

**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:	Catherine Byrne
Lead inspector:	Carol Maricle
Support inspector(s):	Vincent Kearns
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From: 08 June 2016 08:00 To: 08 June 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 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

Background to the inspection

This was a follow up inspection carried out to inspect the non-compliances that arose at the previous registration inspection held in 2015.

How we gathered our evidence

As part of this inspection, the inspectors met with five children who were recipients of respite care the morning of and the afternoon of this inspection. The residents were unable to tell the inspectors of their experience of respite care but they presented as happy and content to be at the centre. The inspectors met with a number of staff members who were on shift during the inspection, the person in charge and the person nominated by the provider who was the head of operations. Inspectors observed staff members as they interacted with the children. They reviewed a sample of policies and procedures and a range of other documentation

such as personal plans and incident and accident logs.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service matched most of what was described in that document. There were 26 children in receipt of services at the time of the inspection. The centre was a purpose built five bedroom house that could cater for four children at any one time. Each child had their own bedroom and there was communal space in the building both indoors and outdoors. The centre had access to facilities in the local villages as set out in the statement of purpose but there were transport issues at the centre that limited opportunities for children to engage in these off-site activities.

Overall judgment of our findings

This was the fourth inspection of this centre and it was completed to monitor the centre's adherence to the action plan that they submitted to HIQA following the last inspection. Overall, there had been some improvements in the centre since the previous inspection, but there remained a significant number of outstanding actions from the previous inspection. The timeframe for full implementation of agreed actions had passed and 18 actions still required completion. Furthermore, inspectors found that there was a lack of clinical oversight of the way in which the identified healthcare needs of children were being monitored, particularly in the area of percutaneous endoscopic gastrostomy (PEG) feeding and the provider was required to take immediate action to address this major non-compliance. This action is numbered 10 in the action plan at the end of this report. Following this inspection, the inspector viewed evidence and received written confirmation from the head of operations that staff were now required to record the monitoring of enteral feeding.

The inspectors found that the ineffective completion of actions arising from previous inspections meant that:

- contracts of care for children and young people for were still not in place (outcome four)
- there were inconsistent opportunities for all children to be taken out on off-site activities, particularly those who were wheelchair users (outcome one)
- staffing issues were still a feature of the service which resulted in the service not being operated to its optimum capacity and respite stays being cancelled (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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:

At the time of the last inspection children did not have sufficient opportunities to participate in activities in the community and be involved in new experiences. The complaints log did not contain adequately set out the outcome of the complaint nor the satisfaction of the complainant. It was not clear from the policy if there was a separate person in place to oversee the complaints process.

There were limited opportunities for children to engage in off-site activities. The centre had a dedicated seven seat vehicle that staff could use to transport children to activities in the community. There was also a bus owned by the organisation with wheelchair accessibility and this could be used through a booking system. This bus was shared amongst a number of centres and at the time of this inspection it was available on Saturdays and during mid-term to residents at this centre. On occasion, children from this centre were also invited to join a group of children from a second centre located in the same campus who were attending a social outing. Despite the availability of a vehicle specifically for use by staff at this centre, there were only two staff members noted by the person in charge that drove this car in addition to the person in charge. The person in charge told the inspectors that not all staff were agreeable to driving this vehicle however going forward newly appointed staff would all be expected to drive the vehicle as part of their day to day role. Given that there were only two staff members of the current staff team that drove this vehicle this meant that there was a risk that depending on which staff members were rostered to work on a given day, the chances of the children being taken out on activities was greater or less depending on what staff were on shift. It was reported in the providers six monthly unannounced inspection of

December 2015 that a child was not able to attend a religious service due to lack of available transport on the day. It was also noted in the annual report of the service that access to the wider community was something that required improvement and as a result the person in charge was exploring the options of wheelchair accessible taxis and shared transport with vehicles from other centres. These improvements were in place at this inspection but overall, it did not appear to resolve the situation and the person in charge agreed that this issue was not fully resolved.

At this inspection, the person in charge told inspectors that approximately a third of the children were wheelchair users. She confirmed to the inspectors that there were two local taxi firms that could provide transport for wheelchair users and that this service had been used by staff. Inspectors read a complaint made by a key worker on behalf of a child who had not been able to attend an activity along with his/her peers as there was a fault with the wheelchair accessible bus (owned by the organisation) on the day. Staff did not on this occasion utilise the taxi service as an alternative and the child went without the planned activity. It was very concerning to the inspectors that staff did not utilise all options available to them on this occasion.

Since the last inspection, the organisation had updated their complaints policy in April 2016 and the person in charge was appointed as the local complaints officer. The person nominated by the provider (head of operations) was described as the review officer. The easy to read guide to the complaints process had the names of these post holders and a picture of the head of operations. A posters displayed at the centre confirmed these arrangements.

