Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Catherine's Association Limited</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001850</td>
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<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Catherine's Association Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Ian Grey</td>
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<tr>
<td>Lead inspector:</td>
<td>Ann Delany</td>
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<td>Support inspector(s):</td>
<td>N/A</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 30 July 2014 09:30  To: 30 July 2014 18:40

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 05: Social Care Needs |
| Outcome 07: Health and Safety and Risk Management |
| Outcome 08: Safeguarding and Safety |
| Outcome 09: Notification of Incidents |
| Outcome 12: Medication Management |
| Outcome 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection
This was the first inspection of the centre by the Authority. The inspection was unannounced and was carried out by one inspector over one day. As part of the inspection, the inspector met with the respite manager (person in charge), team leader, staff members and observed the four children in the centre. The inspector also reviewed policies and procedures, as well as personal plans, fire records and staff files.

The centre was notified to the Authority under section 69 of the Health Act as a centre that provided respite care to children and young people up to the age of 18 years. St. Catherine's Association is the service provider.

The centre was a bungalow set on its own grounds with secure gardens and play areas. Another centre was located adjacent to it. The centre could cater for a maximum of six children per night depending on their required needs and dependency levels. The centre offered respite care for 31 children. The majority of children were engaged in education in a special school in the local area.

The inspector observed the four children in the centre on the day of the inspection and observed that they received close supervision. Staff were observed to positively interact with the children and were very respectful of them. However, their rights
were impinged upon at times by the use of camera monitors in bedrooms. The assessment of the children's needs and care planning was found to be inadequate. There was insufficient evidence of multi-disciplinary assessment and input into plans or of personal plans with clear goals and objectives.

Governance and management arrangements were not robust. Policies and procedures to guide staff in their day to day practice were inadequate. Lines of accountability and decision making were not clear. The inspector found that the provider had not transferred the learning of regulatory breaches found in their other centres and implemented appropriate actions within this designated centre where the same issues arose. The Authority took the unusual step of issuing an immediate action plan in response to poor medication management practices and the inadequate training received in the safe administration of medication. The provider responded within the agreed timeframe with an adequate response to address the risks.

The provider's monitoring of the quality and safety of care and the outcomes for children was not sufficient. The inspector found that a number of care practices, such as the use of restrictive practices and behaviour management, the use of camera monitors and care plans had no managerial oversight.

The inspector observed a number of unassessed hazards within the centre including chemicals which were accessible to children, unrestricted access to the sluice and laundry area and equipment stored on the corridors. There was no environmental risk assessment available within the centre.

Recruitment processes were not robust. A number of the staff were not qualified for the role and the inspector was not assured that the staff team were adequately skilled and qualified to meet the required needs of children up to the age of 18 years with the related range of complex needs. Staff files did not meet all the requirements of Schedule 2 of the regulations.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

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

Findings:
It was not planned to inspect against this outcome but the inspector observed a number of practices that related to it.

The privacy and dignity of children was not always respected and there was a potential breach of children's rights. The inspector found that a camera was located at every bedside and that staff had the ability to monitor children, on a live feed, from the work station. This meant that children's activities were constantly monitored while asleep or in their bedrooms. There was no signage identifying that the monitors were in use. Staff were unable to confirm that the parents were aware that their child was monitored in this way when in the centre. The staff team did not hold records of when the monitoring system was in use for each child. The use of the cameras meant that children did not have age appropriate opportunities to be alone, where this had been deemed safe.

There were guidelines in place on the use of the monitors. However, the inspector found that the guidance did not assist staff as it identified that the monitors were "only used to assist staff with continuous observation of children with medical needs or risk to personal safety due to behavioural issues or some other reason". The inspector was informed the day after the inspection that the monitors had been turned off.

Not all children in the centre had opportunities to participate in activities in accordance with their interests, capacities and developmental needs. The inspector identified that transport was not in place to meet the needs of all children and therefore some children could not leave the centre for trips and engage in activities within the wider community.
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):
This was the centre’s first inspection by the Authority.

Findings:
Children's needs had not been comprehensively assessed within the centre and personal plans did not detail children's individual needs and choices or their objectives and goals. There was limited evidence that children and their families were being consulted with in the development of the plans. There was limited preparation for independent living in the centre.

Of the children's files sampled, there was no comprehensive multidisciplinary assessment of the child's individual needs and choices to inform their personal plan. The inspector found that nursing staff completed an 'activities of daily living' assessment but this did not focus on the holistic needs of the children, rather the functional limitations based on their dependency. The staff team identified that an individual assessment of need template had been developed but was not yet in use. This template would inform each child's dependency level while residing in the centre.

As a result, personal plans were not comprehensive and informed by multidisciplinary input. There were a number of plans but they did not set out the arrangements to meet each child's needs, interests and capacities or the child's objectives and goals. The inspector reviewed three personal plans and found that they contained three separate plans - a respite plan, a nursing profile and an intimate care plan. The plans outlined how to effectively communicate with the children, for example using a specific communication device. The respite plan identified the child's wishes around family involvement and some support services. However, they did not provide other details of the services and supports that were required to meet the child's health, education, social or transport needs.

The inspector found that the three plans had been reviewed individually and informally. There were no formal meetings to review the plan and its effectiveness. There was no documented evidence that the effectiveness of the plans had been reviewed or that
changes in circumstances and new developments had been taken into account when the plan was being revised.

There was no evidence that the children and or their families had been involved in all aspects of the review process. There was also no evidence that the children had received a copy of the plan in an accessible format.

