

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001850
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Kate Killeen
Lead inspector:	Orla Murphy
Support inspector(s):	Una Coloe
Type of inspection	Announced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	3

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:
21 October 2015 12:00	21 October 2015 19:30
22 October 2015 09:00	22 October 2015 17:30

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

This was the third inspection of this centre by the Authority, and was carried out over two days by two inspectors. The purpose of this inspection was to inform a registration decision. The centre provided a respite service for children aged four to 18 years with a moderate to profound intellectual disability and associated physical disability or complex medical conditions. The centre was located in a detached, purpose-built bungalow on the outskirts of a village. The centre provided a service to 27 children and catered for a maximum of four children at any one time. There were two children staying in the centre at the time of the inspection.

Inspectors noted improvements from previous inspections in the children's services

manager's oversight of practices and risks, the standard of child centred practice and in some development and training of staff. Most children's personal plans had been reviewed involving children and their families. Work had also commenced to identify children's dependency levels, and the matching of groups of children for respite stays.

Children received a good standard of care and support. Staff presented as committed to the wellbeing of children who received respite care. The children staying in the centre had complex needs but were observed being relaxed and at ease in the centre, and enjoying their stay. Children communicated their needs to the staff, and staff knew the children well and valued their individual traits and strengths. While inspectors found that some improvements had been achieved in areas such as assessments and planning, these required further improvement in terms of cohesiveness, goal setting and capturing multidisciplinary involvement. Inspectors found the centre to be clean, warm and suitable to the needs of the children who stayed there. However, more age appropriate décor and activities for older children was needed.

There were systems in place to monitor safety and identify hazards in the centre. All risks were identified and recorded on a risk register with controls in place. However, risks on the register were scored highly despite controls being in place and this reflected a risk adverse approach to the management of these. Children had safety plans and were given regular opportunities to learn and develop self protection strategies. There were systems in place to audit and support safe practices in areas such as children's safety, risk assessments, measures to reduce risk and effective fire safety procedures.

There had been some improvements in training provided to staff and in staff development, but progression in this area was inadequate. Staff supervision had commenced but the frequency was not in line with the organisation policy and its focus was on tasks and systems, and not on outcomes for children. Inspectors found that the morale of staff was not at an optimum as there had been a number of changes in systems and records, and staff presented as overwhelmed with this pace of change.

However, the Authority continues to have concerns about the overarching governance systems within the organisation. Non compliances with the regulations have been identified on more than one occasion in previous inspections but inspectors found that the action plans identified by St. Catherine's Association to address the non compliances had not been implemented within the agreed timeframes.

The action plan at the end of this report identifies where a number of improvements are required to meet the requirements of the Health Act 2007 Care and Support of Residents in Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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):

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

Findings:

The children attending the respite service had complex support needs, but were consulted with. Consultation included children's meetings, recording of individual preferences and consultation with families. A number of children's meetings had been held in the year prior to the inspection and these meetings were attended by a range of children during different stays in the centre. The records of the meetings were examined and reflected that picture boards, sign language and the children's hand held devices were used to discuss topics such as personal safety, fire evacuation, activities and meal choices. These topics were repeated to ensure children had sufficient opportunity to understand and remember the content. Children chose to engage or not with the meetings and their preferences were recorded. Inspectors found that the forum was child-centred and effective. However, a wider range of topics may benefit some children.

Each child had a personal profile which described them, their interests and their preferences in relation to the support they needed and the things they liked. These had been completed in consultation with families and were based on staff knowledge of the children. This meant that children received the day-to-day support they needed when staying in the centre.

Inspectors observed staff offering children choices and acting on their cues and preferences, such as giving choices of snacks and meals, activities and their routines. Children were observed leading staff to the things they wanted and negotiating time spent on hand held devices or listening to music as a way of relaxing on their return from school. Records examined by inspectors reflected this day-to-day consultation carried out with children and meant that children's right to choose and participate in

their care was supported.

There was an independent advocacy service available in the area and information was on display in the centre advising families how to access this, which meant that children and families had an independent service available to support them if they felt unable to raise concerns within the centre.

The policy and practice for the management of complaints was not fully in line with Regulations. The complaints log did not outline whether the complainant was satisfied at the outcome of the complaint process as required by Regulation 34(2) (f). The complaints process was unclear as 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. Outcomes for some complaints were recorded on individual files but not in the log. All families who provided feedback for this inspection knew how to make a complaint. There was a complaints log which recorded the concern and the action taken. However, the log did not always record the outcome or whether the complainant was satisfied. The outcomes were held in children's logs or within their files. Inspectors found that this was fragmented and didn't allow for assurances that complaints were concluded or that there was any trending and analysing of complaints received and managed to drive improvement within the service.

The complaints log showed there had been six complaints raised since the last inspection which had all been investigated and concluded. Inspectors found that the children who attended the service would have a limited ability to raise concerns due to their non verbal communication and complex needs. There was a pictorial version of the complaints procedure in place in the centre and there were pictures of moods/wellbeing from a picture exchange communication system (PECS) on display throughout the centre to support children to express their feelings. Minutes from the children's meetings reflected that staff regularly talked about complaints through pictures and signs with children. This meant that the system was as accessible as it could be for children with complex needs, and that families and children would be able to raise concerns and progress these if unhappy with the outcome.

Children's privacy and dignity was respected by the staff team. Records examined by inspectors showed that children's preferences in aspects of daily living and in routines such as feeding, self care and personal care were identified and implemented. Children's profiles identified the manner in which children wished to be supported and identified indicators that would show when each child may be uncomfortable, in pain or in need of attention. Inspectors observed staff supporting children's evening routines in a discreet and sensitive manner, and staff respected children's privacy and time alone by supervising their relaxation time from a distance. Staff involved the children fully in conversations about them; were observed knocking on doors before entering rooms and describing what support they were going to provide to children before providing it. This meant that children were afforded independence and privacy when it was suitable, but also had their needs attended to when required.

Children's possessions and finances were respected and cared for appropriately. The centre had a policy in place to ensure that children's possessions and finances within the centre were safeguarded through procedures to record clothing and possessions and

income and expenditure when children stayed in the centre. These records were maintained on children's files and an examination of these showed that records were up-to-date and audited.

Children had access to toys, games, crafts and other activities within the centre and inspectors observed them being involved in educational games and some crafts during the inspection. Both children in the centre were very attached to their hand held devices and staff were observed negotiating time with and without the devices to ensure their activity was not too insular or that screen time was not excessive. One young person chose to listen to music through headphones but interacted with staff nearby through touch and gestures. Children's logs recorded their activity choices and their interactions with their peers. However, inspectors found that opportunity for activities outside the centre were not at an optimum and this was reported to be due to limited resources. Children had gone for walks in the countryside and at the coast. They had also been for occasional meals out and attended the cinema, but this was not very frequent and the range of community facilities available was not fully utilised. The children's services manager told inspectors that the centre had very limited access to suitable transport (3 hours per weekend) for children who could not walk independently. In addition, these children required one-to-one staffing to assist them in the community and this was not regularly available as a number of children required this support. This meant that meaningful activities and opportunities outside the centre were restricted by a lack of appropriate transport and staffing numbers, which meant that children were not fully maximising their participation in the community and missing out on opportunities that their peers would have automatically. This was an issue that had been raised during a previous inspection but had not progressed since then.

