Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001847
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Kate Killeen
Lead inspector:	Eva Boyle
Support inspector(s):	Grace Lynam, Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
09 September 2015 09:00	09 September 2015 18:00
10 September 2015 09:00	10 September 2015 16:15

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The centre was located in the countryside in Co. Wicklow and provided care to four boys with a diagnosis of autism and learning disability. This was the fourth inspection of the centre and the purpose of the inspection was to inform the registration process. As part of the inspection the children were observed by inspectors. Inspectors also met with one child, and interviewed a social worker, four staff, the children's services manager (person in charge), the senior children services manager, acting chief executive and other members of the senior management team. Two parents/guardians of children completed questionnaires. The inspectors also reviewed policies and procedures, children's files, staff files and other records in the centre.

The service was provided by St. Catherine's Association who had applied to register the centre. The centre provided residential care to children aged between the ages of six to17 years old diagnosed with an intellectual disability or autism. There were three previous monitoring inspections in April, August 2014 and January 2015. At the previous monitoring inspection, there were 24 regulatory breaches. This inspection inspected the service against all the Regulations and 33 regulatory breaches were identified.

Children had a good quality of life and participated in activities in the local community such as horse-riding and swimming. All the children attended local special schools. The staff team was person centred in their approach. The children had individual goals that were reviewed and amended regularly. Programmes in relation to the management of children's behaviours were individually tailored to include the preferences of children. However, not all children's needs had been re-assessed so therefore personal plans did not consistently reflect all children's up to date needs. The centre completed good work with children in the preparation for adulthood, but improvements were required in future planning for children's transition to adult services.

There were further improvements required in management systems in order for them to be robust. There was an appropriate organisational structure in place with recent changes in key positions such as the senior children services manager. Reviews of the safety and quality of care and support were completed on a six monthly and annual basis, but they were not effective mechanisms to bring about timely improvement in the service. The staff team required further training in order to effectively support all of the children's needs.

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):

Findings:
Children were aware of their right to choice, their right to feel safe and their right to complain. The staff team worked with children to give them information on their rights. Staff consulted with children through the use of one to one meetings with their keyworkers and used a range of communication tools to inform children of their rights. Children were consulted in relation to their personal plans, the running of the house and children's views were taken on board. Parents confirmed that either they or their child was consulted about the personal plans and their preferences. For example, inspectors read about how one child was supported to plant flowers and take care of them. Inspectors observed the child watering the flowers in the pots with support from a staff member. The privacy of each resident was respected. Inspectors observed staff being respectful in their interactions with children.

There were measures in place to protect children's belongings but the arrangement for the management of some of the children's allowances was not clear. All children's physical belongings were documented and the lists were up to date. Children's bedrooms had sufficient storage space for items of clothing or other personal possessions to be stored and there was also lockable storage. Children's ability to manage money was assessed by the team. Records were kept of monies received by children from parents or relatives. Any monies spent were recorded and receipted. However, the arrangements for the management of the money of young people who were entitled to disability allowance were unclear. The centre's policy in relation to children's money was under review.

The management of complaints required improvement. There were nine complaints recorded on the complaints register from January 2015 to the date of inspection.

However, the complaints log did not consistently outline the outcome of the complaint and whether the complainant was satisfied at the outcome of the complaint process as required by Regulation 34(2) (f). Therefore, it was difficult to establish what changed as a result of complaints.

The complaints process was unclear and was not in line with the regulations. The policy identified two different people to manage complaints and there was no identified person to oversee that complaints had been managed in line with the regulations. Information on the complaints procedure was prominently displayed in the centre. Staff were not clear on who managed complaints as some identified the children's services manager and others identified the acting CEO. All of the complaints received had been managed by the children's services manager. A child friendly poster on making a complaint was available in each child's bedroom. However, no children's complaints were recorded. Not all children had access to independent advocacy.

Judgment:
Non Compliant - Moderate

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
Children's communication needs were assessed and personal plans provided sufficient detail to guide staff. The children's abilities ranged from non verbal to having some verbal skills. Inspectors observed staff and the children communicating with each other in a meaningful and effective way through language, body language, the use of pictures, pointing and observation. Staff also communicated with residents through gestures and touch. For example, one staff member was playing with a child who showed his delight with a wide smile.

Each resident had a board that was personal to them containing pictures that were relevant to their routine and choice of activity. One child brought the inspector over to his visual board and demonstrated its use by taking two pictures from the daily schedule section and putting them into a little box that was stuck to the board. This demonstrated that he had completed these activities for the day so they were removed from that days schedule and put away. Two of the residents were using assistive technology to promote their full capabilities. Inspectors reviewed records that indicated that social stories were used by staff to communicate with residents around a range of specific issues or activities. The social stories were viewed by inspectors and were found

to be of good quality. These were colourful cartoon pictures depicting activities or concepts in story form and included attending a hospital appointment and keeping safe. There was also an emotions folder with photos of different emotions; happy, sad. There was a description of the emotion and suggestions on what to do when feeling the emotion such as relaxing. Inspectors saw evidence that these social stories had been used in meetings with the children.

There were personal passports on children's files which included specific information about how the child communicated and guiding staff in how to best support each child to communicate. There were also instructions for staff on how to assist the children to develop their communication abilities. For example, the goal for one child was to encourage him to use full sentences.

Children had input from speech and language therapists and inspectors found two speech and language therapists completed an audit of communication in the centre in August 2015. The audit was comprehensive, and included observation of non-verbal communication between children and staff. Inspectors found that some recommendations were implemented, but staff training was outstanding, as only four of the 15 members of staff were trained in one of a number of communication methods that one child used.

The centre had a policy in relation to communication and information, but it required improvement. The policy outlined that children's communication needs would be assessed at the time of referral to the centre. Following on from this assessment an 'action plan' would be completed that outlined the supports/ training required both by the child and the staff team. However, it did not provide staff with sufficient guidance in assessing children's communication needs.

