been verified.

The centre did not have sufficient staff with the right skills, qualifications and experience to meet the broad admissions criteria identified in the statement of purpose. The roster was made up of a combination of nursing and social care staff. The roster identified that a nurse was always on duty when a child required nursing care. The shift leader identified that six children attending the service required nursing care and s/he said that if a nurse was not available the planned admission would be cancelled. However, a number of the social care staff were not qualified and the roster did not take account of staff with or without a qualification so on any given day there may not be a qualified member of staff on duty. This presented a risk to children attending the service as the staff team may not have the required knowledge to meet the needs of the children. In addition, relief staff and agency staff were used to fill in gaps in the roster. This meant that there continued to be a potential for children not to receive continuity of care and support due to the ever changing staff cover. |
Previously identified problems in stabilising staffing remained. The children’s services manager and CEO told inspectors that an analysis of staffing within the organisation had been undertaken but the staffing requirements for this centre had not been finalised. S/he also identified that the organisation's moratorium on recruitment meant that no permanent staff could be recruited. A number of staff remained on relief '0' hour contracts. This continued to have a negative impact on the provision of a continuity of care and care planning.

The provider did not have a contract or service level agreement in place with the staffing agency and there was no evidence of how the agency staff were inducted or orientated to the unit when they were used to fill a shift. In the absence of a formal agreement with the agency it was unclear how the provider was assured that the agency staff had been appropriately vetted and trained and were suitably qualified to meet the needs of the children. In addition, it was not clear how staff could confirm that the correct agency staff member had presented to the centre.

While there had been improvements in staff members' access to mandatory training, there was no improvement in staff's access to other relevant training and continuous professional development. The children's services manager told inspectors that a training needs analysis was being undertaken for the organisation for 2015. However, the team leader had not had an opportunity to feed into this analysis in relation to the needs of the children and his/her staff team. This meant that the planned training programme for the year would not have taken account of the professional development training requirements for this particular staff team to meet the needs of the group of children who attended this service. The majority of staff had completed the organisation's core mandatory training. However, some staff were not up to date with their fire training, manual handling, first aid or safeguarding training. There was no evidence in training records reviewed that care planning, risk management or other specialist training related to children with an intellectual disability had been considered. 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.

Formal supervision of staff had commenced. The team leader had received training on supervision. The children’s services manager told inspectors that the team leader had undertaken one supervision session but due to their absence no further supervision sessions had been held with staff. The CEO told inspectors that she had not considered that a member of her senior management team could have provided the supervision in the absence of the team leader.

Staff had an improved awareness of the regulations and standards. Copies of the regulations and standards were available in the centre. Minutes of team meetings reflected that the team leader had spent time presenting the standards and regulations to staff and staff told inspectors that their awareness of the standards and regulations had significantly improved since the last inspection.

Judgment:
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:

Ann Delany
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Catherine's Association Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001850</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 December 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td></td>
</tr>
</tbody>
</table>

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:
Records did not reflect that the effectiveness of the previous plan had been considered as part of the personal plan review or that it considered new developments or changes in circumstances.

Action Required:
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

---
1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

Please state the actions you have taken or are planning to take:
An annual review of the child will be conducted with the Parents, Keyworker and Primary Clinician to determine the effectiveness of the Personal Plan. The review process will consider changes in support needs, review of progress, development of new goals and a review of placement as part of the overall review.
1. Priority will be given to children who have planned discharges and transfers
2. Priority will be given to over 15’s
3. The remainder of children.

Provider’s Timescale:
1. 30/04/2015
2. 30/05/2015
3. 30/09/2015

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/09/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not set out all of the supports required to maximise the children’s personal development

Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
Personal plans will be revised to include all supports required to maximise the children’s personal development. A Team around the child will be established to develop the Personal Plan
A working group has been set up to review the layout and accessibility of the personal plan to support the collection of information.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/08/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was minimal evidence that personal plans were made available to the children and or their family in an accessible format

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/08/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>
**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:**
A Personal Plan will be available to the Family and Child in an accessible child friendly format.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There was limited evidence that personal planning was undertaken with the participation of the child or their family

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

**Please state the actions you have taken or are planning to take:**
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A team around the child will be established for each child which will include the family Primary Clinicians and Keyworker

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme: Effective Services</td>
</tr>
</tbody>
</table>

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Comprehensive assessments were not carried out prior to the child's admission to the respite service.

**Action Required:**
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.
Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

An improvement initiative is underway to map a new process on
• MDT assessment process
• Development of a Personal Plan
• Identify the Team around the child
• Annual review of the Personal Plan

Proposed Timescale: 30/06/2015
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no comprehensive assessment of need completed to reflect changes in need or circumstances and no less frequently than on an annual basis.

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:
Where a change in circumstances or assessed need is identified, a review will take place with the Family keyworker and Primary Clinician. A support needs form is completed for each new child attending the service and for those who already attend.

Proposed Timescale: 30/04/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The needs of the children attending the service were not assessed and therefore arrangements necessary to meet the children’s needs were not evident.

