<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-0001851</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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<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>Bronagh Gibson</td>
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<tr>
<td>Support inspector(s):</td>
<td>Orla Murphy</td>
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<tr>
<td>Type of inspection:</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

The inspection took place over the following dates and times
From: 04 April 2014 09:30  
To: 04 April 2014 16:30

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

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This was the first inspection of the centre by the Authority. As part of the monitoring inspection inspectors met with children, the director of services (person in charge), the respite manager, the social care leader, social care staff and an administrative officer. Inspectors observed practices and reviewed documents including children’s files, medication records, policies and procedures, staff files and health and safety and fire safety records.

This 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 aged four to 18 years of age with intellectual disabilities. However, inspectors found on arrival that two children were living there on a full-time basis with no plan to move to a more suitable placement. Therefore the centre was operating outside of its purpose and function.

The centre was a bungalow set on its own grounds with large private and secure gardens. It was an independent building within larger premises that also housed another centre for children and administration offices. The centre could cater for a maximum of five children per night depending on the needs and dependency levels of the children. It offered respite care to 36 children, 31 of whom were regular service users. However, one child was living in the centre on a permanent basis for almost four years and another since January 2014. All of the children were engaged in education in a special school in the local area.
Inspectors found that children staying in the centre were well cared for within a social care model that focused not just on their medical but social needs. The staff team was predominantly social care staff and medical support was provided by a director of nursing for the overall organisation. There was a process in place to assess the individual needs of children and their levels of dependency. There was also a good system in place to establish their preferences and choices and these contributed to a respite plan that inspectors found overall, to be child-centred and holistic. Consultation with children and parents on a day to day basis was good and various media was used to communicate with children.

The centre promoted the safety and protection of children through policies and procedures that guided practice, but responses to some child protection and welfare concerns were not adequate and did not ensure protective measures were taken in a planned way. There was good practice demonstrated in relation to medication management. Historical systems in place to vet staff were not robust and inspectors found that at the time of the inspection, initial steps were being taken to rectify any deficiencies.

There were inadequate governance and management systems in place that ensure the director of services had sufficient managerial oversight of the centre in his role as the person in charge of the centre. This included unclear lines of accountability and fragmented areas of responsibility that impacted negatively on how the centre was managed and monitored. Staffing was sufficient and was provided based on the changing needs of the children accessing the service and their dependency levels. Consultation with children was good and a programme of formal consultation with parents was imminent. There were risk policies and procedures in place but these were not embedded in everyday practice. A more sophisticated system of quality assurance was required, and although key performance indicators were outlined in the service level agreement with the Health Service Executive, inspectors did not find evidence of this information being gathered, analysed and reviewed routinely. This did not support managers to measure outcomes and progress and improve service delivery overall. There was no annual review of the quality and safety of the service.

Areas of non-compliance with the Regulations are outlined within the body of this report and an action plan is included.
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):
No actions were required from the previous inspection.

Findings:
The wellbeing and welfare of the majority of children was promoted by detailed assessments of their needs and choices but planning for some children was not adequate and did not ensure that their long-term needs would be met. There were systems, guidelines and tools in place that assisted staff to carry out these assessments and these included detailed activity programmes that encouraged children to participate in community life. However, there were children whose medium to long-term needs were not effectively planned and could not be met by the centre. There was no system in place to assess progress and outcomes for all children over time as required by the Regulations.

Children, along with their parents and appropriate professionals, were actively involved in the assessment of their individual needs and choices. Inspectors found examples of plans for children that covered a broad range of areas and were detailed and comprehensive. They showed that children were encouraged to express their views and preferences and were supported to do this through multiple media, such as handheld computers, pictures and verbal consultation with staff. Plans read by inspectors showed that some children wrote their own choice assessment and when this was not possible, this was written by staff on their behalf. All plans read by inspectors were accessible to children.

The director of services and the respite manager told inspectors that respite plans were recently introduced to the centre and staff told inspectors that since their introduction there was an increased balance between social and medical needs of children. Inspectors found this balance in plans they read and that this promoted better outcomes for children overall. However, records read by inspectors showed that there was no
process in place to assess progress and outcomes over time. This was confirmed by the respite manager and the social care leader. This was not in accordance with the Regulations.