Judgment:
Substantially Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

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

Findings:
Children were supported to maintain relationships with family members and had opportunities to develop and maintain personal peer relationships and to have involvement in the wider community. The staff team promoted children to have visits with their families both in the centre, their home and in the community. The facilities for

visits within the centre were appropriate The centre had a visitor's policy and family members were welcome. Inspectors observed a staff member assisting a child to put up three fingers to denote "the number of sleeps" until his family came to visit at the weekend. Staff had regular contact with family members and kept them up to date. In addition, family were consulted and attended meetings in relation to their children's personal plans.

Children were involved in activities in the local community. A child told inspectors about a particular friend he had outside of the centre. Children were involved in clubs and activities where they had met with children of their own age group. They participated in going for walks in the woods, to the beach, local playground, swimming, swimming galas and going out for dinner.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

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

Findings:
The admissions and discharge policy and guidelines were not robust or centre specific. The policy did not outline how referrals were reviewed to ensure that they were appropriate and met the criteria of the statement of purpose. An admissions process outlined the completion of pre-admission risk assessments for children who were going to be admitted. The purpose of these assessments was to establish any possible risks that the new admission would have on existing children and this was in line with the requirements of Regulation 24 (b). However, the policy did not outline what process occurred if the risk assessment highlighted that a child needs were not compatible with those of the other children in the service. The policy outlined the process that would be followed in the event of a child being discharged in a planned or unplanned way to another service.

The centre did not have contracts of care in place.

Judgment:
Non Compliant - Major

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
A new system was in place in relation to new admissions. New admission procedures outlined that a risk assessment would be completed for all new admissions, rather than a comprehensive assessment. However, it outlined that a personal plan would be completed within 28 days of admission in line with regulations. No new children were admitted to the centre since the last inspection.

Some children's needs had been reassessed since the last inspection. A revised assessment template was used to record the children's needs. However, this revised template was not fully completed for all children. Inspectors found that the new comprehensive assessment template facilitated staff to record children's medical, psychological, communication, educational, cultural, social and religious needs. Children had been individually assessed by a multi-disciplinary team including a behaviour support specialist, occupational therapist, educational, health and speech and language therapist. Inspectors sampled the children's assessments and found that those that were completed were generally comprehensive, while a small number had some unassessed needs, for example sight and education. The children's services manager told inspectors that there was some further consultation required with members of the multi-disciplinary team in order to fully complete the assessment.

Personal care plans were in place for all children, but as not all needs were assessed they did not reflect all of their needs. Despite this, inspectors found that personal plans were of a good quality and identified clear goals and objectives. Children and their parents/guardians views, wishes and preferences were outlined in their personal plan. There were also child friendly versions of personal plans, but it was not clear that children and their families had received a copy of their plan.

Children had achievable goals which were reviewed regularly. The progress that children made in regard to their goals was not recorded, but some goals were changed as the children's needs changed. The lives and opportunities provided to children had improved as a result of implementation of key goals, such as involvement in community activities

and improvements in communication.

Personal plans were reviewed annually and also when there were changes in the children's needs. Parents/guardians, staff, children's services manager and relevant members of the multi-disciplinary team attended these reviews, but children did not attend. The records of these reviews recorded key tasks and they were assigned to specific people. However, they did not consistently review previous agreed tasks and therefore it was unclear how outcomes for children were measured.

Children received some preparation work for adulthood. Children were involved in chores in the centre and they participated in tasks like grocery shopping and were supported in learning practical tasks such as safety in crossing the road. Staff told inspectors that a young person approaching adulthood helped with his laundry, and, while he was quite independent in self care skills he required prompts. Inspectors saw evidence that his skill in this area was being supervised and analysed. Parent's questionnaires indicated that children were actively encouraged to be as independent as possible.

Planning for the transition of young people to adult services required improvement. The process of transition planning for a seventeen years old child had begun, but no future placement was identified. However, a meeting was scheduled to progress this and it was evident that there was discussion between parents and the centre in regard to future planning for the child. The children's service manager told inspectors that they were planning for children to transition to adult services at an earlier stage in line with their policy and inspectors found that a planning meeting was arranged for a younger child to discuss future planning.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
The centre was homely, clean and well maintained and the design and layout was in line with the statement of purpose. It comprised of a two storey property which was set on its own grounds with a secure garden and play area at the rear of the building. A

separate two-storey apartment was also on site but was being used to facilitate family visits and for one of the young people to have some time away from the younger children. The apartment consisted of a bathroom, kitchen with cooking facilities and a seating area with large couches. A closed stair-gate was used to prevent access to the second floor which was used for storage. The second floor was used for storage. Shops, schools, public transport and community facilities were located nearby.

There were four bedrooms for children's use, all of which were en-suite, suitable in size and had adequate storage facilities. There was a kitchen, a utility room, a toilet, a multi-sensory room, a calm room, a staff bedroom, an office and two sitting rooms downstairs. The kitchen and utility room were well equipped. The sitting rooms and bedrooms were well furnished and decorated with child friendly colours, photos and personal possessions. There was sufficient communal and private space for the children.

There was a garden to the rear of the property which was secure and accessible and contained play equipment. A stream flowing through the back garden was securely fenced off. There was parking available at the front of the centre. The gate was secure and accessed by an electronic entry system.

Inspectors identified doors in the centre that were not maintained in good working order. While the centre had a maintenance log which identified some maintenance issues, the doors were not identified or recorded on the maintenance log.

Judgment:
Substantially Compliant

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):

Findings:
The centre had an up to date health and safety statement in place which was signed by the acting CEO in August 2015. It described the centre and outlined the responsibilities of the CEO, managers and employees. Individual risk assessments for the children were completed as well as environmental risk assessments. Inspectors observed a number of safety measures which had been put in place such as chemicals being locked away as they were assessed as causing potential harm to children. Hot water temperatures were regulated. In addition, a health and safety audit was completed in August 2015. Eight out of 15 recommendations of the audit were implemented such as a specific hand washing procedure to reduce the risk of a child contracting an illness due to their contact with horses and an outstanding personal evacuation plan had been completed

for one child. Some of the seven remaining tasks were prioritised such as the completion of a legionella risk assessment, but there was no timeframe in place for the completion of the outstanding actions. Inspectors examined staff training records and found that training had been provided to staff in areas such as manual handling, first aid and food safety.