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 understood in the centre. The majority of children did not use verbal language to communicate and their needs and wellbeing were communicated through gestures, body language, expressions, touch, pictures and sign language. Inspectors found that children's communication assessments were completed by speech and language therapists and the needs were incorporated into each child's personal profile. The profiles outlined the level of the child's

understanding to support staff to communicate clearly with them. These profiles outlined a child's method of expressing a range of emotion and needs such as discomfort, hunger, happiness, tiredness, pain and enjoyment. For example, a profile described one child's gestures that would indicate if s/he needed time away from their peers. Another profile described pictures that one child used to indicate that they wanted snacks/drinks. The children's services manager told inspectors that several children used hand held devices to communicate and inspectors observed this. The two children staying in the centre had software installed on their devices that voice activated the word of any picture pressed by the child and children chose activities, snacks and drinks using this tool. Records showed that all staff had undergone training in intensive communication, a recognised sign language system and in the picture exchange system used by some children. Staff that spoke to inspectors were fully aware of each child's gestures and were observed responding openly to these gestures throughout the inspection. Staff reflected children's communication back to them and the children responded warmly to being understood.

The internet was available in the centre to support children accessing games, music and videos on hand held devices and the children's services manager confirmed that parental controls were in place on the WI-FI system. Inspectors observed both children using their touch screen devices with ease and noted that these provided excellent support to aid their ability to communicate. For example, one child chose their drinks, activities and snacks using a picture programme that used voice activation to tell staff what s/he wanted.

A number of children used a recognised sign language or a picture exchange system in addition to gestures and body language. These signs and pictures were available throughout the centre, signposting communal facilities and translating menus, personal plans and key policies such as complaints. In addition, photographs of the staff on duty, the complaints officer and the designated liaison person (DLP) for child protection were on display in a prominent area in the centre. Inspectors observed that staff correctly interpreted children's requests and needs during the inspection and this reassured children that they were understood by staff. Children were also observed leading staff to areas of the house to communicate what they wanted. Sign language was used and reinforced with the children throughout the inspection. This meant that despite the barriers faced by the children in communicating, they were listened to, understood and responded to with empathy.

Judgment:
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):

Findings:

The centre had a policy on visitors which was implemented and there was a dedicated room for children to receive visitors in private. As this was a respite service, children tended not to have family visits during their short stays but the policy outlined that visits were welcome, providing there were no restrictions in place for safeguarding reasons. The centre promoted the rights of children to meet with friends but due to the nature of the service being respite care, this was not a predominant feature of children's placements there. Inspectors noted that the majority of children using the service attended the same school and knew each other well. The children were each others peers and the children's services manager told inspectors that peer relationships and friendships were being considered as part of a current review of the groupings of children attending respite services.

The centre promoted the relationships between children and families through a number of different ways. Records of communication between the centre and parents such as phone calls, meetings and correspondence were seen in each of the children's files. Inspectors found that staff provided parents and carers with regular updates by phone and via communication books when children attended the centre for respite. Families were involved in personal planning and attended Team around the Child (TAC) meetings to develop and review these personal plans. Families were kept informed of children's wellbeing through communication books which were passed between the centre, school and families. Family involvement and consultation had been developed in the year prior to the inspection and a family liaison officer was in place to seek families views and co-ordinate meetings around the children's care and services provided to them. A number of families returned questionnaires as part of this inspection and all respondents stated they felt involved in and informed about the care provided to their children in the centre. All knew who the children's services manager was and stated they would contact her if they had queries or concerns.

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 centre had an admission and discharge policy and procedures which covered admissions, discharges and transfers to and from respite services. The process described was transparent in respect of the steps involved in applying to attend the service. However, from a review of the policy/procedure inspectors found that procedures were not clear, as they did not outline the need to ensure admissions were in line with the centre's statement of purpose and did not adequately reflect the assessment process. In addition, the policy and procedure did not adequately describe the process used to determine suitability of admissions in respect of their impact on other children and the need to protect all children from peer to peer abuse. This meant that procedures were not fully transparent which would not support the team to ensure that all admissions were suitable.

Inspectors found that most admissions to the service were in line with the centre's statement of purpose. However, the described criteria in the statement of purpose were broad, and as such, a number of children of varying needs would meet the criteria in place. Admissions to the centre were planned, and the centre also considered emergency admissions. Children and families visited the centre prior to admission, and a needs assessment, risk assessments and transitions were in place for children before staying in the centre overnight. Inspectors found that the admission process was tailored to each child's needs. For example, one admission had taken place across a number of months due to the child's needs, as they were on the autistic spectrum. This meant they required regular time-limited visits for dinner or activities, which was built up over a period of time and this was facilitated by the centre. In one case, a shared care arrangement was in place for a child where they divided their time between home and the centre. This was not in line with the statement of purpose and is addressed further in Outcome 13 of this report.

A new process was underway that was more robust in matching groups of children together and determining the impact of the needs of children on other children. However, this was not fully implemented. The children's services manager told inspectors that a new process was underway to review the groupings of children staying together in the centre based on their dependency levels, age and peer compatibility to ensure children's wishes were considered and there were more effective groupings during stays. Inspectors saw minutes of respite managers meetings and a completed tool which reflected that this review was in progress. The tool reflected children's needs, preferences and ages, culminating in suggested groups of children who were most suited to be admitted together. The children's services manager told inspectors that children's wishes and needs were always considered in respect of newly admitted children, including the impact of the admission on others. However, this was not reflected in records and, as described previously, the policy did not clearly outline the systems in place to ensure admissions did not adversely affect other children.

The centre did not have written contracts of care in place for any children. The absence of contracts was a major non compliance with regulations and meant that parents and guardians would not be fully aware of the service provided, the charges required or of the expectations in the centre for children using the service.

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:

Inspectors found there had been some improvements in assessments, planning and review since the last inspection, but further improvement was still required. While all children had an assessment of need format in their files, these were at various stages of completion. The assessment format had only been introduced in the year prior to the inspection and was being completed retrospectively for all children by the children's services manager, the child's keyworker and other professionals in some cases. The format of the document was comprehensive but the detail in completed areas was inadequate. Inspectors found that aspects of the children's lives such as their communication, medical and intimate care needs were well assessed. However, it was difficult to ascertain the full assessed needs of all children as assessments by other disciplines such as physiotherapy and speech therapy were contained in separate documents. These professional assessments were also pre existing in some cases, and could have been completed for school or other purposes. Given the gaps identified in some assessment documents and the separate assessments in place, this meant that there was a risk that all children's needs may not be comprehensively identified prior to admission.

Personal profiles and plans were in place for each child and these reflected the needs, desired routines and preferences expressed by children and their families. Profiles seen by inspectors identified the children's preferences and wishes in areas such as rights, health, mobility, community participation, privacy/dignity, culture, nutrition and their life story. In addition, children's preferences in relation to intimate care and feeding support were outlined in detail. Each child's profile was accessible (with pictures and signs) and copies had been given to the children and their families. Staff that spoke to inspectors were fully aware of each child's needs and preferences in these areas and inspectors observed staff attending to these during the inspection. This meant that children's day-

to-day needs were understood and met in a timely and effective manner. Families that returned questionnaires felt that their children's needs were met by the service.