Planning for children was generally good in the centre but some children's current and future needs were not adequately planned for. Two of the children cared for by the centre staff were children in care and another child’s care status was undetermined by the social work department involved. Records showed that one child had a foster care placement and availed of respite care in accordance with their care plan. Records related to another child showed that he/she was on a voluntary care order and although the placement had begun as a respite placement, this did not remain the case. This child had remained in the centre on a full-time basis for four years prior to inspection. The care plan for this child highlighted the need for an appropriate full-time placement. This plan identified attachment difficulties associated with the current placement and planned for this to be rectified. However, this did not happen. Records of this child’s most recent statutory child in care review showed that definitive plans to move this child to an appropriate long-term placement were not made, and although positive attachments were formed between this child and staff members, the medium to short-term negative impact of this on the child was not recorded or planned for. Another child was living in the centre on a full-time basis since January 2014. The respite manager told inspectors that this was regarded as a crisis placement due to difficulties in the family home. Records showed that these difficulties were known to the Child and Family Agency (CFA) since before October 2013 and measures were not taken to ensure an appropriate placement was found for this child. As a result, the centre was caring for this child without a clear plan of the placement objectives or the length. These two cases did not allow the centre to plan effectively for these children, did not ensure the medium to long-term needs of these children were met and therefore did not promote positive outcomes for them. This was acknowledged by the director of services and the respite manager.

As this centre primarily provided respite care for children living in their family or a foster care home, there was an emphasis on the celebration of reaching young adulthood and/or finishing their respite placements. Staff told inspectors that young people and families were supported in whatever way possible to assist them in this transition. There was a programme in place that included the centre and the school supporting and assisting families at this important time of transition. Inspectors read records that showed young people were told they could always visit the centre after they left and this was presented to them in a book formed of their time spent there. This included photographs and messages from staff.

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):
No actions were required from the previous inspection.

Findings:
There were limited systems in place to promote the health and safety of children and staff by the centre. Inspectors read two Health and Safety Statements, the more recent dated 2008. The director of services told inspectors that there was no updated Health and Safety Statement nor any formal assessment and identification of hazards or dangers of the centre as a whole.

There were arrangements in place to review incidents directly related to the safety of children as outlined in Children First (2011). Although a system was in place for recording near misses, none were recorded or reported in the year prior to inspection, and managers were unsure if any had occurred. This did not promote learning from events that would promote safer better care and better outcomes for children as required by the Regulations. There was one serious incident in the centre five years prior to inspection. Inspectors were provided with a report on this incident dated December 2009. The respite manager and social care leader told inspectors that recommendations from this report had changed practice in the day to day care of children, but there was minimal evidence to demonstrate this. Some changes were evident, such as signs erected to remind staff to dispose of personal care items and shift leader forms ensured a smooth handover between staff. The director of services provided inspectors with information that showed changes to daily recording, and that there was a new policy and procedure in place to report, record and manage allegations. However, inspectors found that these changes were relatively recent and corresponded with the introduction of Children First (2011) as opposed to the incident itself.

Inspectors found that a suite of policies and procedures related to risk management were recently introduced (February 2014), and although these met the requirements of the Regulations, they were not yet embedded in everyday practice. Records showed that there was a risk assessment process and template for individual children, but these were not in use. Risks to individual children were identified in other reports and controls were put in place. This included children going missing and displaying unsafe behaviours that may put them at risk of harm. There was guidance for staff on keeping children safe whilst playing in the centre’s garden and clear guidance on the location of fire extinguishers and first aid boxes. There was a policy on the management of risk but this was not fully implemented. The centre had a local risk register but there was no corporate risk register and it was unclear as to whom risks were reported. The director of services and the respite manager told inspectors that no risks were reported or recorded on the risk register and no formal whole centre risk assessment had been carried out. Information provided to inspectors stated that immediate health and safety concerns were recorded in the centre’s health and safety book and reported and dealt with by the health and safety officer. Although no harm to children had resulted from the lack of formal assessment and reporting of risk, this did not consistently promote the safety of children and/or staff through the routine and formal identification, assessment and management of risk.
There were written procedures in place for the prevention and control of healthcare associated infections. Inspectors observed that the centre was clean and that equipment was provided to staff for hand washing. There was a procedure in place for disposal and storage of waste and soiled materials. The director of services and the respite manager said that there was no clinical waste generated by the centre. Staff interviewed were aware of all procedures.