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

Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.
A support needs form is being completed for each of the children attending the service. This will guide practice so that arrangements can be made to meet the children’s needs.

**Proposed Timescale:** 30/06/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff identified the need to review the capacity of the centre to meet a child’s need in relation to behaviour that challenged.

**Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
An improvement initiative is underway to restructure the respite services on the assessed needs and age range of the children.

**Proposed Timescale:** 30/06/2015  
**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plans did not reflect all the needs of the children.

**Action Required:**
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident’s assessed needs.

**Please state the actions you have taken or are planning to take:**
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

An improvement initiative is underway to map a new process on
- MDT assessment process
- Development of a Personal Plan
- Identify the Team around the child
- Annual review of the Personal Plan

**Proposed Timescale:** 30/06/2015  
**Theme:** Effective Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans for the children did not have multidisciplinary input.

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

Please state the actions you have taken or are planning to take:
With the new structure of the personal plan MDT input will be aligned with the plan.

Proposed Timescale: 30/07/2015
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 preparing to leave the service.

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:
Priority is being given to these children. Transition and Discharge Plans are being developed.

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:
Children had limited opportunities to prepare for adult life.

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:
With the review of the transitioning process, all plans will guide practice to help identify opportunities for the children to prepare for adult life.
Proposed Timescale: 30/05/2015

### 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 centres risk management policy did not comply with regulation 26.

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

A centre specific Health & Safety Statement, which includes location specific Risk Assessments has been introduced.

---

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 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 is being reviewed. It will be revised to reflect Reg. 26 (1) (b) All Risk Assessments will include the measures and actions in place to control the risks identified

---

Proposed Timescale: 31/03/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the measures and action 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 revised to include the measures and actions in place to control accidental injury to residents, visitors or staff. This is also reflected in the location specific Health & Safety Statement

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/03/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

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 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 revised to include the measures and actions in place to control aggression and violence. This is also reflected in the location specific Health & Safety Statement

<table>
<thead>
<tr>
<th>Proposed Timescale: 31/03/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
</tr>
</tbody>
</table>

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 revised to include the measures and actions in place to control self-harm. This is also reflected in the location specific Health & Safety Statement
Statement. All Risk Assessments will record the measures and actions in place and will identify any further controls required for action.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The risk management policy did not include the arrangements for the identification, recording and investigation of, and learning from, serious incidents and adverse events involving the children

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

**Please state the actions you have taken or are planning to take:**  
The Risk Management Policy will be revised to include arrangements for the identification, recording & investigation of and learning from adverse events involving residents. This will involve the system of reporting, analysing and feedback learning from adverse events.

**Proposed Timescale:** 31/03/2015  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The risk management policy did not include the 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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The system of risk assessment, including controls will be reviewed and revised so as to ensure the least impact on the child’s quality of life. This will also be reflected in in-service training.
Proposed Timescale: 31/03/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all risks were assessed, managed and reviewed on an ongoing basis. The local risk register did not accurately reflect risks in the centre.

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

Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The location Risk Register is being completed, taking into account risks specific to the location which will include a system to support emergency response

Proposed Timescale: 27/04/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Eleven staff members fire safety training was not up to date.

Action Required:
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
To date all members of staff have completed Fire Safety Training.

Proposed Timescale: 25/02/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
Not all staff were up to date with the knowledge and skills to respond to behaviour that was challenging and to support children to manage their behaviour.

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

Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Any discrepancy will be addressed in staff training with regard to managing and supporting residents with behaviours that challenge. Priority will be given to staff who have no previous training.

Proposed Timescale: 30/04/2015
Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received training in the management of behaviour that was challenging including de-escalation and intervention techniques.

Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Any discrepancy will be addressed in staff training with regard to managing and supporting residents with behaviours that challenge.

Proposed Timescale: 30/04/2015
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear if the informed consent of residents or their representatives was obtained regarding therapeutic interventions implemented in the centre or if they had been reviewed as part of the care planning process.
**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.

This issue will be clarified with all families of residents attending the service. Where permission has not been sought it will be addressed immediately.

**Proposed Timescale:** 30/05/2015

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Restrictive practices were not always applied in accordance with national policy, evidence based practice or the organisation's own policy.

**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:**
A complete review of restrictive practices within this location will ensure that they are applied in accordance with national policy which will include due process for each resident. All restrictive practices will be recorded on the organisation restrictive practice register.

**Proposed Timescale:** 30/04/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Alternative measures were not considered before a restrictive practice was used and there was no evidence that the procedure was the least restrictive measure for the shortest duration necessary. No audits had been completed on the use of restrictive practices.

**Action Required:**
Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are
considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The Restrictive practices for this location will be audited by the Restrictive Practice Working Group. Where measures are found not to be the ‘least restrictive’ they will be adjusted accordingly in line with national policy and best practice.

---

**Proposed Timescale:** 30/04/2015  
**Theme:** Safe Services  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
There was no evidence that residents were supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Action Required:**  
Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

**Please state the actions you have taken or are planning to take:**  
A support needs assessment is being carried out for each resident attending the location. This will guide practice to ensure that residents are supported to understand and have the skills needed for self-care and protection.