Personal plans contained goals which had been identified to develop the children's skills while they stayed in respite care. All of the plans examined by inspectors contained two to three goals in areas such as activities of daily living, independence and communication; and detailed the actions needed to support children to reach their goals. Child-friendly versions of how to achieve goals called social stories were in place for some children and inspectors found these were accessible and supported children to achieve their goals. Examples of some of the goals for children were to dress themselves with minimal support, to choose and plan meals, to brush their teeth and to exit transport independently. The views of families were also reflected in plans. However, inspectors found that goals were only implemented with parent's permission and in some cases this meant that goals were restricted as some families felt children attended respite to relax, and not to have goals to achieve. Inspectors found that where assessed needs and reviews had identified areas where goals were needed, this did not always transfer to the child's plan. In addition, goals seen by inspectors were centre focussed and had an inadequate focus on more aspirational goals such as participating in the community or having experiences in line with their peers. Ongoing monitoring of the progress of goals and the identification of barriers to achievement was also in need of improvement. Progress was recorded in a fragmented way in a number of records. Inspectors could not determine children's progress from the plan itself and this meant there was a risk that barriers to achieving goals or the setting of new goals was at risk of not being identified in a timely way.

Formal reviews of plans were undertaken by the team around the child (TAC) and were carried out on a multidisciplinary basis with the involvement of families and some children. All but four of the children had received an annual review of their plan, which was chaired by the children's services manager. The four outstanding reviews were scheduled and had been delayed due to family events and commitments. Actions and decisions arising from reviews were clearly recorded and those responsible for carrying out actions were clearly identified. However, not all goals discussed and identified for children were transferred to the personal plan where families did not want the goal to be pursued. Inspectors found that for those children that attended the respite service but did not attend the school attached to the service there were gaps in multidisciplinary involvement in reviews. Updates were sought from the professionals involved with these children but were not always received. This meant that there was a risk that not all views and updates in respect of plans for these children would be captured and implemented.

Children's transitions between services were fully supported by the staff team, but more formalised plans with onward placements were needed. Transition procedures were in place to support children moving between services. One young person was in the process of transitioning to an adult respite service as they were 18 years old. A general transition plan was maintained, which arranged visits to the adult service with staff support for visits, meals and events, and inspectors found that a number of these visits had occurred. However, this transition had been delayed due to funding and while the young person should have commenced a transition in June 2015, the transition only commenced in September. The plan was detailed on behalf of this respite centre, but

inspectors found there was inadequate input from the future placement. The children's services manager and the young person's keyworker told inspectors this was due to the onward placement's resources, and that staff from there could not be released to attend meetings or work with the young person in this centre. From this, inspectors found that significant work was being undertaken to support the young person to successfully transition from the children's service staff, but the process had not been timely and effective. However, this was not due to inaction by the centre.

Children were supported to learn some new skills and develop their social interaction in preparation for adulthood. Several children had very complex needs that meant they could not mobilise or be as independent as peers might be. However, inspectors found that plans were in place to support older children in growing up, such as having more privacy and being involved in chores and their self care as they approached adulthood. This was observed with some of the children during the inspection as they participated in helping to do laundry and being involved in preparing for the evening mealtime.

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 location, design and layout of the centre was in line with its stated purpose and met the needs of children receiving respite. The centre comprised of five bedrooms, a kitchen/dining room, a sitting room, a visitors room, a meeting room and a sensory room for children's use. There were sufficient toilets and bathrooms to meet children's personal care needs. One of the bedrooms could accommodate two children, which was only utilised as a twin room when a sibling group came to stay in the centre. An office, called the nurses station, was located at the centre of the house. Parking facilities were available to the front of the house and children could access an enclosed garden and play area to the rear and side of the house. The centre was comfortable and homely, but inspectors found that the location of the workstation gave the centre a clinical feel. Children were observed being comfortable in the centre and utilised its facilities, furnishings and accessed areas with ease. The centre was accessible to wheelchair users, and was clean and decorated in a child-friendly manner. Internal walls were decorated with murals, pictures and photograph montages of children attending the

centre and communal areas and bedrooms were brightly painted and inviting. There was a range of toys, books, audio and visual equipment in the centre for children's use. However, inspectors found that the centre décor and toys were more suited to younger children and would benefit from the addition of décor/accessories for teenage children to provide a more balanced environment for all staying there. The centre had sufficient furnishings, fixtures and fittings which were well maintained and used by the children during the inspection.

There was suitable aids and equipment in place to assist staff and promote children's independence such as hoists, bath aids and secure changing facilities, and records showed that this equipment was serviced and maintained. All children attending the centre could avail of a private bedroom. Children's bedrooms were brightly decorated and there was sufficient storage space for their personal belongings. The centre had sufficient private and communal space, and all areas including bedrooms were spacious. The areas outside of the centre available for children to play in were safe and well maintained. There was a garden and a play area that was accessible to children. A trampoline was also available and this was shared with the adjacent centre.

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):

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

Findings:

The centre had updated policies and procedures in place relating to safety and risk management and improvements in some areas were noted. However, these were not fully compliant with the regulations, and as a result not all of the systems and processes in place for the management of risk within the centre were sufficiently robust.

The centre had policies and procedures in place for the management of risk and emergency planning, health and safety, protection against infection and fire. The centre had an up-to-date health and safety statement which was signed by the acting chief executive officer. Inspectors examined an audit of health and safety in the centre which was undertaken by the organisation's health and safety officer in July 2015. This audit reflected a visual check of the physical environment and the compliance with safety requirements such as electrical equipment, fire systems and equipment and identified any hazards or non compliance. An action plan was in place to address any deficits. The children's services manager was responsible for coordinating these actions and

inspectors saw that she had monitored the action plan, sought repairs and equipment, and had identified completed actions or overdue actions. The children's services manager had reviewed the plan every two weeks and records showed that overdue actions were escalated by her to both the external line manager and the health and safety manager and ensured these were followed up and addressed.

All staff that spoke to inspectors were aware of their responsibilities to identify and report hazards. Inspectors found from a review of the maintenance log that staff at all levels reported items that needed to be repaired or replaced and this was overseen by the children's services manager. Potential hazards were examined daily, such as water temperatures and visual checks of communal areas and these were recorded.

Risk management systems had improved but further improvements were required to ensure the system was robust. The risk management policy had been updated in April 2015 and addressed some areas that had been outstanding, but did not fully meet the regulations. Inspectors examined the policy and found it 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. There was a local risk register which was maintained by the children's services manager and was audited monthly and audits were up to date. Risks were scored on the likelihood of occurrence and the impact posed by the risk. Inspectors found that the children's services manager had good oversight of the risks and controls in place and all risks were identified on the register. Actions on the register were allocated to the children's services manager or other named personnel and recorded when completed. Inspectors found that the children's services manager had received training in risk management. In addition, inspectors found that all of the risks on the register scored highly, even when there were appropriate control measures in place. Inspectors found that following discussions with the children's services manager and the quality, compliance, training and development manager that the centre may have been risk adverse in the scoring of some risks.

Each child had individual risk assessments contained in their files and these were reviewed with varying frequency, dependent on the risk identified. Each child also had a safety plan which outlined their vulnerability and dependency needs and what support and safeguarding practices should be implemented when delivering their care. Safety plans also reflected what action to take for individual children if they were missing from the centre. Inspectors found that staff regularly explained personal safety and the risk posed by strangers via picture symbols and signs within the children's meetings in the centre.

Policies and procedures for the management of incidents were in place and there was evidence of learning from incidents within the centre. For example, interventions involving sensory tools were implemented for some children prior to care tasks to reduce these children's anxiety, ensuring tasks that had previously been difficult were completed without incident. Incidents and significant events were discussed at team meetings and staff actively worked to reduce the likelihood of incidents reoccurring by developing better systems and tools, such as the booking tool to assist with admissions

and a database which tracked medication errors.