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

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
The health and safety of the children, visitors and staff was not adequately promoted. The inspector identified a number of hazards and risks on the day of the inspection some of which were addressed in a timely manner. An organisational health and safety statement was in place and there were some risk management systems in place. Some fire precautions were in place but the centre did not have a certificate of compliance from a suitably qualified engineer.

The centre had an organisational health and safety statement dated March 2014 in place but there was no supporting documentation on local hazards and risks and how they were being addressed and or mitigated. There was a policy on safe practices and working alone. The staff team had a health and safety representative who was scheduled to attend health and safety representative training. Training records observed by the inspector identified that staff were all up-to-date with their manual handling training. However, not all staff in the centre had up to date first aid training.

The centre manager maintained a maintenance log since May 2014. Eight items had been logged since that date, four of which were identified as being resolved. However, there was no date of the original maintenance request and no update on the four items that were outstanding. The inspector found that the car used by staff was appropriately
taxed, insured and had a national car testing certificate.

There were some policies relating to risk management recently introduced, but these were not in compliance with Section 26 of the regulations. For example, the policy had not included the identification of hazards and assessment of risks throughout the designated centre, and the measures and actions in place to control the identified risks. The centre had an emergency procedure in the event of for example floods, electric issues. The centre had not completed a risk assessment of the centre and its environment. The inspector identified a number of hazards on the day of the inspection including two five litre containers of bleach in unlocked rooms, cleaning products in unlocked presses, unlocked rooms with latex gloves stored in presses which children could access, equipment on the corridor, no appropriate sluice for cleaning staff to empty water buckets, blinds in the sitting room with no safeguard, unlocked sluice room and utility room with washing machine and drier and ligatures in the sensory room.

There was no system in place for investigating and learning from serious incidents and adverse events. This meant that the centre may not learn from events and so the potential for them to reoccur would be greater.

The centre had some procedures in place in relation to infection prevention and control and had Health Service Executive infection prevention and control policies available to staff via a shared drive folder. There were adequate hand-washing facilities. However, hand hygiene signage was not optimum. The corridors within the centre were cluttered with equipment making it difficult for appropriate cleaning to take place or the potential for an accident to occur. There was a dedicated trained member of staff who cleaned the centre Monday to Friday and they had good cleaning schedules in place. A flat mop colour coded system was in use. However, the only personal protective equipment they had access to was disposable gloves. Care staff and nursing staff were responsible for cleaning the centre at weekends. The inspector found that harmful substances such as detergents and cleaning agents were stored in the same area where dried foods were also stored. There were no clinical waste or pest control systems in place.

There were some fire safety precautions in place. The centre had a fire alarm which was connected to another of the provider's centres that was adjacent to this centre. A fire evacuation plan and fire orders were displayed in a number of prominent areas within the centre. This included a child friendly pictorial of the fire evacuation procedures. Fire extinguishers were available throughout the centre and these had been serviced in July 2014. The centre also had a fire blanket in the kitchen and one overhead sprinkler. The inspector reviewed the fire book and found that daily checks of fire exits had been completed since 01 June 2014. There was no evidence of weekly or monthly checks and staff spoken with were not aware of the requirement to undertake these checks. Three fire drills were recorded to have taken place in the last 12 months. Both staff and children participated in these drills. The inspector noted that the drills included different staff on the different occasions. The centre next door and the front gate had been identified as the fire evacuation points. However, 19 of the 36 staff who worked in the centre had not received fire training in over 24 months. The inspector also found that there was no fire policy, certificate of fire compliance from a suitably qualified engineer or suitable place of safety identified should the centre need to be evacuated.
Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
There were some measures in place to protect children in the service from abuse. Children were provided with some emotional, therapeutic and behavioural supports that promoted a positive approach to behaviour that challenges. Restrictive practices were in place within the centre.

The centre had a child protection policy that was in line with Children First: National Guidance for the Protection and Welfare of Children (2011). There were policies in place in relation to the prevention, identification and response to concerns of child protection within the centre. The majority of staff had received training in Children First (2011). The director of services was identified as the designated liaison person. All staff who were interviewed knew who the designated and deputy designated liaison person was within the organisation and had good awareness of this role. Staff were knowledgeable about the identification of abuse particularly in relation to vulnerable children who could not communicate verbally. No reports of a child protection concern were made to the Child and Family Agency in the last 12 months.

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

The team leader told the inspector that a staff member would normally accompany contractors while on site in the centre to ensure the safety of the children. However, on the day of the inspection, the inspector observed a contractor enter the centre and complete their required tasks around the centre, unaccompanied.

In general, staff engaged with children in a manner that respected their dignity and privacy. Staff were observed interacting with children in a caring and respectful manner.
Intimate care plans were in place for each child whose care plan was reviewed. However, staff told the inspector that a range of children would share the twin bedroom. This would include children of different genders and age groups. This meant that care practices may take place while boys and girls or a child and young person were sharing the room. There were policies in place in relation to bathing and showering. However, it did not provide sufficient guidance to staff in relation to intimate and personal care.

Adequate systems to safeguard children’s pocket money were not in place. Children's pocket money was stored securely by the manager and the staff team maintained a log of children's money maintained at the centre. Monies received and spent were recorded. However, the log of each child's finances was not recorded in sufficient detail to identify what the money had been spent on and there were no signatures by the staff team when money had been spent. This meant that if children's money went missing it would be difficult for the manager to explain the events due to insufficient details.