The risk management system was still not robust. While there had been some recent developments in training in risk management, not all hazards were identified and risk assessed. For example, inspectors identified ligature risks and an exposed metal bar in the garden which may have posed a hazard to children. Inspectors found that the risk register was new and was in development as only two staff had received training in the days prior to the inspection, but further training was planned. The risk register had risks that were not current risks and in addition, risks were not appropriately graded as inspectors found that the risk increased following the application of control measures.

The risk management policy had been revised since the last inspection but remained non-compliant with Regulation 26. The policy set out the risk management framework including the roles and responsibilities of the managers and staff and how to identify and assess a risk. However, the policy did not set out the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events. Nor did it include the arrangements in place to ensure that the risk control measures were proportionate to the risks identified and had considered the impact on the children's quality of life.

The centre had a incident reporting system. Incidents such as behavioural incidents were recorded on incident forms. Injuries, near-misses, medication incidents/errors were recorded in separate logs. The person in charge advised she monitored the incident forms, but with the exception of behavioural incidences, it was not clear the process of review that was completed on other incidents to provide an oversight of trends and learning.

There were effective systems in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. There was a colour coded system in operation for cleaning in relation to mops and cloths and equipment was stored appropriately. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the centre with guidance on display regarding hand hygiene. Personal protective equipment was available for staff and inspectors observed staff using gloves. The centre also had a cleaning schedule in place which showed tasks had been completed on a regular basis. Inspectors observed pest control protection boxes on the grounds of the centre. The centre manager told inspectors that the infection control policy was being revised. The majority of staff were trained in food hygiene and inspectors observed staff preparing and cooking meals for the children. Food was labelled and stored appropriately and safely.

There were suitable controls in place regarding fire. All staff were trained in fire safety and had participated in a fire drill. Fire fighting equipment was serviced in April 2015. Regular fire drills had taken place and reports showed that the fire drills occurred at different times and included a different mix of staff and children. Staff completed daily, weekly and monthly fire checks. The centre had developed personal emergency

evacuation procedures for each service user. On the day of inspection, fire escapes and exits were not obstructed and the fire alarm was sounded by staff as part of their routine checks. A visitor's book was also maintained in the hall of the centre to show who was in the building in the event of an emergency.

An emergency plan was in place for the centre which provided guidance for staff to in the event of an emergency or unforeseen event such as utility outages or fire. The plan included contact details and identified a place of safety outside the centre should an emergency evacuation be required and alternative accommodation was required elsewhere.

Inspectors found that the vehicle used by staff was appropriately taxed, insured and had a national car testing certificate.

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):
No actions were required from the previous inspection.

Findings:
At the time of the last inspection, improvements were required in the management and review of incidents of challenging behaviour and the use of restrictive practices in the service.

There had been some good developments in safeguarding since the last inspection. Staff recorded incidents where there was alleged peer to peer abuse. The children service's manager held a central record and reviewed these. Inspectors reviewed the recorded peer to peer abuse records and found that on the basis of those records it was appropriate that they had not been referred to the designated liaison person. Inspectors were told that a policy in relation to this was being drafted. Inspectors saw evidence that children had been advised of their right to be safe and protected. There were social stories in children's files that keyworkers used with them which explained how to be safe, who to talk to and assuring the children that they would be listened to.

Children presented as being happy and at ease in the presence of staff. Inspectors observed staff interacting with the children with respect and warmth. Residents plans included a section titled "If I go missing from care" which described the young person's distinguishing features, health concerns and instructions on how to approach and communicate with him. There were personal safety plans in place which detailed the level of supervision residents required in the community and risk assessments had been undertaken in regard to this aspect of care. Parents who responded to the questionnaire confirmed that their child was safe in the centre.

Good quality intimate care plans were in place that provided staff with clear guidance in relation to the support or assistance that children required. The plans outlined if children required assistance in a range of intimate care areas such as bathing, showering, washing their hair, toileting and washing. Intimate care plans were reviewed and amended where appropriate. Inspectors observed a child requesting a staff member to assist them in closing their top. This was in line with the contents of the plans. However, the policy on intimate care was not comprehensive as it did not provide sufficient guidance for staff on all intimate care tasks.

The centre had a child protection policy which provided staff with appropriate guidance. A child protection concern had not been appropriately reported in the past to the relevant agencies. There were no concerns reported since the last inspection and the previous referral had been closed by the child and family agency. Inspectors found that staff were familiar with the reporting procedures, knew who the designated liaison person was and all except a new staff member had been trained in Children First : National Guidance for the Protection and Welfare of Children (2011). The children's services manager had received child protection manager's training. Contact information and photographs of the designated liaison person and two deputy liaison persons were prominently displayed in the entrance hall of the centre. Therefore, this information was readily accessible to families and staff.

Children had good quality behaviour support plans which provided clear guidance for the staff team in the management of behaviours. Staff members told inspectors of different methods that they used to support children when they displayed challenging behaviour, such as distraction, planned ignoring and re-direction. There were some incidences of physical restraint such as use of blocking techniques. Staff told inspectors that physical restraint was a last resort, and inspectors found that this was the case. Occasionally, children were directed by staff or decided themselves to go into a calm room or 'little sitting room' to calm down. The children's services manager and the behavioural support therapist reviewed all behavioural incidences, but the records didn't reflect how outcomes of these reviews were implemented.

Restrictive practices such as physical restraints, seat belt buckle covers, a restrictive harness and the use of perspex in the centre's bus were used. Inspectors found that the use of restrictive practices were risk assessed, reviewed and their use reduced or eliminated where appropriate. For example, there was a sheet of perspex erected in the centre's bus to prevent harm when travelling. This had been reviewed on a number of occasions as the team endeavoured to lessen the restrictive practice. In addition, the rights committee reviewed restrictive practices and made recommendations in regard to practice, such as the elimination of the use of a restrictive harness on the bus.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
There was a system in place to maintain records of all incidents occurring at the centre. However, the system in place was ineffective as not all notifiable incidents were reported to HIQA. Inspectors identified that there were some restrictive practices that had not been included in quarterly notifications to HIQA. The children's service manager acknowledged that an error had been made.