The centre had a fire register in place and fire evacuation procedures were identified throughout the centre. Inspectors found that records were maintained of the testing of fire alarms and fire safety equipment by external contractors, and these were up-to-date.

Individual personal emergency evacuation plans (PEEPs) were in place for each child and the instructions provided were child centred and well described. Social stories which provided a pictorial story of the task were in place for a number of children and these were revisited with children regularly. The adjoining centre staff held copies of the PEEPs for the children in the centre as a precaution in the event of a fire, and inspectors observed a daily handover which was carried out by staff from both centres to update each other on which children were present in each centre. Records showed there had been eight fire drills carried out in the centre in the year prior to inspection, three of which had occurred at night. The children's services manager had been present for the majority of the drills and had completed reviews of the evacuations to identify any risks or concerns.

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):

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

Findings:

Adequate policies were in place to ensure that child abuse was prevented, detected and reported. However, information sharing systems practices were not fully robust. Guidelines developed in relation to peer abuse required improvement.

Staff treated children with warmth and respect and children appeared comfortable and at ease in the centre. All staff members had completed Children First: National Guidance for the Protection and Welfare of Children, 2011 training and staff were knowledgeable about what to do in the event that they suspected child abuse. Two policies were in place for the prevention, detection and reporting of child abuse: a child protection and welfare policy and an allegations and safeguarding policy. Both policies were up-to-date

and in line with national guidelines. There was a designated liaison person (DLP) and their photograph and contact details were on display in the centre. All staff that spoke to inspectors were aware of the role and who to contact if they had concerns. The centre followed an intimate care policy and each child had a safety plan outlining their vulnerabilities and their comprehension of personal safety. Their ability to keep themselves safe was assessed and safeguards put in place in the plan to address risks. Guidelines on peer abuse were also in place but inspectors found these were not adequate to ensure that staff were aware of all types of peer-to-peer abuse and the interventions they could implement to prevent this. There had been no referrals of allegations or concerns to the DLP since the last inspection.

Practice was not clear in relation to potential circumstances where the sharing of information with staff was necessary for the safeguarding of the child. Staff were aware of the possible indicators of child abuse and they were aware of the procedures to follow if they had concerns. Staff reported concerns to the designated liaison person and the children's services manager in line with policy. The aim of the centre's child protection and welfare policy was, "to foster a spirit of openness, transparency of reporting and an approach to the sharing of information that will be sensitive, and have the well-being and safety of the child as its first priority". When inspectors asked staff if any recent concerns had been reported to the DLP staff were not fully sure. Inspectors were told that staff were not made aware of any concerns. Inspectors were not assured that sufficient information was being shared with staff, as appropriate, to protect children from all forms of abuse. While inspectors acknowledge that a balance must be struck to protect the rights of all parties concerned, the policy did not make provision for or specify what information could and should be shared with staff working directly with children to assist them in the detection of abuse.

Children's behaviour was managed well. Policies were in place for the provision of behavioural support and positive behaviour support plans were in place for all children that required them. A small number of children who presented with behaviours that challenge stayed in the centre, and behaviour support plans were in place for these children. Support plans were developed in consultation with the principal clinical psychologist for the service. The plans were of a good quality and outlined interventions and responses to address children's behaviour. The children's services manager met with the behaviour support team fortnightly and plans and incidents were reviewed to identify triggers to behaviours and to examine if situations were effectively managed. Minutes of these meetings were examined and showed that corrective actions were agreed and implemented. Inspectors also found that support plans were changed or removed once behaviours had changed or ceased. However, not all staff had completed training in the management of behaviours that challenge which meant that the management of behaviour may not be consistent across the team and staff may not have the required skills to support children.

Restrictive practices were in place for some children and were appropriately assessed to be the least restrictive in response to risks. Inspectors noted a reduction in the use of restrictions in the centre overall and all restrictions were recorded as such. Each practice was referred to and approved or refused by a rights committee. The use of a half-door which restricted one child's night time movement was reduced considerably since the previous inspection to be less restrictive, and all restrictive practices were recorded and

monitored by the centre manager on a weekly basis. The use of gloves for self harm and cot sides for individual children were also in place and were reviewed and approved by a rights committee. Children's files held correspondence that showed that parents were informed about and consulted with regarding any restrictions in place for their child.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

Findings:

A record was maintained of all notifiable incidents in the centre and the Authority had received these within required timescales.

Judgment:

Compliant

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:

The majority of the children attending the centre were in full time education. They were taken to and from school on adapted transport and were observed to have very good relationships with transport staff. Their education was valued by the staff team and staff told inspectors that there were very good links between the centre and schools and that the team reinforced some learning from school where this was agreed as part of plans.

Each child's education was primarily managed between their home and school. Inspectors found that there were good levels of communication between home, school and the centre. Each child had a communication book that was completed by all parties to ensure all were informed of children's wellbeing and achievements on a daily basis. This meant that all aspects of the children's education and progress was shared with the people in their lives and could be followed up and acted upon promptly. One young person who was transitioning out of the centre to an adult service was no longer in school and had not yet commenced further education or training in adult services.

Most children attended the school attached to the organisation and had their educational needs assessed and the centre held copies of these children's individual education plans (IEP's) that set their learning goals on the basis of the assessments. The assessments seen by inspectors reflected that all of the children had complex learning needs but there were a range of learning goals for each child. The exceptions to this were for children who attended school outside the organisation. Inspectors found that the centre did not hold copies of IEP's for all of these children and this meant that staff would not be aware of their learning goals and progress. The children's services manager attended IEP review meetings in the organisation's school to provide reports on children's progress in the centre. This meant that most children were supported across school and respite care to achieve their potential in a consistent way by the centre, their homes and the school.

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:

Inspectors found that children's health needs were appropriately assessed by medical personnel, and met by the care provided in the centre. Inspectors found there were a range of care plans in place for children to support specific medical needs, such as congestive disorders, effective seizure management and tube feeding, and these were reviewed annually or sooner if needs changed, by a multidisciplinary team. Inspectors found that children had access to a range of allied health care services such as physiotherapy, occupational therapy, speech therapy, and psychology within the service. Up-to-date assessments and plans from these professionals were also held on children's files but actions in these plans were not always reflected in the centre's assessment and plan. Inspectors found that while all information was on each child's file, it was

contained across a number of documents and a lack of cross referencing meant there was a risk that key information and actions may be missed. Parents who participated in this inspection felt that their children's medical needs were well met in the centre.

A number of children in the centre required some support to eat and drink, and some children used tube feeding systems such as Percutaneous Endoscopic Gastrostomy (PEG) feeds. Inspectors saw there was a range of nutritious food available in the centre for children. Pictures of food choices and menu options were on display in the centre and pictures on cupboards in the kitchen showed children where food, cutlery and dishes were located. Children were observed choosing snacks and drinks on their return from school which were freely available, and in assisting staff in small ways to prepare for their evening meal. Records were maintained of children's food choices. From this, inspectors found that children's meal choices were varied, but, while there were a number of fresh cooked meals provided, there was a higher propensity towards convenience food choices for some children and this had not been adequately monitored. Inspectors observed a mealtime, and found that the time leading up to and during dinner was a social event for the children and they responded very positively to staff and each other during this time.