The staff team utilised a positive behaviour support model. There was a positive behavioural support policy in place and staff placed an emphasis on reinforcing positive behaviour. The majority of staff had received training in a model of behavioural management and had access to a behavioural support specialist. However, it was unclear what, if any efforts were made to identify and alleviate the underlying causes of behaviour that challenged the service and the team. While the inspector observed behaviour that challenged the staff team, the inspector did not find any behaviour support plans in the care files sampled.

Restrictive practices were used within the centre. The centre had a policy on restrictive practices which identified that all restrictive practices had to be approved by the director of services. The inspector found a wide range of restrictive practices in use including bed rails, a half door in one bedroom, 'thumb turn' for another child, lap belts, socks and helmets. The inspector identified that while a log of restrictive practices was available within the centre it was not completed in full to reflect all restrictive practices utilised. It was also unclear whether alternative measures were considered before a restrictive practice was used or that it was the least restrictive practice used for the shortest duration possible. The centre manager and team leader identified that a number of these practices were used for safety purposes. No audits had been completed on the use of restrictive practices. No restrictive practices were reported to the Authority on quarterly or half yearly reports.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services
Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Notifications were not returned to the Authority in line with the regulations. The inspector reviewed quarterly and half yearly notifications returned to the Authority and found that nil returns had been submitted. However, in the course of inspection a number of restrictive practices were identified that required notification.

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

Findings:
Medication management policies and procedures did not protect residents. Prescribing of medication was not in line with the centre's policy or good practice and not all staff who administered medication had been trained or assessed as competent to do so. The Authority took the unusual step of issuing an immediate action plan, in relation to the absence of appropriate and suitable practices relating to the prescribing and administering of medication, due to concerns about the safe administration of medication.

The centre had an organisational policy for medication management dated September 2013. However, the inspector found that practices were not in line with the policy or good practice. Nursing staff transcribed all of the children’s prescriptions to the medication prescription sheet. The policy stated that “only nursing staff may transcribe prescriptions if deemed necessary under their own professional accountability”.

Transcribing practices were not in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management as transcribed orders were not co-signed by the prescribing doctor or a registered nurse prescriber within a designated timeframe. The practice of transcribing was not subject to audit. An immediate action plan was issued to the provider the day after the inspection and an adequate response was received within the agreed timeline.

The centre used a combined prescription and administration sheet. The prescription and administration sheets recorded the name and date of birth of the child and there was a
Inspectors found that the child's address was not included and the prescribing general practitioner (GP) was not always named on the prescription sheet. The route of administration of the medication was not recorded on the prescription sheets and the maximum dosage of as required (PRN) medications was not recorded. Medication was found to be administered at the time identified on the prescription sheet but there was no signature sheet or a space to record comments should medication be withheld or refused. Nursing staff told inspectors that not all 'as required' medicines used in the centre had not been prescribed by a GP but were consented to by parents.

Nursing staff administered medication when on duty but in their absence care staff administered medication. The inspector identified that care staff were not appropriately trained in the safe administration of medication and there were no competency assessments in place for any staff. This meant that there was an increased risk of medication not being administered safely and in line with the centre's policy.

Storage of medicines was not in line with the centre's policy or good practice. The inspector found that not all medicines were labelled with the child's name and dosage. Medicines that should be stored in the medicine fridge were found in the medicine trolley. The inspector also found that medicines of children who were not currently in the centre were held in a separate locked press. This was not in line with the centre's policy which identified that 'clients' medication should not be kept as stock in respite settings'. There were no controlled drugs in the centre on the day of inspection but the centre had an appropriate storage facility for them. However, there was no register maintained for controlled drugs which was not in line with the centre's medication policy.

The nursing staff had developed a drugs information folder to include name of drug, generic name, indication, side effects and precautions. The information also included if a drug could be crushed or not. A medication folder was also maintained with information on medicines used within the centre.

Medicines were all counted on admission and discharge from the centre. An audit of this activity was undertaken on a frequent basis and discrepancies had been identified including wrong counts. The team leader spoke to the relevant staff member regarding the issue. Audits were also undertaken of the medication administration sheet and the most frequent deficit identified was medicines not signed for. No medication errors had been reported but there was a system for staff to report any errors.

**Judgment:**
Non Compliant - Major

**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.
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<th>Theme: Leadership, Governance and Management</th>
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**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The centre had a statement of purpose. However, it did not meet the requirements of regulation 3. The statement of purpose identified the arrangements for respecting the privacy and dignity of residents, consultation, visitors and fire precautions. However, the statement of purpose did not include a number of other requirements in sufficient detail and did not include any detail in relation to the specific care needs that the centre intended to meet, the services provided to meet the care needs, the criteria for admission, total staffing complement, organisational structure, therapeutic techniques used and arrangements for children to attend religious services.

The statement of purpose identified that the centre provided respite care to children up to the age of 18 years. However, the inspector was not assured that the staffing complement was sufficiently skilled to meet the broad range of developmental needs of this age group of children. While the inspector observed during the course of the inspection that the medical needs of some of the residents were extensive, this was not outlined in the statement of purpose and staff training and development did not encompass these requirements.

**Judgment:**
Non Compliant - Moderate

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**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.

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

**Findings:**
There were inadequate management systems in place to ensure the service provided was safe, effective and appropriate to the needs of the children, as there was a lack of clarity in relation to responsibilities, lines of accountability and decision making. There
had been some development of the management systems within the centre over the last few months as a result of revised governance arrangements. However, the inspector found that failings found in other centres were repeated in the service although these had already been brought to the attention of the provider. There had not been sufficient transfer of learning about the regulatory breaches and similar regulatory breaches were found on this inspection. Formal systems of quality assurance and performance management were not in place and thus the provider could not be sure that children received a good quality service with measurable outcomes.