Judgment:
Non Compliant - Moderate

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

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

Findings:
Children had opportunities for social participation and new experiences. They were facilitated to attend clubs such as the special Olympics sports club, tried out climbing walls, went to swimming galas, the zoo, horse-riding, playgrounds and parks. Children were also supported in the development of their social skills. There was a good supply of age appropriate books and games in the centre.

The staff team valued education and children were supported in their educational

placements. Copies of children's current educational plans were held in the centre and children's certificates of achievement and of participation in sports days were displayed in the sitting room. Current goals for their educational progress were outlined in their individual educational plans, but these were not routinely incorporated into children's personal plans. Up to date progress and end of annual school reports on children were held on children's records. Inspectors found that the staff team were actively involved in supporting all of the children in their school placements. The centre had a comprehensive policy on children's education and referenced the relevant legislation about the education needs of children with disabilities.

One child was in their final year of school and the children's services manager told inspectors that a multi-disciplinary meeting was scheduled on the week following the inspection to discuss future planning.

Judgment:
Substantially Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
Children's medical needs were assessed but there were some gaps in children's medical records. Children accessed medical practitioners and specialists in a timely manner when required. Children accessed a range of allied health professionals such as speech and language therapists, behaviour support specialists, social workers, psychologists and occupational therapists. Staff had easy access to contact details for their doctor (GP), out of hours GP service and hospitals.

All children's medical needs were assessed on an annual basis by their doctor. Inspectors found that there were copies and records of information in relation to children's allergies, but there were gaps in relation to immunisation records on some children's records. Some children were attending specialist services such as paediatricians. Inspectors found that there were delays in the past in regard to decision making in relation to a child's medical needs. However, the children services manager outlined the plan that is currently in place to meet the child's medical needs and this was confirmed by records on the child's file. Personal plans included the health care needs of the residents. Over the course of the inspection a child attended an out-patient hospital appointment and another child received input from an occupational therapist. Children had regular dental appointments. The staff team had worked well in

partnership with a dentist in encouraging a child to allow the dentist to complete dental work.

Children's nutritional needs were assessed by the staff team, but not all children's nutritional needs were met. One child had a limited diet, and this was identified by the staff team. However, inspectors found that a behavioural food programme for this child had not been reviewed for 11 months. In addition, a dietican had not assessed the child's dietary needs or contributed to the child's food programme. The other children had a balanced diet and a range of healthy foods and snacks were available in the centre.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The practice in relation to medication management was good but the management of medication errors required improvement.
The centre had a comprehensive organisational policy for the management of medication and also a centre-specific stock protocol for medication management. Inspectors read residents medication folders which contained medical histories and individual medication plans. All staff were trained in the safe administration of medication.

There was a suite of forms used to record the medication management process including a prescription sheet, administration sheet, an as required (PRN) medication stock control sheet and a register for controlled drugs. Medication was stored securely in the centre and records showed that medication was administered only to the resident it was prescribed for. Each resident's medications were labelled correctly and stored together in separate containers. Daily stock audits were carried out by an identified staff member. Controlled drugs were appropriately stored, registered and recorded. Staff completed a count of medication at the end of each shift. There were no out of date medications and returns were appropriately dealt with.

One young person was self administering his medication on a trial basis. An assessment of his ability to take responsibility for his own medication was completed in line with the policy.

Medication errors were identified and reviewed, but it was not clear that adequate measures were in place to reduce re-occurring errors. The children's service manager and a member of the nursing staff reviewed medication errors. Inspectors viewed a sample of medication errors and found that the errors identified included recording errors and miscounts of medication. The centre manager had reviewed the incident report forms for these errors and had identified that upskilling of staff was required. However, this training had not taken place.

Judgment:
Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
Inspectors found that the centre had a written statement of purpose but it did not contain all the requirements 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.

The criterion for admission contained factual inaccuracies and was contradictory to the description of the social care needs outlined elsewhere in the statement of purpose. For example, behaviour was not mentioned in the admission criteria but was included in the description of the social care needs that the staff team could support. The organisational structure was incomplete and there was insufficient information in relation to some sections of the Statement of Purpose including: the support arrangements for residents to engage in social activities, to access education and to attend religious services.

The statement of purpose did not adequately describe the services and facilities that were provided by the centre for residents.

It was not clear that children and families had received copies of the statement of purpose.

Judgment:

Non Compliant - Moderate

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

Theme:
Leadership, Governance and Management

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

Findings:
There was a clear management structure with defined lines of authority and accountability. There had been some recent changes to the management team such as the senior children services manager. Staff were clear about the structure, who they reported to, and their roles and responsibilities. They acknowledged that they had good leadership from the acting chief executive and the children's services manager.

The board met on a regular basis and were kept up to date by the acting chief executive in relation to the centre. Inspectors reviewed minutes of the board. Inspectors reviewed recent board minutes and did not find this service was specifically discussed, but there were general references to action plans and the Heath Information and Quality Authority. The acting chief executive officer met with inspectors and inspectors found that she had a good knowledge of her responsibilities under the legislation, Regulations and Standards.

The children's services manager was the nominated person in charge. She held a degree in social studies and was experienced in working with children with disabilities. She had been appointed as children's service manager in August 2013 and following a period of leave returned to manage the centre in March 2015. She was aware of her responsibilities under the Regulations and Standards, as were the staff team. The children services manager reported to the senior children services manager and it was evident that guidance was provided in relation to managerial responsibilities. She had made some improvements in the service, since the previous inspection such as the review and reduction in specific restrictive practices. The shift leader was responsible for the person in charge role when the children's services manager was not on duty.

There were some improvements in managements systems but further work was required. There were policies and procedures in place and the majority of staff had recently received training on these. These revised policies were in the process of being implemented but as previously identified some required further work to ensure they provided sufficient guidance to staff. In addition, there were good communication

systems in place including regular emails from the children's services manager, communication book, team meetings and respite and residential meetings. Some positive developments in the quality management system had been put in place but further developments were required. Quality control audits had been completed in areas such as medication management, communication, health and safety and fire safety. However, other areas such as comprehensive assessments, personal plans and record keeping were yet to be audited and there was no quality assurance mechanism in place to oversee either the quantitative or qualitative aspects of the audits. Risk management remained an area for improvement. The risk management policy had not been fully implemented and while training for staff was ongoing, the children's services manager had not been trained. Therefore, it was not clear how the risk management policy could be effectively implemented without key staff members being trained.