---

**Proposed Timescale:** 30/06/2015  
**Theme:** Safe Services  

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Appropriate safeguarding measures were not in place for staff providing intimate care.

**Action Required:**  
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident’s dignity and bodily integrity.

**Please state the actions you have taken or are planning to take:**  
The Intimate Care Plans for the centre will be reviewed and revised so as to provide staff with more guidance to ensure strong safeguarding measures so as to protect and
respect the residents.

**Proposed Timescale:** 30/04/2015

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all staff were trained in safeguarding.

**Action Required:**
Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to 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.

This will be reviewed and rectified. Any remaining staff in need of training will be accommodated on training immediately.

**Proposed Timescale:** 30/05/2015

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The organisation's policy on the protection of children required updating to reflect the role of the Child and Family Agency in relation to child protection concerns.

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

**Please state the actions you have taken or are planning to take:**
The Child Protection and Welfare Policy is being reviewed and revised in line with national policy. This revision will reflect the role of the Child and Family Agency in relation to child protection concerns.

**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:**
A register of controlled drugs was not in place.

**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:**
A register of controlled drugs is available in the location. Staff will receive guidance with regard to its use.

**Proposed Timescale:** 27/02/2015

---

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The organisation's statement of purpose and function was not complete and did not contain all of the information as set out in Schedule 1 of the Regulations. Staff had not been developed to accommodate the broad admissions criteria identified in the statement.

**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:**
1. The Statement of Purpose and Function will be reviewed and revised to reflect information required by Schedule 1.
2. Staff Training Needs will be assessed so as to be able to support the assessed needs of the children attending the location, as identified in the Statement. Training will be provided.

**Provider's Timescale:**
1: 30/04/2015
2: 30/06/2015
Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence to suggest that the statement of purpose had been made available to the residents or their parents/guardians.

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

Please state the actions you have taken or are planning to take:
Once reviewed, a copy of the Statement of Purpose and Function will be made available to all residents and or their parents/guardians.

Proposed Timescale: 30/05/2015

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 within the centre required further development.

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 management system has been reviewed. Re Clarification of management roles has been provided to the staff team. This includes the structure when the Person in Charge is on leave.

Proposed Timescale: 28/02/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There had been no annual review of the safety and quality of the care and support provided in the centre.
**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

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

---

### Proposed Timescale: 30/06/2015

### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The unannounced six monthly review of the safety and quality of care and support provided within the centre had only focused on two aspects of the care and support provided.

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

**Please state the actions you have taken or are planning to take:**
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

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

---

### Proposed Timescale: 30/03/2015

### Theme: Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no annual review of the quality and safety of care and support that provided for consultation with the children and their parents/guardians.

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

Please state the actions you have taken or are planning to take:
The Provider will include consultation with children and families when undertaking their Annual Review of the Quality & Safety & Supports in the location.

**Proposed Timescale:** 30/06/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no copy of an annual review of the quality and safety of care and support made available to the children, their parents/guardians and the chief inspector.

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

Please state the actions you have taken or are planning to take:
Once completed the Annual Review will be made available to the children, their parents/guardians and, if requested, to the Chief Inspector.

**Proposed Timescale:** 15/07/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not appropriately skilled and qualified to meet all of the needs of the children as identified in their statement of purpose.

**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.

The Training Needs Analysis has identified areas of required training for staff members.
Staff Training Needs will be assessed so as to be able to support the assessed needs of the children attending the location, as identified in the Statement. Training will be provided.

**Proposed Timescale:** 30/06/2015  
**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Staff continued to work in the centre on a part time or as required basis.

**Action Required:**  
Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Please state the actions you have taken or are planning to take:**  
1. The needs of the children/staff ratio for this location has been reviewed.  
2. The WTE required has been identified.  
3. Skill mix of staff on the roster is to be completed.

**Proposed Timescale:** 30/04/2015  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Documents as specified in Schedule 2 of the regulations were not in place on staff files. Staff references were not verified. There was no arrangement in place to ensure agency staff were appropriately qualified, trained and vetted.

**Action Required:**  
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**  
1. Schedule 2 documentation is being reviewed for those staff whose files were not complete at the time of the inspection.  
2. The Staff Recruitment & Selection Policy is being revised to reflect the use of agency staff and to ensure that going forward all staff references are verified.

Provider's Timescale:  
1: 30/04/2015
### Proposed Timescale: 30/06/2015

**Theme:** Responsive Workforce

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

A formal training needs analysis had not been undertaken for the centre.

Staff did not have access to appropriate training, including refresher training, as part of their continuous professional development programme.

**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:**

A Training Needs Analysis has taken place. Refresher Training is available to staff requiring it.

Appropriate training is being sourced to provide a programme of Continuous Professional Development as identified in the Training Needs Analysis.

### Proposed Timescale: 30/04/2015

**Theme:** Responsive Workforce

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

The majority of staff had not received 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:**

The PIC is carrying out supervision with members of staff. S/he is developing a calendar of supervision to reflect the needs of the staff members and taking of leave.

### Proposed Timescale: 30/05/2015