There was a management structure in place but the lines of accountability and decision making were not clear. The respite manager who was nominated by the organisation to be the person in charge reported to the director of services for the organisation who in turn reported to the board of directors. The director of services was responsible for providing oversight and monitoring of all residential services within the overall organisation, along with the management of maintenance, the training officer and behaviour specialists. All care staff reported to the respite manager and were clear about the reporting relationships. An on call system was available for staff for out of hours cover with the centre manager and three team leaders providing alternate cover arrangements. A shift leader was identified on the roster. The respite manager told inspectors that she/he met with the director of services on a weekly basis at the weekly residential meeting. Minutes of these were not available for review by the inspector. The inspector did not find supporting evidence of how either the respite manager or the director of services were held to account for decision-making or responsibility for the delivery of services to the children.

The inspector reviewed a document which outlined the governance structures and systems which were in the process of being implemented within the overall organisation such as the weekly residential meetings, monthly reports to the board of directors, quarterly residential reviews, annual reviews of residential services and audit committees. At the time of the inspection, weekly residential meetings were in place. However, the inspector did not find evidence of the implementation of the other governance systems or arrangements as outlined above.

The respite manager, as the person in charge, was employed on a full time basis. S/he was also the nominated person in charge of two other designated centres. The respite manager had a good knowledge of the children attending the centre and was suitably qualified. She/he had adequate knowledge of the regulations and his/her statutory responsibilities. However, they had not returned the required notifications to the Authority.

There was limited monitoring of the overall quality of care provided to the children, their outcomes and a system of regular audits was not in place for issues such as the quality of the children's personal plans, medication management or use of restrictive practices. Some work had commenced and a parent satisfaction survey was ongoing at the time of the inspection. Eight questionnaires had been returned but the responses had not been assimilated. There were no formal systems in place to monitor the centre's performance against standards or regulations. A number of initiatives described as being initiated to respond to previously identified deficits in the service providers other centres such as the establishment of a risk management committee and a continuing professional
development programme were not in place. In addition, there was little progress in areas such as fire safety and medication management. The use of restrictive practices in the centre had not prompted a review or oversight by the provider although these issues had arisen in other centres. This meant that overall, the inspector found the managerial oversight of practices in the centre was insufficient.

Staff were not formally supported and performance managed. There was a supervision policy in place and there was one record of a staff meeting. However, it was unclear to the inspector how staff performance was managed in order to ensure that the service was continually improving and that staff would exercise their professional responsibility for the quality and safety of services delivered. There was no protected disclosure policy in place for staff to raise concerns in relation to the service.

Information governance was not robust. The inspector identified potential data protection breaches in relation to the electronic records maintained for all children accessing the provider's services. Staff told the inspector that they could access all children's files and not just the children attending their service.

Judgment:
Non Compliant - Major

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

Findings:
The recruitment process was not robust and the centre was not in compliance with Schedule 2 of the regulations. There was a recruitment policy and a staff induction policy in place. Not all staff were qualified and no staff supervision was taking place.

Staff files were not complete. A sample of staff files was reviewed and the inspector found that they did not contain all the requirements as outlined in schedule 2. For example, there were gaps in employment histories in the four staff files reviewed, two written references (including a reference from the staff member's most recent employer) were not on all staff files and details of the position that the person held, the number of hours worked and the responsibilities were not recorded in all four staff files sampled.
The centre did not have sufficient staff with the right skills, qualifications and experience to meet the assessed needs of residents. The statement of purpose and function proposed to provide respite care for children up to the age of 18 years. In addition, the respite manager and team leader identified that the centre provided respite care for children with higher dependencies and complex needs. However, there was no evidence that staff had sufficient skills and competency to meet the range of developmental and health needs of this age range of children.

There was a staff rota in place, including the planned and actual rota. The inspector reviewed rosters for a three week period including the week of the inspection. The roster identified that a qualified nurse was on duty for the day shift and the night shift with two to three care workers on day shift and one on the night shift. The respite manager told the inspector that the staffing levels would reflect the number and dependency levels of children accessing respite services on the given day. A significant number of staff were relief staff who filled in for shifts as required. This meant that there was a potential for children not to receive continuity of care and support due to the ever changing staff cover. The respite manager’s name was not listed on all of the rosters reviewed so that staff could contact a senior manager in the event of emergency.

Staff did not have access to appropriate training and continuous professional development. The centre had not completed a formal training needs analysis for staff. All staff had completed mandatory training in manual handling, and the majority of staff had completed child protection training. However, a number of staff required refresher training in first aid and the majority of staff required refresher training in fire safety. Care staff who administered medication when there were no nursing staff on duty had not completed a safe administration of medication course.

The centre had a staff supervision policy which identified that staff supervision should take place every 6 to 8 weeks. However, the inspector was informed by staff that formal supervision did not take place. A supervision record template was made available to the inspector but it had not been implemented. The absence of formal supervision meant that staff did not have formal support by the manager or an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff.

Copies of the regulations and standards were available in the centre. However, not all staff were aware of the Health Act 2007, the regulations and national standards.