The provider had completed an annual review of the quality and safety of care and support in June 2015; it was not in accordance with the standards as required by the regulations. There was some evidence of consultation with children through observation and interaction, but parents or guardians were not consulted as part of the process. Deficits identified in the annual review had not been addressed as they were also identified during this inspection. For example, contracts were not in place. Other issues were not identified such as the limited diet of a child and the lack of professional input in regard to this.

An unannounced six monthly visit of the centre was completed in July 2015. This review was not comprehensive as it did not clearly identify the safety and quality of care and support being provided in the centre. There was some reference in the report in relation to safety of care, such as children told the auditor that they were comfortable with staff. An action plan was put in place and some of the actions were achieved at the time of the inspection, such as the appointment of a core team of staff. However, there were other deficits that continued to reoccur and had also been identified in the annual report. Therefore, they had not been adequately addressed in a timely manner.

In addition, action plans submitted to the Authority were not consistently implemented within the set timeframes. It was not evident how the children service's manager and the senior management team measured and monitored progress in relation to these plans. Inspectors found that in August 2015 it was agreed at a respite and residential meeting that action plans submitted to the Authority would be on the agenda of these meetings in order for progress to be tracked.

Performance management systems were in the process of being developed. The children services manager appropriately addressed performance issues directly with staff and referred matters to the human resource department when required. Staff were aware of the whistle blowing procedures within the centre.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

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

Findings:
The centre had identified that the senior children's services manager would act as person in charge in the absence of the current manager. Not all notifications regarding the absence of the person in charge had been appropriately notified to the Authority in a timely manner.

Judgment:
Non Compliant - Moderate

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
The centre had no designated budget but there was sufficient petty cash to meet the needs of the children's activities, outings, clothing and any other expenses that arose. The organisation had an account with a local supermarket for groceries. The children's service manager told inspectors that there was sufficient financial resources, and if required she sought additional funding from the acting CEO. No financial audit of the service had taken place.

There were sufficient staffing resources in place to provide care to the children and a core team had been recently identified.

The premises were leased and the lease was due to expire at the end of March 2016.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
There was no improvement in staff files as they remained non-compliant with the Regulations. This had been identified on all of the previous inspection. Inspectors found that some employment histories were incomplete and staff did not have a job description. The recruitment of staff was managed centrally, by the human resources department of the organisation, but the children's service manager was involved in interviewing relief staff. This was positive as she had input in regard to appropriate staffing for the service.

While there was now sufficient staff in place the team required development to ensure they had the competencies and skills to meet the needs of the children. A core team of 12 staff had recently been identified, the majority of whom were appropriately qualified or were in the process of completing a relevant course. Three relief staff were also rostered to work in the service. The children's services manager outlined that she was endeavouring to have the same relief staff in order to maintain continuity, but as the core team was only in place a few weeks, it was too early to determine whether this was being achieved. The person in charge outlined that a corporate induction programme was provided to new staff and she provided a local orientation. In addition, staff told inspectors that they were provided with time to shadow colleagues as part of their induction. The probation process was not clear.

There was a staff rota in place and a planned and actual rota was maintained. Inspectors reviewed rotas for a three week period including the week of the inspection. The roster identified that five (out of a total of 15 staff) were on duty on the day shift and two staff members (sleepover duty and night duty) on the night shift. The children's services manager ensured that a staff member trained in medication management was on duty for each shift. Inspectors observed that staff were very familiar with the needs of the children and the children displayed comfort and familiarity with staff.

A training needs analysis was completed by the children's services manager, but it was undated and was not comprehensive. The training needs analysis identified the numbers of staff that required training in specific areas such as mandatory training and additional trainings such as report writing. However, it did not identify all training that was

required or recommended for the staff team by professionals or reflected the needs of the children. A training programme for 2015 was in place which included mandatory training. All staff had received training in manual handling, medication management and fire safety. Three staff members required training in behaviour management and one new member of staff required training in Children First (2011). While a small number of the team had received training in key areas such as autism, a communication method (lámh) and an additional behaviour management course, the majority of staff required this training to ensure that children could be consistently understood within the context of their ability.

There was a formal supervision process in place but it was ineffective. All staff had a supervision contract that outlined that supervision would take place on a six to eight week basis, but these timescales were not consistently adhered to. Inspectors reviewed a number of staff supervision files and found that supervision sessions and decisions were not clearly or adequately recorded. Staff and the children's service manager discussed performance issues, employment contracts and some discussion around individual children. However, children's needs were not consistently discussed at supervision sessions, so it was unclear how work regarding specific children was assigned and reviewed. The children's services manager was supervised by the senior children services manager and had three supervision sessions between April and the date of inspection. The quality of these supervision sessions was mixed. The sessions focused on management issues such as staffing levels, specific issues in regard to children, the role of the person in charge and the management of staff.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
The majority of records required by schedule three and four of the regulations were in place. The centre had a residents guide which was child friendly and contained all the

information required by the regulations. However, the directory of residents was incomplete as it did not meet the requirements of Regulation 19. It documented the names of current residents, but information on previous residents was not included.

There were some improvements required in the quality of recording, as inspectors found that some documents were incomplete, undated and not signed off by the relevant staff member or manager as required. Paper records were generally well ordered, clearly indexed and stored securely to prevent data protection breaches and preserve the children's information in a confidential manner. However, inspectors found the recording system for incidents was difficult to follow. Children's files included their photograph, medical details, next of kin names, and correspondence and reports relating to each child. There were no records of children having accessed their own records. Arrangements were in place for records to be archived.

The centre had all the required policies under Schedule 5. Inspectors found that some records such as the records management policy and the money management had sections or templates that were under review. Some of the policies required further review to provide sufficient guidance to staff, such as the risk management, children's money, intimate care, admissions and discharges, communications and information policies.

The centre was adequately insured, and inspectors viewed the insurance policy that was valid until May 2017.