There were adequate systems and procedures in place in relation to fire precautions but there was no certificate of compliance in relation to fire regulations and not all staff were up to date in their fire training. This was not in accordance with the Regulations. Records showed that staff held fire drills and evacuations and these identified any issues arising during these events. Fire equipment was strategically placed around the centre and records showed it was maintained and checked on an annual basis. There were notices placed throughout the centre that showed fire exits. There was an allocated area to gather in the event of an evacuation and staff were aware of this. External doors to the centre were locked when children were present and the respite manager showed inspectors one door that automatically released in the event of a fire. There was a break glass unit beside one external exit. However, there was no risk assessment carried out in relation to the doors that remained locked. This did not promote the safety of children and staff in the event of a fire.

The director of services told inspectors that there was an emergency plan in relation to flooding and power outages. This was a recently developed plan and was submitted to the auxiliary manager to be authorised. This had yet to happen and inspectors were not provided with a copy of this plan. This plan was not available to staff and therefore, responses to such incidents could not be coordinated accordingly.

**Judgment:**

Non Compliant - Major

**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):**

No actions were required from the previous inspection.

**Findings:**
There were measures in place to safeguard children in receipt of a respite care service but they required improvement. Inspectors found that there were policies and procedures in place for the prevention, detection and response to abuse and these were supported by a policy on intimate care. A review of the centre’s child protection policy document showed that there was no policy on whistle-blowing, and staff interviewed were not aware of any policy nor did they understand the concept of protected disclosure.

There was a named designated liaison person and deputy designated liaison person whose roles and responsibilities were clearly outlined in the centre’s policy document. This was in line with Children First (2011). All staff interviewed were aware of the role of the designated liaison person(s).

Other measures were in place to safeguard children and they included a visitors log that recorded who came into the centre and the reason for their visit. Entry to the centre was controlled by an access code on the front gate and hall door. There was a guidance for staff on safeguarding children using the internet and a safety programme was in place on the centre computer. Training records showed that staff were trained in child protection. This training included Children First (2011) briefing session, training on a model that taught children how to keep themselves safe, and training on the recently developed child protection policy. Staff interviewed demonstrated their knowledge of what constituted abuse and reporting processes, and were aware of the centre’s policy on managing allegations.

Inspectors found that the capacity of children accessing the service to express their concerns about their safety varied and this was mitigated through communication aids and detailed descriptions of how children communicated. This was an enabling process that promoted the safety of children through effective communication.

Records reviewed by inspectors showed that historical systems and processes related to the vetting of staff were not robust but initial steps were being taken to address any deficiencies at the time of the inspection. For example, vetting was not carried out on board members and other staff, such as clerical staff, who had access to the centre and sensitive information about the children. Not all staff had references, rather testimonials and vetting did not occur for all staff before they took up their posts. Applications were not on files. Gaps in employment history were not accounted for in all circumstance. An administrative officer told inspectors that updated Garda Síochána vetting was requested for all staff and this was reflected in files read by inspectors.

The director of services told inspectors that there were two reports of child protection concerns made in relation to one child to the Child and Family Agency (TUSLA) in the year prior to inspection. Records of these reports were read by inspectors and additional information was provided by the director of services in relation to how the board of management for the centre had dealt with the response from the social work department involved. The reported concerns were related to a case of abandonment of a child in the centre. Records showed that the centre’s concerns and the risks to the child were appropriately recorded and reported. Despite every effort made by the centre to meet their requirements under Children First (2011), the child involved remained abandoned in the centre, with no social work intervention or safety plan. This did not
ensure that adequate safety measures were in place for this child and did not facilitate
decision makers to plan effectively for this child's care.

Staff told inspectors that they were aware of concerns raised about another child with
the designated liaison person. Records showed that these were concerns about the level
and capacity of care in the family home. Staff said that in this case, as with others in
their previous experience, outcomes of any social work assessment were not routinely
communicated to staff on a need to know basis. Inspectors found that this did not
promote safe care as it did not assist staff to adequately identify ongoing risk to a child
or to ensure an escalated risk was identified and reported. This practice required review
with a view to change, as overall it did not promote information sharing on a need to
know basis for the purpose of protecting children.

There were adequate practices in place to ensure the emotional needs of children were
met and intimate care was provided in a dignified and respectful way. Inspectors
observed staff being respectful and caring towards the children in the centre on the day
of the inspection. Records showed that provisions for intimate care for individual
children were in place and these provided dignity and respect to the children.