**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:

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>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001850</td>
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<tr>
<td>Date of Inspection:</td>
<td>30 July 2014</td>
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<td>Date of response:</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children’s privacy and dignity was not always respected as the staff team used baby monitor cameras to monitor children when asleep or in their beds.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
An assessment of need will be carried out to ascertain whether it is necessary to have monitors in place for the Children accessing the service. Where monitors are required, the use of said monitors will be in accordance with national best practice and guidelines and will be used in conjunction with and will be fully informed by person’s personal plan.

Proposed Timescale: 31/12/2014
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The constant use of the camera monitoring system in bedrooms impacted on children’s rights

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
An assessment of need will be carried out to ascertain whether it is necessary to have monitors in place for the Children accessing the service. Where monitors are required, the use of said monitors will be in accordance with national best practice and guidelines and will be used in conjunction with and will be fully informed by person’s personal plan. Where cameras are required, the use of said cameras will be determined at a multi-disciplinary team meeting so that all persons, including the child’s parents are aware of the need to implement a camera and all eventualities or options available to manage the child’s support needs will be discussed so that each child has the freedom to exercise choice and control in his or her life. This will of course be dealt with through the Rights Review Process that is being developed within SCA. This is to promote best practice so as to have the least impact on the rights of the child and others in the location. The multi-disciplinary team will be required to move towards a system whereby the camera is removed where possible and utilise alternative procedures to meet the child’s support needs.

Proposed Timescale: 31/12/2014
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all children had opportunities to participate in activities in accordance with their interests, capacities and developmental needs and to engage in the wider community
due to an absence of suitable transport.

**Action Required:**
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

**Please state the actions you have taken or are planning to take:**
A timetable of activities will be made available within this location and suitable arrangements will be put in place to ensure that each child can be supported to participate in activities in accordance with their interests, capacities and developmental needs and to engage in the wider community. A people carrier has been sourced for the unit. This people carrier is not wheelchair accessible however to combat this, accessible transport is available each Saturday and can be made available more often if required. The PIC will put a plan in place to ascertain when it might be necessary to have accessible transport available and ensure that each child availing of a service within the location can access the community. This will part of the respite planning process and booking procedure.

**Proposed Timescale:** 29/12/2014

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**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:**
Comprehensive multi-disciplinary assessments were not undertaken for each child.

**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:**
Individual Comprehensive Assessments for each of the Children will be undertaken as a matter of priority and will inform a robust planning system to meet the needs of each child. All PIC’s will be made aware of the arrangements which will be implemented to meet the assessed needs of each child. This will involve a team approach between location staff and the MDT.

The new head of operations together with the new management team will develop a pre-admission policy and pre-admission assessment and an assessment of the health, personal and social care needs of each resident will be carried out prior to admission to the designated centre in the future.
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<td>Theme: Effective Services</td>
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**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Comprehensive multi-disciplinary assessments were not being undertaken as required to reflect changes in need and circumstances.

**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 MDT structure will be developed and put in place to ensure that comprehensive assessments are reviewed at least annually and reviews can take place to respond to changes in need and circumstance should they arise.

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

Personal plans were developed by individual professionals and were not informed by multi-disciplinary 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:**
A comprehensive personal plan will be developed for each resident presently engaged in the service and will be put in place for each new referral to the service no later than 28 days after admission to the designated centre. Each plan will be developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and nature of his/her disability. These plans will require input from the MDT, location keyworker and family supporters.

Residents/parents/advocates will be supported to participate in care planning.

All members of the Multi-Disciplinary team will be required to engage with the new personal care plans, once developed.
Proposed Timescale: 30/12/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal planning was not 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:
Each personal plan will be developed through a person centred approach with the maximum participation of each resident, in accordance with the resident’s wishes, age and nature of his/her disability. The location will prioritise plan completion by the order in which children will be accessing the service. This is expected to be 10 plans completed per month, and all plans being completed by year end.

Proposed Timescale: 30/12/2014
Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not set out 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:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A comprehensive personal plan will be developed for each new referral to the service no later than 28 days after admission to the designated centre. Each plan will be developed through a person centred approach with the maximum participation of each resident, in accordance with the resident’s wishes, age and nature of his/her disability. The plans will include a section on goals which will also have review dates to monitor progress.
Proposed Timescale: 30/12/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there was no evidence that personal plans were made available to the children and or their family in an accessible format

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

Please state the actions you have taken or are planning to take:
Personal plans will be made available to the resident and his/her representative in an accessible format where appropriate.

Proposed Timescale: 31/10/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that personal plan reviews had assessed the effectiveness of the previous plan or taken changes of circumstances and new developments into account.

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

Please state the actions you have taken or are planning to take:
A multi-disciplinary team structure will be developed and put in place to ensure that comprehensive assessments are reviewed at least annually and reviews can take place in order to respond to changes in need and circumstance should they arise. the personal plans will include a review section based on the child's goals. This will allow them to assess whether something has been completed, is still a goal and how it may actioned differently where necessary.

Proposed Timescale: 28/02/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Children did not have sufficient opportunities to engage in the development of a broad range of life skills as groceries were procured in bulk.

**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 petty cash structure and financial arrangements within each location is being reviewed and will be developed so that each location will have a specific budget to purchase groceries. A structure for the purchasing of groceries in each location will be devised so that each child will be provided with the opportunity to partake in life skills training and upskilling accordingly.

**Proposed Timescale:** 28/02/2015

**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 was not compliant 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 existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

The revised risk management policy will outline procedures for identifying hazards and measures to address associated risks.

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the measures and actions in place to
control 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 Health and Safety manager will be required to carry out comprehensive risk assessments in all areas relevant to his role of responsibility.