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:

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Regulation Directorate
Health Information and Quality Authority

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Regulation Directorate

Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001847
Date of Inspection:	09 September 2015
Date of response:	19 November 2015

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 Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The arrangements for the management of young people in receipt of disability allowance was unclear.

1. Action Required:
Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:
1. The children's money and property policy will be reviewed to include the arrangements for the management of young people in receipt of the disability allowance.
2. The PIC will support young people who are entitled to the disability allowance to make necessary applications and manage their own financial affairs in so far as possible.

Proposed Timescale: 30/12/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no identified person to oversee that complaints had been managed in line with the regulations.

2. Action Required:
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

Please state the actions you have taken or are planning to take:
The Organisational Complaints Lead (OCL) has nominated a senior manager (PPIM) to oversee the complaints process in line with Regulation 34 (3).

The complaints policy has been revised to clarify the roles of the nominated persons.

Proposed Timescale: 20/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were two named complaints officers.

3. Action Required:
Under Regulation 34 (2) (a) you are required to: Ensure that a person who is not involved in the matters the subject of a complaint is nominated to deal with complaints by or on behalf of residents.

Please state the actions you have taken or are planning to take:
The policy has been amended to clarify the roles of complaints officers as set out below:

• Within St. Catherine's Association the CSM / Manager of each designated centre / location will be deemed the Local Complaints Officer (LCO) for that centre / location.
• Where complaints cannot or should not be resolved at the first point of contact due to their seriousness or complexity, these complaints must be escalated to the Organisational Complaints Lead (OCL), whereby a complaint Review Officer will be appointed to resolve the matter by informal means or formal investigation. Senior Services Managers (SSM) are deemed to be Review Officers and can be delegated a complaint for review by the Organisational Complaints Lead.
• If a Complaint is made against a Local Complaints Officer or a Review Officer, the complaint is dealt with by the Organisational Complaints Lead. The Organisational Complaints Lead within SCA is the Acting CEO.
• A Senior Services Manager (i.e. PPIM) has been nominated to oversee the complaints process in line with the Regulation 34 (3), Health Act 2007, S.I. No. 367 of 2013. This oversight shall ensure that all complaints are appropriately responded to and that records are maintained by the appropriate complaints officer as specified under Regulation 34 (2) (f).

Proposed Timescale: 20/10/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log did not consistently outline the outcome and if the complainant was satisfied with the outcome.

4. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
1.The complaints log has been revised to include satisfaction of outcome. The complaints procedure is being implemented and all staff have been notified of changes via email.

2.The importance of logging children's complaints was highlighted to staff.

3.The complaints poster has been revised to include the new CSM as the Local Complaints Officer (LCO) for the designated center
Action 1 – 23/10/15
Action 2 – 23/10/15
Action 3 – 23/10/15

Proposed Timescale: 23/10/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The communication policy did not provide sufficient guidance to staff.

5. Action Required:
Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

Please state the actions you have taken or are planning to take:
1.The communication policy will be revised to provide sufficient guidance to staff in assisting and supporting residents to communicate.
2.Staff will be made aware of policy updates via the organisations policy email account. All updated policies are stored on a server and accessible to staff.
3.The PIC will review the amended policy with staff at the next team meeting once complete to ensure all staff are familiar with same.
4.Three staff will be scheduled to attend communication training in December 2015. Remaining staff will be scheduled to attend in line with the training calendar in 2016 (dates to be confirmed).
5.Four staff will be scheduled to attend a sign language course in February 2016 in line with the training calendar in place. Staff will practice signs in the location and promote their use among the team.
Action 1 – 30/12/15
Action 2 – 30/12/15
Action 3 – 31/01/16
Action 4 – 9/12/15
Action 5 – 24/02/16

Proposed Timescale: 31/01/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions and discharge policy and guidelines did not provide sufficient guidance for staff regarding the appropriateness of admissions and what to do if a referral was not suitable.

6. Action Required:
Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The referrals, admission and discharge policy and guidelines will be reviewed to include the process by which a new referral is deemed appropriate and in accordance with the statement of purpose for the designated centre.

The revised policy will also outline the process to be followed in the event that a risk assessment indicates a new admission may not be suitable to be placed with other residents in the designated centre.

Proposed Timescale: 15/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Contracts of care were not in place

7. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
1.A contract for the provision of care has been drafted and circulated to the Senior Management Team and Children's Services Managers for review.
2.Once agreed, the contract for the provision of care will be reviewed with parents/guardians and signed off.
Action 1 – 20/10/15
Action 2 – 15/12/15

Proposed Timescale: 15/12/2015

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:
Not all children's needs were comprehensively assessed.

8. 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:
Process:
Residents' comprehensive assessments are completed using information provided by each member of the team around the child. This includes information from multi-disciplinary reports as well as meetings with parents, social workers and the child.

A 'Team around the Child' (TAC) meeting takes place at least once per year or as required depending on the needs of the child. Should a change in need be identified, TAC meetings will be scheduled more regularly and the Children's Services Manager / Keyworker will liaise with team members as required.

Any change in need, circumstances or issues in relation to the child's care, personal plan and comprehensive assessment are discussed through the TAC process and action dates for completion are confirmed.

Actions:
1. St. Catherine's Association have acknowledged the need for a clinical team dedicated to residential and respite services in order to ensure comprehensive assessments and personal plans are fully completed and reviewed on an annual basis. The Senior Clinical Services Manager has identified a team of clinicians for residential services, and children attending respite that have been assessed as having high support needs. This team was formed on 14th October 2015 and will meet on a weekly basis. This team met with the Children's Services Manager (CSM) of the centre in order to agree their caseload.
2. This team of clinicians will attend monthly team meetings in the centre in order to discuss the residents needs and supports required with the staff team.
3. A schedule of annual reviews to be completed in 2016 will be developed by the CSM's and Clinical Managers for children in the centre.
4. In the interim, a referral will be made to an optician to assess one resident's sight.
5. The Children's Services Manager has also liaised with the teacher of another resident and their IEP is currently under review. Once complete, the IEP will be stored in the resident's file and the resident's keyworker will update the Personal Plan accordingly.
Action 1 – 19/11/15
Action 2 – 30/11/15
Action 3 – 15/12/15
Action 4 – 30/11/15
Action 5 – 15/12/15

Proposed Timescale: 15/12/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Children did not participate in their personal planning reviews.