Judgment:

Substantially Compliant

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:

Appropriate procedures were in place for the storage and safe disposal of the majority of medications. However, inspectors found that one drug which should have been stored in a refrigerated area was kept at room temperature. The children's services manager contacted a pharmacist during the inspection and they advised to store the medicine in the fridge and this was attended to immediately. The pharmacist advised the children's services manager that there was no adverse outcome to its previous method of storage. There was a register and secure storage in place to support the storage and administration of controlled drugs. However, interviews with the manager and staff and an examination of the register showed that no children attending the service used these medications.

Adequate systems were in place for reviewing and monitoring safe medication management practices. There was a safe system in place for the movement of

medication in and out of the centre. Medication was counted and recorded on admission and signed out by two staff in line with policy, with a record of what had been administered. Medication was administered by staff who had undertaken accredited training in the safe administration of medication and staff interviewed by inspectors were aware of the procedures in place to administer medication safely. Training records showed that 16 care staff had been trained and assessed in the safe administration of medication (SAM) and two more staff had recently completed the training and were due to have competency assessments. A further two staff were allocated a place on the SAM training course for soon after the inspection. Staff also confirmed they had undergone practical assessments of their practice in this area. These were held on the staff files seen by inspectors.

The children's services manager was a qualified nurse, and alongside other nursing staff carried out regular medication audits which identified errors and addressed these with staff. Eight medication errors/incidents were recorded in the centre but these errors were primarily related to one child's persistent refusal to take medication. Following meetings with the family, a protocol was in place to ensure the medication was administered at home prior to the child's overnight stay in the centre and this was supported by up-to-date correspondence from the child's GP. Restrictive practices to aid the administration of medication had been requested by the family to support longer stays in respite, and this was under review by the team around the child and a recent referral had been submitted to the human rights committee. Overall, inspectors found good evidence of interventions for children who were reluctant to take medication, with a number of options being explored to ensure the process was not restrictive. For example, some children received sensory play while medication was administered, and this had been effective in reducing the child's reluctance.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a statement of purpose and function which was not in compliance with the regulations. While the statement reflected the needs of the children attending the service currently, inspectors found that the criteria was broad and this meant that a

wide range of needs which may not suitably co-exist were open to use the service. For example, there was a broad age range catered for, and children with complex physical and medical needs were catered for alongside children with behaviour which challenged staff and the inappropriate grouping of some of these children could lead to safeguarding issues. The children's services manager told inspectors that the respite services across the organisation were planning to ensure children's dependency levels informed their respite stays and the peers that stayed with them, and inspectors saw draft respite planning tools that put a considerable amount of structure on who stayed in centres at what time and what skills and numbers of staff would be needed to support them. As part of this review process inspectors found that the broad criteria in the statement was in need of review. The statement was available in a picture format that was accessible to children and families and this was on display in the centre.

Staff that spoke to inspectors were aware of the purpose and function. However, inspectors found that the statement did not reflect all of the care provided in the centre and made commitments that were not in line with regulations. There was a provision in place for open-ended periods of extended respite in exceptional circumstances which was not appropriate for respite services. In addition, the statement identified that the organisation's funding body could approve stays for young people over 18 years in particular circumstances. This was inaccurate as the service is obliged to operate a children's service in line with their statement's age range and if not, it is not compliant with regulations. Inspectors also found that there was one child who received three nights respite per week in the centre as part of a shared care arrangement between home and the centre. This arrangement was not reflected in the centre's statement and specific arrangements for a child who spent so much regular time in the centre was also not evident.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The service was provided by St Catherine's Association and had been inspected by the Authority on two previous occasions, in July and December 2014. At the time of the first inspection in July 2014, 49 non compliances were identified. In December 2014 the follow up inspection found that while some improvements had been made and processes were being implemented, further improvements were necessary. However, there was a significant issue with the lack of timely progress in relation to compliance with regulations and internal reports and action plans by the management team within the organisation.

There was a clear management structure in the centre with defined lines of authority and accountability. The children's services manager was line managed by the senior children's services manager who reported to the acting chief executive officer (CEO). The acting CEO reported to the board of St Catherine's. 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 senior managers, and confirmed that the senior management team and board members visited the centre occasionally.

The children's services manager was the person in charge of the centre and had been in post for the year prior to the inspection. Inspectors found that she was knowledgeable about her statutory responsibilities and had a good knowledge of the children's needs. In addition, she had improved many of the deficits identified at a previous inspection regarding the impact of dependency levels, her oversight of risks, reports and restrictions in the centre. She was aware of the areas that required further improvement such as staff development, supervision, the detail in assessments and children's opportunities to access the community. An identified shift leader managed the centre when the children's services manager was not on duty and the external line manager was identified to act up for the manager in the event of a longer term absence.

There were some improvements in the managements systems in the centre. There were policies and procedures in place and some, but not all staff had received training on these. There were good communication systems in place including team meetings, respite meetings and reports on the service which were submitted to the board. The children's services manager made decisions in relation to the day-to-day operation of the centre and these were reflected in team meeting records, action plans in the centre, and in other records seen by inspectors. Risk management in the centre had improved, for example there were robust individual risk assessments, safety plans and a risk register in place. However, further improvements were needed in some of these areas such as ensuring policies were compliant with regulations, risks being appropriately scored and in timely progress of actions to address deficits.

Quality control mechanisms were in the process of implementation and inspectors could see that the children's services manager had reviewed a number of records and practices such as audits of medication and observed medication practices, reviewed and amended children's records and plans, audited finances and reviewed hazard assessments, maintenance requests and fire safety practices. Where she found gaps and deficits she had put in place actions to address these such as trying different ways to support children in taking medication, reviewing records and practices in team meetings and increasing the frequency of fire drills to ensure evacuations were repeated for staff

and children. She had also ensured that the majority of children attending the service had a review of their plan in less than one year. This represented an improvement, but further developments were still needed. For example, this monitoring did not address all deficits in all records, such as gaps in children's assessments and staff references not being verified.

The management team's progress in relation to previous inspection report action plans was insufficient. Inspectors found that while some progress had been made, it was not always within agreed timescales and there were no formal plans in place to audit this or determine priorities. There was no evidence of systematic monitoring of the action plans by senior managers and some actions were still in progress from previous inspections. For example, inspectors found that deficits in previous inspection reports such as staff training and development had not been addressed in a timely way by the senior management team. Some staff had attended courses specific to the needs of the children in the centre, but this was progressing at an inadequate pace. The children's services manager told inspectors that the pace of staff development was slow due to the need to release core staff to attend training. However, inspectors found that the lack of action in this regard up to this point meant that issues such as staff development would invariably place pressure on the service.

There had been a significant amount of change in the centre but this was not effectively planned. Inspectors found that staff felt overwhelmed at times with the pace and volume of change in the service as systems, processes and records were developed to improve the service. A process had not been put in place to guide managers and staff in managing change.

The provider had completed an annual review to assess the quality and safety of care and support but this was it was not fully in accordance with the standards as required by the regulations. Children and families had been formally consulted with as part of the review and inspectors found that this aspect of the annual review was of a good quality. However, while the annual review had identified deficits in the centre, such as gaps in personal plans, records, rosters and in staff development, it did not outline in adequate detail how this impacted on the children or how this issues were going to be resolved in a timely way. Actions were identified in the review and while inspectors found that the children's services manager had worked on the plan and attended to some of the deficits, many of the deficits could only be actioned at a senior management level. Inspectors found that there was no structure or clear plan in place to systematically address the deficits identified in a timely manner.