Risk Management practices and a risk register will be developed. The risk management system will be developed for the assessment, management and ongoing review of risk and will include a system for responding to emergencies to be in compliance with regulation 26

**Proposed Timescale:** 30/12/2014
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the measures and actions in place to control 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 existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

**Proposed Timescale:** 30/12/2014
**Theme:** Effective Services

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

**Please state the actions you have taken or are planning to take:**
The existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

Training in and around the new risk management policy will be provided to all staff in order to ensure effective use of the policy.

**Proposed Timescale:** 30/12/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The risk management policy did not 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 existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

Training in and around the new risk management policy will be provided to all staff in order to ensure effective use of the policy.

**Proposed Timescale:** 30/12/2014  
**Theme:** Effective Services

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

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

**Please state the actions you have taken or are planning to take:**
The revised risk management policy will include arrangements for the identification, recording and investigation of and learning from serious incidents or adverse events involving residents.

A risk management committee will be set up which committee will be specifically tasked with the management, review and investigation of incidents.

**Proposed Timescale:** 30/12/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management policy did not include the arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures may have on the child's quality of life have 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:**
All risk management control measures will be developed and utilised in line with best practice and only where said measures are identified as being proportional to the risk identified and all others measures have been considered in order to ensure that the measure implemented is considered to be the least restrictive measure, having regard to the resident’s quality of life.

**Proposed Timescale:** 31/12/2014  
**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.

**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.

A risk register will be put in place in the location. This process will have an inbuilt review and audit of risks. Reviews will be on a monthly basis and will be brought to the PIC meeting to discuss and review in lines with best practice. This will inform practice in the location going forward.

**Proposed Timescale:** 31/12/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
There were no clinical waste or pest control system in place.  
Hand hygiene signage was not displayed at all hand washing facilities

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

Please state the actions you have taken or are planning to take:  
A contract for Pest Control is now in place within this location.  
Clinical waste collection is now in place within this location.  
Hand hygiene signage is now displayed at all hand washing facilities and all staff will be required to comply with these measures and upskill, train and educate the residents in and around hand hygiene and infection control in a manner that is readily understood by the children having regard to their age, capacity and development.  
A process for the continued disposal of clinical waste will be developed in this location in line with best practice guidelines. These measures will be reflected in the updated Infection Control Policy when the current policy is reviewed.

**Proposed Timescale:** 20/12/2014  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Weekly and monthly fire precaution checks were not taking place

**Action Required:**  
Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.
Please state the actions you have taken or are planning to take:
A schedule of daily, weekly and monthly checks will be developed in the location and will be undertaken to ensure that fire protection equipment is working effectively.

Proposed Timescale: 20/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear that the fire alarm was sounded on a weekly basis

Action Required:
Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

Please state the actions you have taken or are planning to take:
The location will be assessed for Fire Compliance by a Health & Safety professional and all fire equipment will be reviewed by a fire compliance professional. Emergency procedures will be reviewed and all staff will attend fire training.

Arrangements will be put in place for reviewing fire precautions which will include 6 monthly fire drills. A comprehensive report will be submitted by the PIC following each drill to ensure effectiveness and learning.

A schedule of daily, weekly and monthly checks will be developed in the location and will be undertaken to ensure that fire protection equipment is working effectively.

Risk Assessments will be carried out by a qualified fire officer in relation to the adequacy and impact of the fire systems in the location.

All staff will receive up to date fire training.

Proposed Timescale: 31/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A place of safety was not identified on the emergency procedure should the centre require complete evacuation

Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.
Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Written arrangements for evacuating all persons in the designated centre and bringing those to safe locations will be developed. An individual personal emergency evacuation plan will be developed for each client availing of the service. A procedure for the provision of alternative accommodation in the event of an emergency will be developed. All staff will be made aware of the plan to be followed in the event that the centre needs to be evacuated.

Proposed Timescale: 30/12/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Nineteen of the thirty-six staff who worked in the centre had not received fire training in over 24 months

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:
All staff in the centre will receive refresher training in fire prevention and fire control. All staff in the centre will participate in drills conducted in the centre to ensure knowledge of building layout and escape routes, location of fire alarm call points and arrangements for evacuation of residents. In the interim rostering in the location will consider the mix of staff with appropriate training, ensuring that the maximum number of staff available with training will be on shift.

Proposed Timescale: 30/12/2014

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.

A training needs analysis will be carried out by a member of the Quality and Compliance team. The Quality and Compliance team will ensure that staff have access to appropriate training to manage behaviours to include refresher training, as part of a continuous professional development programme. All training carried out will be documented and in an accessible format, ready for inspection and audit.

All PIC’s will have access to the contents of any relevant staff files, thus ensuring that PIC’s are knowledgeable regarding the content of staff files and in particular in relation to the training needs or gaps for each staff member. Supervision will be rolled out in the location and the structure of supervision will include an element in relation to educational/training needs so that all staff can be supported take responsibility to manage their training needs.

The PIC will identify staff who have not received training in responding to behaviour that challenges within the location.

Training in CPI will be provided for staff whose records show that are not up to date. This will enable staff to respond to any behaviour that is challenging and support residents to manage their behaviour. In the interim, staff rostering will take into account the needs of the shift with the maximum number of trained staff available.

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**Proposed Timescale:** 28/02/2015

**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.
Training is arranged for all staff that are not up to date. This training enables staff to respond to any behaviour that is challenging and support residents to manage their behaviour. This training also encompasses crisis intervention and de escalation techniques.

In the interim, the staff mix on shift will take into account the needs of the children attending the location.