Specialist and therapeutic supports and interventions were provided to children based
on their assessed needs. This was clearly recorded on each child's file. The main
supports provided were occupational therapy, psychology, speech and language therapy
and behaviour management supports. Emotional support was also found to be provided
by the staff team and communication plans developed for each child supported this to
be provided effectively. The respite manager told inspectors that all of the children
received the specialist supports they required.

Inspectors found that behaviour that challenges was managed well by the staff team
with the support of external clinicians and therapists. However, there was a need to
ensure interventions such as locking doors were non-routine and based on an
assessment of imminent risk. There was a policy on the management of behaviour and
training records showed that all staff were trained in a specific model. The centre had
access to a behaviour specialist who was employed by the larger organisation of which
the centre was part. A positive behavioural approach was taken by the staff team and
this was evident in the plans read by inspectors. Each child who required a behavioural
support plan had one drawn up on consultation with all professionals involved, and the
behaviour specialist. Staff interviewed said that there was no child in the centre
displaying behaviour that required such a plan. Some measures were taken by the
centre such as locking doors to prevent absconding and staff said that there were times
when they physically intervened, for example to guide a child to a particular area. The
respite manager told inspectors that locking doors for this purpose was not based on a
formal risk assessment and was not informed by a specific guidance or policy that
considered the balance between children’s right to safety and liberty. Physical
interventions were not formally recorded although recording mechanisms were
developed.

**Judgment:**
Non Compliant - Major
**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The management of medication by the centre met the required Regulation and Standard. There were policies and procedures in place that supported staff in the protection of children in relation to medication management. The centre had written policies and procedures related to the administration, prescription, storage and transfer of medications. This suite of policies and procedures were clear and accessible to staff. Staff interviewed were aware of these policies and procedures.

The processes in place for handling medication were in line with current guidelines and legislation. Medication was stored in a secure, locked area. Inspectors saw that medication in this storage was in date and clearly identified the child to whom it was prescribed. There was a clear procedure for checking and administering controlled drugs and inspectors found them to be effective.

There were safe procedures in place for the administration of medication and children were assessed in order to identify their capacity to safely self-administer. Each child had a set of medication records that included any assistance they may require to take their medication. These records were well maintained and photographs of each child were on the top of the medical records for easy identification and prevention of administration errors. Records showed that staff did administer medication and followed the procedures put in place by the centre. They demonstrated that children were administered medication they were prescribed. Some children were assessed as competent to be responsible for the administration of their own medication and the assessments reviewed by inspectors were found to support safe decision making in this area.

There was a robust system of recording, reporting and reviewing medication errors in place. The respite manager told inspectors that all errors were reported immediately to the social care leader, then the respite manager and when errors were detected, to the director of nursing for the overall organisation. There were no medical errors that could not be resolved locally in the year prior to inspection and records reviewed showed that the systems in place were implemented consistently and in a timely manner.

There was an effective system in place to audit, review and monitor safe medication management every six weeks. Records reviewed by inspectors showed that these audits were carried out in line with centre procedures and policy and the respite manager told inspectors that she had oversight of these audits and worked closely with the director of
nursing if audits showed any anomalies in practice. This was demonstrated in reports read by inspectors.

The respite manager told inspectors that all staff were trained in the administration of medication but further training and refreshers were suspended until those delivering the training completed a 'train the trainers' course. The respite manager provided assurances to inspectors that this did not pose a risk to children in the centre at this time.

Judgment:
Compliant

**Outcome 13: Statement of Purpose**
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a written statement of purpose and function but it did not accurately reflect practice.

The statement of purpose and function described the ethos of the centre, and the services and facilities it provided. A leaflet about the centre was available in child friendly format and was accessible to parents. However, the service was providing one long-term placement and another of undetermined duration. The impact of this on the service was an overall reduction in the number of children it could provide a respite service to, and an inability to provide medium to long-term placements to two children that could meet their needs. The director of services was unsure about how practice could be reconciled with the statement of purpose and was unclear about who determined the services provided, the provider or the Health Service Executive. The statement of purpose and function did not explicitly state the population of children it catered for. It was not in accordance with the Regulations.

Judgment:
Non Compliant - Major

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**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 manager’s roles, responsibilities and lines of accountability. There was a need to introduce formal systems of quality assurance so that service delivery could be monitored, reviewed and improved.