9. 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:
1. Keyworkers will identify and implement social stories explaining personal plan reviews with each resident.
2. PIC and key workers will support and encourage residents to attend their personal plan review meetings in so far as possible. If the resident chooses not to attend, the keyworker will link with the resident through verbal, visuals, and/or assistive communication technology as required in order to identify their wants and needs and advocate on the resident's behalf during personal plan reviews. Residents' representatives will also be encouraged to participate in this process.
3. PIC will implement weekly children's meeting books with each resident.

Proposed Timescale: 20/01/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Planning for children's transitions to adult services required improvement.

10. Action Required:
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

Please state the actions you have taken or are planning to take:
1.From the age of 15 years, residents will have a transition folder in place that is tailored to their individual transitioning needs and supports.
2.Correspondence and meetings have commenced regarding future adult placements for residents aged 15 years and over.
3.Social stories will be developed to support each resident's understanding and knowledge in transitioning to adult services. These social stories will be

Proposed Timescale: 27/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some doors were not in good working order.

11. Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by

residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
1.The two doors that were not in good working order were repaired following the inspection.
2.A new maintenance system is in place to ensure issues are identified and addressed in a timely manner:
•Identified issues are forwarded to the maintenance team via email.
•This request is received by the Maintenance Team and recorded on the Maintenance Data Base.
•A Work Order Number is then issued by return email to staff member/CSM for recording and tracking purposes.
•Any additional comments, works carried out on each request is added to the database.
•All maintenance requests have a 28 day default turnaround time although most are met before this time.
•Urgent matters such as leaks, electrical issues, issues that may cause potential risks to residents aim to be addressed within the same working day.
•Maintenance will assess urgent issues on same working day and endeavour to complete request. Should the matter require outside contractors/specialists an interim measure will be put in place in the interest of health and safety until contractors/specialists become available.
•Reports of current maintenance work orders are issued to CSMs for their review.

Proposed Timescale: 11/09/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

12. 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:
An adverse events policy has been drafted and is in effect since 8th September 2015. This policy outlines the processes to be followed when an adverse event occurs.

The Risk Management policy will be reviewed in line with Regulation 26 (1) (d) and will reflect the arrangements in place for the identification, recording and investigation of,

and learning from, serious incidents or adverse events.

Proposed Timescale: 24/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include arrangements to ensure that risk control measures 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.

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

Please state the actions you have taken or are planning to take:
The Risk Management policy will be reviewed in line with Regulation 26 (1) (e). Guidance will be included to ensure that the 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.

Proposed Timescale: 24/11/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all hazards were identified in the centre. It was not clear how incidents (other than behavioural incidents), accidents and near misses were reviewed.

14. 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:
1.Hazards identified during inspection have been addressed including the removal of a metal bar from the garden and risk assessment completed for fibre-optic lights in the sensory room.
2.An Adverse Events Policy has been drafted and is in effect since 8th September 2015. This policy outlines the review processes in place for a number of serious incidents and adverse events such as fire evacuations, medication incidents, accidents and injuries, etc.
3.A six monthly schedule of Health and Safety audits has also been drafted and is

currently in progress. These audits will identify existing or potential hazards and include recommendations for action.

Proposed Timescale: 30/09/2015

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:
Not all incidents of the use of restrictive practices were recorded on quarterly notifications.

15. 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:
1.Identified gaps in the quarterly notifications were completed and returned to the regulator following inspection.
2. The Children's Services Manager and a number of staff have completed restrictive practice training since inspection in order to increase their knowledge, understanding and to ensure that correct information is recorded going forward.
3. Further training in restrictive practices is scheduled in January and February 2016. The Children's Services Manager will schedule 2-3 staff to attend per session until all staff are trained.

Proposed Timescale: 31/01/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no clear education or training plan in place for a young person in his final year of school.

16. Action Required:
Under Regulation 13 (4) (d) you are required to: Ensure that children approaching school leaving age are supported to participate in third level education or relevant training programmes as appropriate to their abilities and interests.

Please state the actions you have taken or are planning to take:
1.The Person in Charge has liaised with the school teacher in relation to a resident's

Individual Education Plan (IEP) for their final year in school. The resident's IEP is currently under review with a focus on promoting development in communication and language, social skills and self-help skills.
2.Once complete, the resident's keyworker will update their personal plan to include relevant information and goals identified in the IEP.

Proposed Timescale: 15/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There had been a delay in a behavioural specialist reviewing a child's behavioural plan in relation to eating.

No dietitian had been involved in assessing or formulating a dietary plans for one child.

17. Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
1. The behavioural plan in relation to eating has been revised for this child and now includes a food sampling program in order to support the resident to develop a more varied diet. The Person in Charge meets with the Behaviour Support Specialist on a fortnightly basis or as required to review incidents, identify actions and / or amendments required to plans in place. This will ensure that plans are reviewed in a timely manner going forward.
2. Where issues arise, referrals will be made to dieticians and / or associated professionals in a timely manner going forward in order to ensure that dietary needs are adequately assessed.

Proposed Timescale: 22/10/2015

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were gaps in relation to information on children's immunisations.

18. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
The Person in Charge has made contact with resident's parents, social workers, and general practitioners as appropriate in order to ensure relevant information on children's immunisation status is secured and stored on file.

Proposed Timescale: 30/11/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Adequate measures were not in place to reduce re-occurring errors.

19. 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:
1. The Person in Charge will address medication errors with staff through supervision and where appropriate will request further clinical assessment and / or training as required in order to reduce re-occuring errors. The Person in Charge will also follow the performance management process as required.
2. The Director of Nursing will visit the centre on a two-monthly basis in order to review medication incidents with the Person in Charge.

Proposed Timescale: 15/01/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear that children and their parents/guardians had received copies of the statement of purpose.

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

Please state the actions you have taken or are planning to take:
Copies of the statement of revised statement of purpose will be made available to children and their representatives once complete. Provision of this information will be

documented appropriately within the centre under the children's files.