**Proposed Timescale:** 28/02/2015

**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 and evidence based practice

**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.

Multi disciplinary assessment will be prioritised for each of the children availing of the service and for those children that present with behaviour that challenges.

The outcome of these assessments will inform each child’s Personal Plan. Every effort to identify and alleviate the cause of a resident’s behaviour will be made so as to ensure that all alternative measures are considered before a restrictive practice is used and that the least restrictive practice for the shortest duration necessary is used.

Where interventions are used to support children who present with challenging behaviour, a review of the intervention used will take place in order to ascertain whether the intervention is alleviating the behaviour in a positive manner in order to support learning and to guide future management.

Where restrictive practices are used, said practices will conform to national policy and evidence based practice. These will then be forwarded to the Rights Review Committee to ensure due process.

Therapeutic interventions, where required, will form part of the resident’s personal plan and will be implemented with the informed consent of each resident and his/her representative and will be reviewed as part of the planning process.
Proposed Timescale: 30/01/2015
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 procedure was used and there was no evidence that the procedure was the least restrictive and for the shortest duration necessary.

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:
A Multi disciplinary assessment will be prioritised for the children. The outcome of this assessment will inform each child’s Personal Plan. Every effort to identify and alleviate the cause of resident's behaviour will be made so as to ensure that all alternative measures are considered before a restrictive practice is used and that the least restrictive practice for the shortest duration necessary is used.

Where restrictive practices are used, said practices will conform to national policy and evidence based practice. Due process will be ensured by review these practices by the Rights Review Committee.

Proposed Timescale: 30/01/2015
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Appropriate safeguarding measures were not in place for staff providing personal 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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Each child’s intimate care plan is being revised to include more detail relating to the
their dignity and privacy. This will reflect support needs so as to allow personal preferences with regard to dignity and bodily integrity. The policy on Intimate Care will be reviewed and will be implemented for all staff.

**Proposed Timescale:** 28/02/2015  
**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.

A training needs analysis will be carried out by a member of the Quality and Compliance team. All staff will be adequately trained in core areas such as fire safety, medication management and more particularly child protection.

The Quality and Compliance team will ensure that staff have access to appropriate training to include refresher training, as part of a continuous professional development programme.

All training carried out will be documented and in an accessible format, ready for inspection and audit. In the interim location based support will be provided by the PIC.

**Proposed Timescale:** 28/02/2015  
**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 Children First (2011)

**Action Required:**  
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Please state the actions you have taken or are planning to take:**  
The PIC will identify staff that have not completed training in children first (2011). The
PIC will notify the training co-ordinator of outstanding training needs for staff in the centre in relation to Children First. The Training Officer will liaise with the PIC to put in place training dates for training in Children First as a matter of priority. Training in Children First will be provided to all staff. A Children’s First Committee will be created within the Association with clear terms of reference and guidance for all staff in relation to Children’s First Policy.

**Proposed Timescale:** 28/02/2015

**Outcome 09: Notification of Incidents**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The person in charge had not returned any report where restrictive procedures had been practiced.

**Action Required:**
Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

**Please state the actions you have taken or are planning to take:**
Quarterly reports on restrictive practices will be submitted to the Authority.

A rights review Committee is being established within the Association so that all restrictive practices can be reviewed and will be subject to audit by the Committee.

**Proposed Timescale:** 31/12/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
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:**
All medication practices will be reviewed along with the medication policy. Training will be provided to all staff in appropriate Medication procedures. A register of controlled drugs will be put in place immediately.

Proposed Timescale: 30/12/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication was not returned to parents when children were discharged from the centre.

Action Required:
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
All staff will be trained in the new medication management system which incorporates the actions of stock controlling medication and returning unused/inappropriate medications within the medication press immediately on the ceasing of the respite stay for the child. The PIC will be required to complete and update a stock control system and returns sheet when the resident enters and exits the respite location. As part of ongoing training and support for the families of children using respite services, parents have been requested to bring only the set amount (plus one spare round of medication) for their child meaning no excess stock should be on site for children who are not within the service.

Proposed Timescale: 31/12/2014

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Medication prescription practices were not in line with the organisations medication policy as nurses transcribed all of the children’s prescriptions to the medication prescription sheet. The policy stated that “only nursing staff may transcribe prescriptions if deemed necessary under their own professional accountability”

Transcribing practices were not in line with An Bord Altranais Guidance to Nurses and Midwives on Medication Management as transcribed orders were not co-signed by the prescribing doctor or a registered nurse prescriber within a designated timeframe and the practice of transcribing was not subject to audit.
Care staff who administered medication had not undertaken accredited safe
administration of medication training

**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:**
Only nurses will administer medication in the location until responsible and safe 
medication management staff training has been completed for care staff. 
Audit of transcribing practices to commence with the requirement that two nurses will 
transcribe all medication in respite centres.

As part of the medication policy, a robust medication management system has be put in 
place which includes robust individual medication plans, medication administration 
record sheets, PRN protocols, a medication auditing system and a robust system for the 
recording and storing of medication. This includes the GP signature on all IMP’s. 
The Individual Medication Plan will inform staff in terms of ensuring that the right 
medication and correct dose is administered to the right child at the right time via the 
right route.

Only medication will be stored in the medication press and not other items will be 
stored therein.

**Proposed Timescale:** 30/12/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in 
the following respect:**
The person in charge was nominated as person in charge of two other designated 
centres. However, there were deficits in the governance, operational management and 
administration of two of these designated centres.

**Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person 
in charge of more than one designated centre, satisfy the chief inspector that he or she 
can ensure the effective governance, operational management and administration of 
the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
In discussions with the HSE, it has been agreed that an amalgamation of SCA and 
Sunbeam House Services (SHS) should take place in order to have one strong service 
organisation in Wicklow serving the needs of both children and adults with intellectual
disabilities. It was the combined and strong view of HSE, SCA and SHS that this could only be realistically achieved in two phases. The issues in terms of compliance and quality with SCA have to be resolved first before the amalgamation can take place. It would not be possible to cope with the challenges of stabilising SCA whilst simultaneously addressing the many issues which will arise in amalgamation.

External training will be drafted in for all members of the management team, along with all PIC’s which will focus on the obligations pursuant to the Health Act, 2007 and the Regulations. All named PIC’s will be required to display a degree of knowledge and be considered competent to carry out their roles as per the Regulations and Standards.

This will ultimately ensure that PIC’s will be adequately supported and supervised to manage two or more locations.

**Proposed Timescale:** 30/12/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The lines of accountability and decision making were unclear

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

Please state the actions you have taken or are planning to take:
Within the context of the new management structure – lines of accountability will be made clear for all. A new board is now in place. The new management structure has been given to all staff and the lines of reporting are being finalised.

**Proposed Timescale:** 30/12/2014

**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 were inadequate.

**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.

As above, with support from SHS, a new management structure will be put in place and new systems will be devised to ensure that the service provided is safe for all.

**Proposed Timescale:** 30/12/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An unannounced visit of the designated centre had not taken place on a six monthly basis

**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 new Head of Operations will carry out an unannounced visit to the centre at least once every 6 months or more frequently if necessary. A written report will be issued on the safety and quality of care provided in the centre, following the inspections and will also address any concerns regarding the standard of care and support.

**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:**
Arrangements were not in place to support, develop and performance manage all members of the staff team to exercise their personal and professional responsibility for the quality and safety of the service being delivered

**Action Required:**
Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

Please state the actions you have taken or are planning to take:
Supervision Training will be provided to all PIC’s, managers and to the Director of
Nursing and any other supervising staff members so as to ensure that staff are appropriately supervised and therefore managed in an appropriate environment to ensure that staff are enabled to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

A new performance appraisal system will be developed and this will support staff to identify areas of strength and weakness.

**Proposed Timescale:** 30/12/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Arrangements were not in place to facilitate staff to raise concerns about the quality and safety of care

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

**Please state the actions you have taken or are planning to take:**
A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Systems will be developed to support staff to provide a safe and quality service. These will include training, which will empower staff to raise concerns and be proactive in the area of quality and safety. As part of this a Safety rep will be elected from within the staff complement. This will provide a conduit directly to the Health and Safety Officer. Systems will be put in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. This will include supervision and performance appraisal.

**Proposed Timescale:** 28/02/2015

**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 the needs of the children as identified in their statement of purpose and on the day of inspection.

**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:**
A Human Resources Team will conduct an audit of all professional and mandatory Training that is required for each staff member. The new management team will 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 as per regulation 15. The new management team will conduct a review of all rosters within the location so as to ensure that unqualified staff are supported by qualified staff. This will continue to be reviewed and monitored and the statement of purpose will be amended to reflect this action.

**Proposed Timescale:** 31/12/2014
**Theme:** Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A large number of staff worked 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:**
A Human Resources Team will conduct an audit of all staff within each location as the WTE ratio of staff. The new management team will 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 as per regulation 15. The new management team will conduct a review of all rosters so as to ensure that unqualified staff are supported by qualified staff as all times and that there is continuity within each of the staff teams so as to ensure that there is continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

**Proposed Timescale:** 28/02/2015
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The respite manager was not always included on the staff roster. The full name and surname of staff was not always identified on the roster.
**Action Required:**
Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

**Please state the actions you have taken or are planning to take:**
The respite manager will now be included on the staff roster and surnames of all staff will be clearly identified on the roster.

**Proposed Timescale:** 01/11/2014
**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 were not in place on staff files.

**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:**
Information and documentation pertaining to each staff member as per Schedule 2 will be obtained for all staff. All PIC’s will be supported to access relevant information pertaining to staff in the location.

**Proposed Timescale:** 30/11/2014
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff did not have access to appropriate training, including refresher training, as part of their continual professional development programme.

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

**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 will be carried out by a member of the Quality and Compliance team. All staff will be adequately trained in core areas such as fire safety, medication management and child protection. The Quality and Compliance team will ensure that staff have access to appropriate training to include refresher training, as part of a continuous professional development
programme. All training carried out will be documented and in an accessible format, ready for inspection and audit.

All PIC’s will have access to the contents of any relevant staff files, thus ensuring that PIC’s are knowledgeable regarding the content of staff files.

**Proposed Timescale:** 31/12/2014  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Staff were not supervised.

**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:**  
Supervision Training will be provided to all PIC’s, managers and to the Director of Nursing and any other relevant staff members so as to ensure that staff are appropriately supervised and therefore managed in an appropriate environment to ensure that staff are enabled to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Proposed Timescale:** 30/12/2014  
**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Not all staff were aware of the Act, the regulations and standards

**Action Required:**  
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

**Please state the actions you have taken or are planning to take:**  
A copy of the regulations will be provided to each staff member. A copy of the regulations will be made available in the centre and accessible to all staff. Training will be provided to the PICS and staff to ensure that all staff are informed of the Act and the regulations and standards

**Proposed Timescale:** 30/11/2014