The director of services was the proposed person in charge of the centre. Inspectors found that the centre was managed on a day to day basis by a respite manager who had overall responsibility for day to day delivery of children's care, staffing and admissions. The respite manager told inspectors that s/he reported directly to the director of services. The director of services told inspectors s/he reported directly to the board of management. Staff said that the director of services did not visit the centre routinely or meet with children and staff. S/he had visited once in January 2014 but s/he acknowledged that this was non-routine. No member of the board had visited the centre as part of their role as a Board member. There was also a manager of staff training and a manager of auxiliary services. The director of services said that along with the school principal these managers formed the executive and reported to the board of management. The respite manager said s/he reported to the director of services.

The director of services described a fragmented management system that did not have clear lines of accountability. This was evident in an organogram of the management structure provided in the service level agreement between the service and the Health Service Executive. Different managers had their individual roles and responsibilities but reported directly to the board. Therefore the director of services had no control over, and could not influence activities associated with, the roles of the other managers. The director of services said for example, that he could not ensure that the centre had an up to date health and safety statement. The director of services said he could only access information held by these managers, for example on staff training, fire safety or health and safety by request. Key records were held by these managers. Inspectors found that this system did not support the director of services to have sufficient managerial oversight of the centre in his role as the person in charge.

There was a lack of clarity on the purpose and function of the centre and the service generally, and a lack of clarity on whose role it was to determine this; the board, the directors of services or the Health Service Executive. Considering the centre was
operating outside of its purpose and function with no clear strategy to rectify this, the potential for this centre to meet the Regulations was seriously hampered. This required strong governance and leadership.

The director of services and the respite manager told inspectors that monthly board meetings were held. The director of services said that service priorities, the organisational strategy and any problems identified were discussed at this meeting. Although minutes of these meetings were requested from the director of services, they were not provided to inspectors. The respite Manager attended a section of this meeting that was relevant to his/her role. The director of services said that although he reported to the board on a monthly basis, there were no key performance indicators identified by which performance at a local or organisational level could be measured. This was confirmed by the respite manager who said that he/she was not requested to gather key information on performance of the centre. There was no formal system in place to monitor the centre’s performance against the National Standards but the respite manager said that plans were underway to do this in the coming months. This included a programme of consultation with parents and children. There were regular audits by the respite manager of medication administration and any errors that occurred, but inspectors were not provided with evidence that showed other audits were carried out on the safety of the services provided by the centre. Quality assurance of practice and reports written by centre staff was not adequate. There was no evidence that quality assurance checks were carried out by the director of services or that a process was in place to ensure these checks were carried out by the respite manager and findings reported to the director of services. The respite manager told inspectors that he/she did carry out minimal checks on reports written by staff, but this was not demonstrated in centre records. The respite manager acknowledged that this was a deficiency. The overall inadequacies of quality assurance of practice did not ensure the director of services or the board that practice was safe and effective and did not enable change for the purpose of improvements to service delivery.

There was a supervision policy in place but this was not implemented by centre managers. Informal communication did take place between staff and the respite manager but this was not recorded. Information provided to inspectors stated that appraisals of staff were formally recorded. Staff meetings were held and minutes of these showed that relevant information from the monthly managers meetings was fed back to the staff. Minutes showed that this was primarily in relation to policy development and implementation, house practices and routines.

Inspectors were provided with a copy of the service level agreement with the Health Service Executive. This was a generic document that related to all services provided by the overall organisation. However, it did refer directly to the delivery of a respite service and key performance indicators. The director of services said that he reported to the Health Service Executive annually but that there were no formal monitoring arrangements in place by either managers within the service or the Health Service Executive.

**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):
No actions were required from the previous inspection.

Findings:
There was an adequate number of staff to meet the needs of the children and to deliver a safe service. There was a system in place to measure and match the needs of the children based on their dependency levels. This was assessed formally. The respite manager said that there were no vacancies and the service had a relief panel of core staff it could draw on to cover staff leave if necessary. There was an identified core team of 22 staff members and the respite manager said that if more staff were required he/she would request them. Records showed that use of relief staff was minimal.

Historically, recruitment processes and procedures were not robust and therefore did not promote the safety of children in receipt of a service. A revised and satisfactory recruitment policy and procedure was in place since March 2014. Inspectors reviewed a sample of staff files and found that updated An Garda Síochána vetting was completed or in the process of completion. Checks were inadequate under the old recruitment process and procedures and there were gaps in some staff’s employment records that were not accounted for, job applications were not on files, there no evidence of some staff’s qualifications and satisfactory references were not obtained. Vetting did not take place prior to some staff taking up their posts. Board members were not vetted, although this process had begun. Inspectors found that although steps were being taken to address deficiencies in the vetting of staff, the safeguarding issues these deficiencies presented were not fully considered by the director of services or the board.