Proposed Timescale: 18/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not contain all the information required by Schedule 1.

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

Please state the actions you have taken or are planning to take:
The Statement of Purpose will be reviewed to provide sufficient information as required under Schedule 1 to include more specific admission criteria and social care needs supported. Further information will be included with respect to the arrangements in place to support residents to attend social activities, educational and religious services. The organisational structure will be also be updated.

Proposed Timescale: 06/11/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The annual review of the quality and safety of care and support was not comprehensive and was not in accordance with the standards.

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

Please state the actions you have taken or are planning to take:
1. The organisation will develop an independent internal audit structure which will ensure that the annual review of quality and safety of care is more comprehensive and effective going forward.
2. In the interim, the 'Annual Review of Quality and Safety' will be completed by the PIC of the residential centre. This review will be an effective review of quality and safety of care and support for the residents.
3. The Quality, Compliance and Training Team will analyse the annual review and put in

place an action plan to address any concerns regarding the standard of care and support.

Proposed Timescale: 30/01/2016

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no consultation with children's representatives.

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

Please state the actions you have taken or are planning to take:
1. The annual review being completed will include consultation with children and their families through a variety of means such as questionnaires, interview, phone calls, and / or observation as applicable. The Family Liaison Co-Ordinator will support this process where necessary.

Proposed Timescale: 30/11/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems were not always effective. Policies and procedures required review to ensure they contained sufficient guidance for staff. The risk management and quality management systems were evolving.

24. 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:
1. Staff will receive supervision through their line manager in order to ensure that safe, quality care is consistently provided to children attending the designated centre.
2. The Children's Services Manager will complete Performance Management training.
3. The Children's Services Manager will implement the performance management process in the designated centre with support from the Human Resources Department as required.
4. The organisation will develop a more comprehensive and robust internal audit structure, which will consider the effectiveness of management structures and systems in ensuring the quality and safety of care in the centre. Under this structure audits will

be reviewed by the senior management team in order to ensure effective learning going forward.
5. Further risk management training is being scheduled for January and February 2016. Staff (with a focus on keyworkers) will be scheduled to attend in order to improve the effectiveness of the risk management system within the centre.
6. The Quality Compliance and Training (QCT) team will develop a quality assurance system in 2016. In the interim, a schedule of audits has been developed to include six monthly provider visits, annual review of the quality and safety of care, medication management audits and a comprehensive six monthly schedule of Health and Safety Audits.

Proposed Timescale: 30/03/2016

Outcome 15: Absence of the person in charge

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all notifications regarding the absence of a person in charge were made within the identified timeframes.

25. Action Required:
Under Regulation 32 (2) you are required to: Except in the case of an emergency, ensure that the notice provided of the absence of the person in charge is given no later than one month before the proposed absence commences or within a shorter period as agreed with the Chief Inspector, specifying (a) the length or expected length of the absence and (b) the expected dates of departure and return.

Please state the actions you have taken or are planning to take:
The Quality Compliance and Training (QCT) team have developed a system for tracking the submission of notifications to the regulator. This system will be implemented by the Person in Charge of the designated centre and the HR Department. The QCT Team will maintain oversight of this system to ensure that notifications are made to the regulator within the specified timeframes.

Proposed Timescale: 17/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The lease on the premises was due to expire in March 2016.

There was no designated budget assigned to the service.

26. Action Required:
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
1. The facilities manager is liaising with the landlord regarding the renewal of the lease.
2. A budget is currently being drafted for the designated centre. The PIC will receive training in budget management prior to the budget being allocated to the designated centre.

Proposed Timescale: 31/03/2016

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 to meet all of the needs of children in the service.

27. 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:
1. A more comprehensive training needs analysis will be developed by the Person in Charge based on the staff team and assessed needs of the residents.
2. A training calendar is in place and staff will be booked to attend courses as they arise in areas such as positive behaviour support, challenging behaviour, introduction to autism, culture, communication, mental health awareness and dual diagnosis.

Proposed Timescale: 31/01/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were gaps in staff files such as employment histories and job descriptions.

28. 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 Person in Charge will liaise with the Human Resource department regarding gaps in Schedule 2 information in order to ensure these issues are addressed.
• The Person in Charge will audit this information for all staff in the designated centre in order to be satisified that the required documentation is on file.

Proposed Timescale: 30/12/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The training needs analysis was not comprehensive and there remained gaps in staff's continuous professional development.

29. 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:
1. The PIC will develop a more comprehensive training needs analysis based on the staff team and assessed needs of the children.
2. PIC will liaise with the training co-ordinator to ensure staff are scheduled for relevant training as course arise through the training calendar in place.

Proposed Timescale: 31/01/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff supervision was not effective and did not occur in line with supervision contracts.

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

Please state the actions you have taken or are planning to take:
1. A new supervision template has been developed to more accurately capture information during supervision sessions including review of previous actions, topics for discussion, key points, clear outline of actions, individuals responsible and timescale. Significant issues for onward reporting and areas of disagreement will also be noted.
2. A schedule of supervision will be developed and adhered to in order to ensure supervision occurs in line with supervision contracts.

Proposed Timescale: 30/11/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies were complete.

Some policies required review to ensure staff received sufficient guidance, such as the risk management, children's money, intimate care, admissions and discharges, communication and information policies.

31. Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:
Policies will be reviewed in order to provide sufficient guidance to staff including;
1. The Quality, Safety and Risk Management Policy
2. Children's Money
3. Referrals, Admissions, Transfers and Discharges Policy & Guidelines
4. Intimate Care
5. Communication & Information Policy

Proposed Timescale: 28/02/2016

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The directory of residents was not up to date.

32. Action Required:
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
The directory of residents will be updated and revised in line with Regulation 19 (3). The revised directory of residents will include previous residents that have resided in the centre.

Proposed Timescale: 20/11/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The quality of record keeping was inconsistent with some records incomplete, undated and unsigned.

33. Action Required:
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

Please state the actions you have taken or are planning to take:
The PIC has developed a template for auditing internal records on a weekly basis. Staff have also been reminded of the importance of completing and signing appropriate documentation.

Proposed Timescale: 15/10/2015