An unannounced six monthly visit of the centre was completed on the 6 August 2015. This review was not comprehensive as it did not fully identify how deficits impacted on the safety and quality of care and support being provided in the centre. It did contain good observations of children's care in the centre, including how rights were exercised (or not), and how engaged children were with staff and the centre. However, there was an action plan in the review which had no evidence of updating or monitoring by the provider. In addition, inspectors found that some deficits highlighted in the annual review, were also identified in the six monthly review and were also identified by inspectors during this and previous inspections. For example, written contracts of care were not in place for children. Despite repeated identification of some deficits, they had

not been adequately addressed in a timely manner.

Performance management systems were in the process of being developed. Staff were aware of their own professional accountability and the whistle blowing procedures within the centre. Staff had access to contact details where they could raise concerns and inspectors saw information pertaining to this available in 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:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the children's services manager the external line manager was the designated person to manage the centre. The team leader had been absent for 28 days or more in the year prior to the inspection, and while the appropriate notification was made to the Authority, this was not done in a timely manner and there had been a delay in submitting the notification. Inspectors found through interviews that the children's services manager was aware of their responsibilities to notify the Authority regarding their absence when it exceeded 28 days.

Judgment:

Substantially Compliant

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 was adequately resourced to ensure that most of the care and support delivered to children was in line with the statement of purpose. The children's services manager had a budget for the centre which she reconciled monthly and reviewed quarterly with the external line manager of the centre. The centre's décor, furniture and other materials in the house were in good working order and homely, and inspectors observed that children felt comfortable and at ease using the facilities. There were a range of toys, games and play materials for the children and there was a supply of craft materials and sensory equipment to encourage tactile and sensory stimulation, which meant that children with complex needs were given a range of sensory experiences.

Inspectors found from an examination of rosters and daily logs that the centre was adequately staffed to support children inside the centre. However, there were resource deficits in supporting access to external activities for some children. The centre manager told inspectors that there was time limited access to suitable transport for wheelchair users, which amounted to a three hour slot at the weekend. This did not enable the affected children to engage in many activities outside the centre. In addition, when children with limited or no independent mobility stayed in the centre, there were not always enough staff to facilitate activities for all outside the centre due to the need for one-to-one support. Inspectors examined a range of records and found that external activities were limited to walks locally or along the coast and a small number of events such as bowling or shopping. Due to the high dependency needs of the children accessing the centre, the combination of staff numbers and limited access to suitable transport meant that opportunities for community integration and new experiences from the centre were curtailed. These barriers to children's participation were not evident in the records seen by inspectors in the centre and inspectors found that these resource deficits impacted on children's progress in the area of community access and integration and actions in relation to this are outlined in Outcome 1 of this report.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

implemented.

Findings:

There were sufficient staff on duty on the day of the inspection but further improvements were required in relation to staff records, the progression of unqualified staff, the frequency and quality of supervision, and the progress of the training and development of staff to meet the needs of the children attending the service. Most staff had received core training but the progress of continuous professional development was inadequate.

There was some improvement in the completion of staff files but these were still not fully robust. Inspectors reviewed staff files and found that a number of previous gaps in relation to Schedule 2 of the regulations had been addressed. Files examined held evidence of staff members' identity, relevant qualifications, vetting and professional registration status. However, gaps were still noted for some staff in the inclusion of the roles and responsibilities of staff members, and not all references had been fully verified in line with best practice or the organisation's recruitment policy.

The skills and training of the staff team had improved. Staff qualifications in the centre had progressed in part, as two unqualified staff were undertaking a social care qualification. The centre manager maintained a planned and actual rota. Inspectors reviewed a sample of rotas and found that three to four staff members were on duty during day time hours. At night, there were two staff awake on duty. The roster clearly identified qualified and unqualified staff. It reflected that a nurse was always on duty when a child required nursing care. The children's services manager told inspectors that she aimed to have a qualified and experienced shift leader on duty at all times but this was not always possible. The roster examined showed that a qualified nurse or social care staff was frequently on duty and identified as a shift leader, but there were times when unqualified staff were identified as shift leaders. The shift leader identified for each shift was a member of the core staff team and while they were experienced in childcare, they were not always experienced in management.

The roster was made up of a combination of 15 nursing and social care staff. Inspectors were told that an additional nurse had been recruited for the service and was due to take up post which would provide additional capacity for qualified staff. A bank of 13 relief staff who were a mix of qualified and unqualified staff was used to cover leave and vacancies on the roster and this still meant that there was potential for children not to receive continuity of care all of the time.

An organisational training schedule was in place and the children's services manager had identified specific high, medium and low priorities for the staff team within that schedule. The majority of staff had completed the organisation's core mandatory training. However, some staff were not up to date with their fire training or manual handling training. Staff had attended a range of training specific to organisational needs and the needs of children in the year prior to the inspection. For example, three staff had attended training on 'autism and play' with young children, and five staff had completed training in personal plans. Sixteen staff had attended Epilepsy training, four staff had attended training in children's rights and seven staff had sign language training. However, only one staff member had attended assistive technology training

despite several children in the centre using devices to communicate. While inspectors acknowledge that there has been progress in this area, it has not been timely, and as a result, a number of staff still required relevant training in a range of areas specific to the children's needs.

Staff were aware of organisational policies, relevant legislation and how to raise concerns. Staff that spoke to inspectors were aware of the regulations and standards and how these applied to the centre. They told inspectors that the centre's action plans from previous inspections were discussed at team meetings to address progress. All of the staff told inspectors there was a protected disclosure procedure in the organisation that included contact numbers of senior staff and a confidential text facility to report concerns. They said that the designated liaison person and acting chief executive officer were available during and outside office hours and they were aware of their obligation to raise concerns around the quality or safety of care.

Staff supervision had been rolled out since the last inspection but was found to be of a mixed quality and its frequency was not in line with the organisation's policy. Inspectors reviewed a sample of supervision records and found that supervision was in its infancy. Supervision contracts had been completed with staff and the contract identified that supervision was to occur on a six to eight week basis. Staff had only received two to three supervision sessions but staff members told inspectors that they found supervision useful. Inspectors found that supervision included staff issues, systems, records and personal plans. However, the individual children's needs were not represented in the records and staff told inspectors that supervision was more focused on the operation of the centre and not on individual children's needs. Inspectors did find that there was good informal guidance and support provided to staff by the children's services manager in relation to individual children attending the centre on a day to day basis. The children services manager told inspectors that she received regular supervision from the senior children's services manager and she found this effective in supporting her to carry out her role.

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:

Overall, adequate records were maintained in the centre. However, there were some gaps in the signing of records and documents were not always adequately cross referenced. Children's records were stored securely in a locked area in the centre and files were well maintained and child centred. The required records and policies of Schedules 3, 4 and 5 were in place. However, some of these records and policies required further improvement, such as the absence of contracts of care and the risk management policy which was not fully in line with regulations. Records relating to aspects of the operation of the centre such as visitors records, fire, health and safety were maintained and accessible.

The residents guide was in place but not fully compliant with the regulations as it did not outline the terms and conditions for children attending the centre.

The centre had adequate up-to-date insurance in place to cover accidents or injuries to residents, staff and visitors.

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:

Orla Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001850
Date of Inspection:	21 October 2015
Date of response:	

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Children did not have sufficient opportunities to participate in activities in the community and be involved in new experiences.

1. Action Required:

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

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

needs.