There was a training programme in place that endeavoured to ensure all staff had standard training and refreshers. The respite manager said that there was no training needs analysis carried out but if staff identified training required based on the specific needs of a child or children; training was requested from the training manager. Training records were provided to inspectors and showed there were some gaps in core training.

Arrangements were in place for students to undertake placements. No volunteers worked in the centre.

Judgment:
Non Compliant - Moderate

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Bronagh Gibson  
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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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001851</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>04 April 2014</td>
</tr>
<tr>
<td>Date of response:</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

There were children whose medium to long-term needs were not adequately assessed or planned for.

Action Required:

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

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Action 1: Conduct an assessment of need for all children attending the centre.
Action 2: Identify suitable placement for children with medium to long term needs.
Action 3: Liaise with appropriate agencies in relation to suitable placements.
Action 4: Identify appropriate medium to long-term residential placement.
Action 5: Develop transition plan for children who require medium to long-term residential placement.

Proposed Timescale:

Action 1: 30-9-14
Action 2: 30-9-14
Action 3: 31-7-14
Action 4: 31-7-14
Action 5: 31-7-14

Proposed Timescale: 30/09/2014

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were children whose medium to long-term needs could not be met by the centre.

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

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

Action 1: Conduct an assessment of need for all children attending the centre.
Action 2: Identify suitable placement for children with medium to long term needs.
Action 3: Liaise with appropriate agencies in relation to suitable placements.
Action 4: Identify appropriate medium to long-term residential placement.
Action 5: Develop transition plan for children who require medium to long-term residential placement.

Proposed Timescale:

Action 1: 30-9-14
Action 2: 30-9-14
Action 3: 31-7-14
Action 4: 31-7-14
Action 5: 31-7-14
**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:**
Although there were policies in place in relation to the identification and management of risk, these were not implemented. Therefore, it was not possible for managers to review risk on an ongoing basis in the centre and how it was dealt with.

**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.

- Action 1: The PIC will implement the organisational policy on risk management.
- Action 2: The PIC will maintain a risk register.
- Action 3: A governance policy document will be developed to ensure adequate monitoring of risk.

**Proposed Timescale:**
- Action 1: 30-7-14
- Action 3: 30-7-14
- Action 3: 30-8-14

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**Proposed Timescale: 30/08/2014**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
All external doors to the centre were locked and in the event of a fire, only one external door released automatically. This practice was not risk assessed and therefore adequate arrangements were not in place to evacuate the centre in the event of a fire.

**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.

Action 1: A risk assessment on the practice of locking external doors to be included for each child’s assessment.
Action 2: The PIC will liaise with the Health and Safety Officer to ensure that adequate arrangements for evacuation are in place.
Action 3: These arrangements will be written and a copy shared with all staff.

Proposed Timescale:
Action 1: 30-7-2014
Action 2: 30-7-2014
Action 3: 30-7-2014

Proposed Timescale: 30/07/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safety and welfare needs of some children were not fully assessed, therefore adequate protective measures were not in place.

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

Please state the actions you have taken or are planning to take:
Action 1: A child protection welfare policy for the organisation has been written in accordance with ‘Children First’ and statutory requirements.
Action 2: Staff have been trained in ‘Children First’ and the procedures around reporting of child welfare concerns.

Proposed Timescale:
Action 1: 31-6-2014
Action 2: 31-6-2014

Proposed Timescale: 30/06/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in
The statement of purpose and function did not clearly state the population it catered for.

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

Please state the actions you have taken or are planning to take:
Action 1: The statement of purpose and function will be reviewed and amended to include exceptional circumstances where a period of respite offered to a child can be extended.

**Proposed Timescale:** 30/07/2014

**Theme:** Leadership, Governance and Management

The statement of purpose and function was reviewed, however it was not amended to reflect current practice.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
Action 1: The statement of purpose and function will be reviewed and amended to include exceptional circumstances where a period of respite offered to a child can be extended.

**Proposed Timescale:** 30/07/2014

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

The governance and management systems in place did not support the person in charge to fulfill their role.

**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:

Action 1:
The person in charge going forward will be the respite manager. This has been approved by the Director of Services and the provider is satisfied that they ensure the effective governance, operational management and administration of the designated centres concerned. A document on the governance structure for respite services will be developed and sent to the Board of Directors for approval.