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

The availability of drivers is being addressed with the staff team. All new staff recruited will have the requirement to drive organisational vehicles as part of their contract. The availability of a wheelchair vehicle has been reviewed and a local wheelchair accessible taxi service is being contracted to provide services to the location. This will ensure that the children have opportunity to participate in activities in the community on a regular basis.

Proposed Timescale: 15/12/2015

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 contain adequate detail regarding the outcome of the complaint or the satisfaction of the complainant to ensure complaints could be analysed and any common features identified and addressed.

2. Action Required:

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for improvement in response to a complaint.

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

The complaints log will be revised to include sufficient detail regarding the outcome of the complaint and satisfaction of the complainant with said outcome. This will allow for complaints to be analysed and common issues addressed.

Proposed Timescale: 15/12/2015

Theme: Individualised Supports and Care

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

It was not clear from the policy if there was a separate person in place to oversee the complaints process.

3. 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

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 policy and procedure did not adequately describe:

- the need for admissions to be in line with the centre's statement of purpose
- the assessment process to be carried out prior to admission
- the arrangements in place to determine the suitability of admissions in respect of protecting children from abuse by peers

4. 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, Admissions, Transfers and Discharges Policy & Guidelines is currently under review. The revised policy will be more robust and include the process by which a new referral is deemed appropriate and in accordance with the Statement of Purposes for the designated centre.

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

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

Contracts were not in place for any children in the designated centre.

5. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1. The organisation has developed a Respite Services Agreement for the Provision of Care. A letter has been sent to families with information in relation to this agreement.
2. The Children's Service Manager (CSM) will arrange to review and sign agreements with residents' representatives.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

There was no contract in place which outlined the care, support and welfare provided to residents, including any fees charged.

6. 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. The organisation has developed a Respite Services Agreement for the Provision of Care. This agreement outlines the support, care and welfare provided to residents in the centre and any associated costs. A letter has been sent to families with information in relation to this agreement.
2. The Children's Service Manager (CSM) will arrange to review and sign agreements with families.

Proposed Timescale: 28/02/2016

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 assessments were fully completed and there were gaps in parts of the records in the centre.

Assessments were fragmented for some children and the assessments of other professionals were not always incorporated or cross referenced to the main assessment document.

7. Action Required:

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated

centre.

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

1. The Children's Services Manager and keyworkers will follow up with relevant clinicians in order to ensure gaps in assessments are addressed.
2. The organisation has acknowledged the need for a clinical team dedicated to residential and respite services in order to ensure comprehensive assessments and personal plans are reviewed on an annual basis with relevant multidisciplinary input. 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 will schedule meetings with the Children's Services Managers in order to agree their caseload.
3. A schedule of annual reviews to be completed in 2016 will be developed by the Children Service Manager and Clinical Managers for children availing of respite services in the centre.
4. Multidisciplinary assessments will be collated and documented on the revised comprehensive assessment template to ensure information is not fragmented.
5. Keyworkers will complete a clear and effective review of personal folders to ensure that no information is lost from assessments, reports and reviews. Personal plans will be updated accordingly.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

Some children's opportunity to set goals in a range of areas was prohibited by the process of agreement with families.

Children's goals were centred around self care and household oriented tasks and were not adequately aspirational in respect of community participation or life experiences.

The progress of children in respect of their goals was not adequately reflected or monitored.

8. Action Required:

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

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

1. Goals and arrangements to meet the assessed needs of residents are agreed through the Team Around the Child (TAC) process with input from the child, their representatives, and multidisciplinary team. The Children's Services Manager and the child's keyworker will advocate for establishing a wider range of goals for children availing of respite in the designated centre going forward.
2. Future review of goals for children availing of respite within the centre will ensure a

greater focus on community involvement and life experience.

3. Keyworkers will ensure progress with respect to goals is documented clearly in order to ensure effective monitoring.

Proposed Timescale: 15/02/2016

Theme: Effective Services

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

The goals for children identified at review were not always transferred to each child's plan.

9. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

1. Key workers will review the minutes of their respective childrens' TAC (Team Around the Child) meetings and ensure that the agreed goals are reflected on the child's plan.
2. For any remaining and all future TAC meetings, goals will be agreed, documented clearly and reflected in the children's plans.

Proposed Timescale: 11/02/2016

Theme: Effective Services

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

Multi disciplinary involvement in reviews was not always in place for children who attended school outside the organisation.

10. Action Required:

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

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

1. Both an interagency meeting and an individual education plan (IEP) review meeting/TAC have occurred in relation to a resident that attends from a referring agency. Minutes of the interagency meeting from September are available on site. Updated IEP was requested on Nov 15th 2015 in conjunction with a copy of the minutes of the IEP/TAC meeting which was held on Oct 14th 2015. These have been requested again on Dec 2nd by the key worker.
2. Where children attend school outside the organisation their support packages will be reviewed and amended to include the costs of multidisciplinary involvement while in the respite centre.

Proposed Timescale: 28/02/2016

Theme: Effective Services

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

Delays in discharge for one resident was not supported by robust interagency planning.

11. Action Required:

Under Regulation 25 (4) (a) you are required to: Discharge residents from the designated centre 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:

Transition planning will commence for all children aged 15+ at the review meeting of that year in order to mitigate any delays in supporting them for their discharge from the centre. Once the outside agency / future placement has been established, we will plan and facilitate the discharge in line with the Statement of Purpose for the designated centre and organisational policy.

Proposed Timescale: 02/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

There was insufficient age appropriate décor and games/media for older children and teenagers in the centre.

12. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

The centre will source more appropriate décor, music and play activities for the older children that attend our service to reflect the age profile of these children.

Proposed Timescale: 31/01/2016

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 describe the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

13. Action Required:

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

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

The Risk Management policy will be 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: 31/12/2015

Theme: Effective Services

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

The risk management policy did not describe the 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.

14. 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: 31/12/2015

Theme: Effective Services

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

The risk register in place categorised all risks as high despite measures and controls being in place to reduce risk.

15. 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:

Proposed Timescale:

Theme: Effective Services

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

The children's service manager had not received training in the management of risk.

16. 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:

Risk assessments will be reviewed and re-scored as appropriate in order to reflect the measures and controls in place to mitigate the risk. The risk register will be updated to accurately reflect such changes.

Please see factual accuracy in relation to this action. The Children's Services Manager had received training in risk management in October 2014 and February 2015.

Proposed Timescale: 31/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

- The system in place for information sharing in respect of allegations was not sufficiently robust.
- The guidelines for staff regarding peer to peer abuse were not adequate.

17. Action Required:

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

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

1. The practice for storing information in relation to child protection concerns has been revised. The Children's Services Manager now has a Child Protection and Welfare folder

on site in the location containing all relevant information pertaining to child protection concerns such as correspondence with the Designated Liaison Person, notifications and follow-up reports.

2. The Child Protection & Welfare Policy and Guidelines will be revised to specify information that can and should be shared with staff working directly with children in order to assist them in the detection of abuse.

3. The Guidelines on Peer Abuse will be revised to include provisions for reporting more concerning forms of abuse in the first instance.

Proposed Timescale: 23/02/2016

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:

One young person transitioning to adult services had left school and had no further education or training placement.

18. Action Required:

Under Regulation 13 (4) (b) you are required to: Ensure that where residents are in transition between services, continuity of education, training and employment is maintained.

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

Continuing education, training and employment will be discussed at the Team Around the Child (TAC) meeting for all children once they reach the age of 15 years as part of our future discharge planning process. This will ensure more robust interagency planning and allow greater time for future placements to secure appropriate placement. The Children's Services Manager and keyworker will support the child throughout this process in order to maintain continuity in so far as possible.

Proposed Timescale: 15/01/2016

Theme: Health and Development

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

Not all children had a copy of their individual education plan on file.

19. Action Required:

Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

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

1. A copy of the outstanding Individual Education Plan (IEP) has been requested on Nov

15th and again on Dec 2nd 2015 from the external agency. Once received, this will be added to the child's file.

Proposed Timescale: 20/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some children had a number of care plans for different health needs and these were not always reflected in or cross referenced to their personal plan and assessment.

20. 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:

Care plans and assessments will be reviewed and cross referenced in order to ensure key information is not missed. Personal Plans will be updated to reflect accurate information and required actions in relation to children's health care needs.

Proposed Timescale: 28/02/2016

Theme: Health and Development

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

The provision of convenience style foods to some children was not adequately monitored.

21. Action Required:

Under Regulation 18 (2) (b) you are required to: Provide each resident with adequate quantities of food and drink which are wholesome and nutritious.

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

1. The use of convenience foods will be more closely monitored going forward to ensure that that food being offered is wholesome and nutritious.
2. The recording sheet pertaining to same has been adjusted to reflect food offered and choices taken by each child. When there are trends or tendencies for particular children towards convenience type foods this will be addressed with the parents in the first instance and if necessary, OT input will be sought if there are sensory issues. If necessary, parents will be advised to seek dietary advice from a dietician.
3. In addition, a social story around healthy eating will be introduced in the forum of the childrens meetings going forward.
4. I plan on introducing a healthy eating day into the centre once a week so that only

healthy food options will be offered on that day.

Proposed Timescale: 31/01/2016

Outcome 12. Medication Management

Theme: Health and Development

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

Some medication that required refrigeration was stored at room temperature.

22. Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Immediate action was taken in relation to the medication requiring refrigeration. The Children's Services Manager (CSM) emailed the staff team in relation to the safe storage of medication and the issue is on the agenda for the next staff meeting. The CSM will ensure all medication is stored appropriately going forward in line with the medication policy in place.

Proposed Timescale: 22/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The range of children's needs catered for was too broad.

The statement did not reflect the shared care arrangement in place or the additional supports required to support this arrangement

The statement allowed for long term placements within a centre providing respite care.

The statement allowed for adult placements sanctioned by the funding body which was not appropriate in a children's respite centre.

23. 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 address the identified deficits. The revised statement will;

- Clearly specify the range of children's needs supported in the centre.
- Provide more robust admission criteria to include the process and arrangements for emergency admissions and shared care arrangements in place.
- Correct inaccuracies in relation to adult placement within the designated centre.

Proposed Timescale: 31/12/2015

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:

Some management systems in the centre required improvement for example, action plans were not being implemented in a timely way and the quality management system required further development.

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:

Staff will receive supervision through their line manager in order to ensure that

1. safe, quality care is consistently provided to children attending the designated centre.
2. The Children's Services Manager has completed 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.
5. The Risk Register in the centre will be reviewed to include identified gaps in order to ensure risk can be effectively controlled in 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.
7. The QCT team have developed a template for tracking progress on action plans. The Children's Services Manager will update this template on a regular basis and provide information on progress or key issues at weekly Children's Services Manager meetings. Progress on identified actions will be monitored by the Senior Management Team in

order to ensure identified deficits are addressed in a timely manner going forward.

Proposed Timescale: 30/03/2016

Theme: Leadership, Governance and Management

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

The report of the six monthly visit was not comprehensive as it did not clearly identify the safety and quality of care and support being provided in the centre.

25. Action Required:

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

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

1. The Quality Compliance and Training (QCT) team is in the process of developing a more comprehensive and robust audit structure. Under this structure, the provider visit reports will provide more comprehensive information and will include a plan to address any concerns regarding the safety and quality of care and support being provided in the centre.
2. A more comprehensive unannounced provider visit will be completed before the end of December 2015.
3. The QCT team will analyse the report and liaise with the Children's Services Manager in order to put in place an action plan to address any concerns regarding the standard of care and support.

Proposed Timescale: 31/01/2016

Theme: Leadership, Governance and Management

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

The annual review of quality and safety of care and support was not robust as:

- it did not adequately reflect the impact of care provided on children and
- there was no system in place to monitor actions to address the deficits identified.

26. 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. A more comprehensive annual review of the quality and safety of care will be

completed. This review will reflect the impact of care provided to children.
2. The QCT team will liaise with the Children's Services Manager in order to draft an action plan to address identified deficits. This action plan will be monitored by the Senior Management Team in order to ensure effective oversight and governance.

Proposed Timescale: 31/01/2016

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:

The notification of the absence of the person in charge and the arrangements in place was not made in a timely manner.

27. Action Required:

Under Regulation 32 (1) you are required to: Provide notice in writing to the Chief Inspector where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days or more.

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

1. The QCT team have developed a notification tracking system to monitor notifications to the regulator. This will ensure notifications are submitted in a timely manner going forward.

Proposed Timescale: 01/11/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

A lack of suitable transport and staffing numbers impeded some children's ability to engage in community based activities outside the centre.

28. 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:

A local wheelchair accessible taxi service has been identified in order to ensure that the children can access their community as detailed in the Statement of Purpose. All new staff recruited to the location will be required to drive the location vehicle.

Proposed Timescale: 15/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The progress of staff's continuous professional development had not been timely and staff remained in need of a range of training in a number of areas.

There were gaps in mandatory training for some staff.

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 Children's Services Manager will schedule outstanding staff to attend mandatory courses such as fire safety in line with the training calendar as a matter of priority.
2. A training calendar is in place for 2016 to include mandatory training and courses relevant to the needs of children attending the centre such as Lamh, intimate care, behaviour management, etc. With the appointment of a Deputy Children's Services Manager, the area of staff training needs and continuous professional development will be assigned as a designated role to allow more efficiency in the system so that gaps can be identified in a more timely fashion and staff scheduled for courses in line with the calendar.

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:

The frequency of staff supervision was not in line with the organisation's policy and records of supervision were of a poor quality.

Staff supervision did not adequately address the children's needs

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. This template will be implemented by the Children's Services Manager in the centre

2. A revised schedule of supervision will be developed and adhered to in order to ensure supervision occurs in line with supervision contracts. It is expected that the appointment of a Deputy Children's Services Manager will support this process.
3. A focus will be put on representing the individual children's needs during the supervision exercise with staff.

Proposed Timescale: 31/01/2016

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 fully compliant with regulations.

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:

The quality, safety & risk management policy will be reviewed in line with the regulations.

Proposed Timescale: 31/12/2015

Theme: Use of Information

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

The residents guide prepared in respect of the designated centre did not include the terms and conditions relating to residency

32. Action Required:

Under Regulation 20 (2) (b) you are required to: Ensure that the guide prepared in respect of the designated centre includes the terms and conditions relating to residency.

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

The Residents Guide will be reviewed to include the terms and conditions of residency in line with the Respite Agreements for the Provision of Care

Proposed Timescale: 15/12/2015

Theme: Use of Information

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

Not all staff records complied with regulations.

33. Action Required:

Under Regulation 21 (2) you are required to: Retain records set out in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre.

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

The HR Department are in the process of following up with staff to ensure required documentation is on file. The children service manager regularly reviews staff files under schedule 2 and has identified gaps, these deficits have been passed onto the HR department with a request for prompt action.

Proposed Timescale: 28/02/2016