Proposed Timescale: 30/06/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was not a clearly defined management structure in place. Lines of accountability, responsibility and roles were not clearly defined, particularly in relation to the person in charge.

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

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

The service provider will implement the following steps:
Action 1: The provider will implement a governance policy for residential and respite services with the following key components. Details of the governance structure are presented here.
Action 2: The Association will develop and make available an organisational chart which specifics reporting relationships within the Association.
Action 3: The Association will revise existing job descriptions for the PIC role and ensure that each person participating in the management of respite and residential services has a specified job description.

Governance Structure

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

Part 2
• Monthly reports are sent to the Board of Directors in respect of weekly meetings.
• Quarterly residential review. This involves the following:
  • Full review of risk register for each respite centre in the previous three months.
  • Audit of restrictive interventions implemented in previous quarter
  • Completion of Quarterly returns for HIQA
  • Review of Person Centred Plans and monitoring system in rotation.
  • Identification of organisational issues requiring change to ensure more effective services.
  • Identification of changes required to the Respite Services Policy and Procedures manual
  • Review of complaints, concerns and adverse events

Proposed Timescale:

Action 1: 30-7-2014
Action 2: 22-7-2014
Action 3: 30-9-2014

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Systems in place were not adequate to ensure a consistently safe and effectively monitored service.

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.

A policy document on the governance structure for respite services has been developed.
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<th>Proposed Timescale: 30/06/2014</th>
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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Unannounced visits to the centre were not routinely undertaken by the provider to the centre.

**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:**
Action 1: The provider will conduct unannounced visits at periods of less than six months and produce a written report.

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<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
As routine unannounced visits to the centre were not undertaken by the provider, a subsequent report on findings could not be written or provided to others.

**Action Required:**
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
Action 1: The provider will conduct unannounced visits at periods of less than six months and produce a written report.
Action 2: The report shall be kept within the specific location concerning the report

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<tr>
<td><strong>Theme:</strong> Leadership, Governance and Management</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff did not receive formal supervision in line with centre policy and as such, there were no adequate systems in place to make staff accountable for their practice. A training needs analysis was not carried out by the centre.

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

Action 1: The P I C will liaise service provider with the Association training Coordinator to ensure that a training needs analysis will take place.
Action 2: The PIC with the Training Coordinator determine the training needs of staff working in the respite centre.
Action 3: Training to meet raining needs as identified will be put in place by the Training Officer.
Action 4: The service provider will source a supervision training course for all staff in supervisory positions to deliver supervision in line with the existing policy

**Proposed Timescale:**
Action 1: 30-8-2014
Action 1: 30-9-2014
Action 1: 30-9-2014
Action 1: 30-8-2014

**Proposed Timescale:** 30/09/2014

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy on protected disclosure and staff interviewed did not understand the concept.

**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:**
Action 1: A policy on protected disclosure will be developed and placed in the manual of procedures for respite services.

**Proposed Timescale:** 30/06/2014
Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had the required checks, documents and information held in their files as required by Regulation.

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

Action 1: Clerical staff will write to all staff concerned and request the outstanding information. This has been completed. Not all staff have responded to repeated requests for submission of required information and HR have been advised of same.
Action 2: Clerical staff will individually contact each member of staff with information outstanding to request missing information.

Proposed Timescale: 30/07/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Refresher training related to core training was not provided to all staff.

Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
Action 1: The PIC will liaise with the Association Training Officer to ensure that all staff are provided with the appropriate refresher training.
Action 2: The PIC will with the Training Officer determine the training needs of staff working in the respite centre.
Action 3: Refresher training needs as identified will be put in place by the Training Officer.

Proposed Timescale: 31/08/2014

Theme: Responsive Workforce
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Although there was a supervision policy in place, formal supervision was not provided.

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

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

Action 1: The P I C will liaise with the service provider with the Association Training Coordinator to ensure that a training needs analysis will take place.
Action 2: The PIC with the Training Coordinator will determine the training needs of staff working in the respite centre.
Action 3: Training to meet training needs as identified will be put in place by the Training Officer.
Action 4: The service provider will source a supervision training course for all staff in supervisory positions to deliver supervision in line with the existing policy.

**Proposed Timescale:**
Action 1: 30-8-2014
Action 1: 30-9-2014
Action 1: 30-9-2014
Action 1: 30-8-2014

**Proposed Timescale:** 30/09/2014