The complaints log was viewed by the inspector. Prior to May 2016, not all entries had information such as the outcome recorded and details as to whether the complainant was satisfied however, since May 2016 staff were now clearly directed to log the outcome to each complaint and record whether or not the complainant was satisfied with the outcome of the complaint. Each complaint entry had an accompanying individualised complaint form that recorded the outcome and satisfaction of the complainant. An inspector read a complaint made by a staff member in February 2016 on behalf of a child. On this occasion, it was documented that the parent was spoken with about the event that led to the complaint but there was no indication that the child was communicated with. Some complaints received were with reference to how respite stays were booked and how they were cancelled by staff with parents. Measures set out by the person in charge to complainants of how issues would be resolved were not yet in place at the centre. For example, the person in charge told parents that when additional staff were appointed this would resolve some of the issues to do with the booking system. At the time of this inspection, this measure was not yet in place.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

At the time of the last inspection the admissions policy did not adequately set out transparent admission criteria in accordance with the statement of purpose. Contracts were not in place for children in receipt of services.

The admissions policy was still under revision at the time of this inspection.

Contracts were still not in place for the children in receipt of respite services. The person in charge told inspectors that a draft contract was developed and was being approved at senior level. The head of operations (person nominated by the provider) also confirmed that it was being finalised at Board level and would be issued shortly. The annual report of 2015 for the service confirmed that lack of contracts remained a major deficit and that a draft contract of care was due to be finalised in January 2016. This issue was still outstanding at this inspection.

Judgment:

Non Compliant - Moderate

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:

At the last inspection, not all assessments were fully completed and there were gaps in parts of the records in the centre. Goal setting required improvement. Goals identified at reviews were not always transferred to each child's plan. Multi-disciplinary involvement in reviews was not always in place for children who attended school outside the organisation. A delay in discharge for one resident was not supported by robust interagency planning.

At this inspection, the inspectors viewed a sample of files. Whilst there were a significant number of assessments found in the files the compilation of these assessments made the file difficult to navigate and it was therefore difficult to find the most recent assessment of needs that informed the personal plan. Assessments were not always cross referenced with the personal care plan, for example, the diet and nutrition of a child was assessed and suitable goals identified but these goals were not then fully set out in the child's personal plan. The annual report of 2015 also highlighted this issue of lack of cross reference and confirmed that this would be followed up at the next six monthly unannounced inspection due in 2016, the report of which was not yet finalised at the time of this inspection.

Since the previous inspection, the provider had committed in their action plan to identifying a team of clinicians for residential services that would have a role in the assessment of the needs of children with high support needs in attending respite and residential services within the organisation. The person in charge told inspectors that she had met with this team on one occasion but that there had not been any other advancements in this area that she was aware of.

The person in charge described to inspectors the process entitled 'Team Around the Child' (TAC) used by staff with all children. This meeting was described as the annual review of the child's personal plan. The person in charge showed the inspectors the schedule for the year ahead to ensure that all children had a TAC meeting. She told inspectors that since the commencement of these meetings there had been some challenges identified, for example, it was difficult to schedule a time that suited both professionals and parents. An inspector viewed the notes of a meeting where there had been no multi-disciplinary professionals that had attended

At this inspection, an inspector viewed a sample of goals identified for some of the children. Some goals were of a functional nature in relation to basic self care tasks and appropriate records were kept showing the completion of these tasks by the children. However, there was no evidence that staff then analysed these records and identified if goals had been achieved or partially achieved.

The statement of purpose confirmed that transition planning would be in place for children before they turned 18 years of age. The guidelines for the TAC meetings confirmed that transition to adulthood plans would be formulated following the child's fifteenth birthday. The six monthly unannounced inspection conducted by the provider that took place in December 2015 stated that not all children who had reached the age of sixteen years of age had a transition plan in place. The policy on admissions and referrals (which included reference to discharges) was still under review at the time of

this inspection and the current policy did not make reference to transition to adulthood planning and discharges for children at respite services.

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):

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

Findings:

At the time of the last inspection there was insufficient age appropriate décor and games/media for older children and teenagers at the centre.

Since the previous inspection, the inspectors found that the décor in the centre was age appropriate. Children had access to a computer that had internet facilities.

The person in charge identified to inspectors an issue with the floor in the playroom and confirmed that it was due to be repaired.

Judgment:

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:

At the time of the last inspection the risk management policy did not meet the requirements of the regulations. The centre risk register categorised all risks as high despite measures and controls being in place to reduce risk. The person in charge was reported to have not received training in risk management.

At this inspection, the risk management policy dated May 2016 was viewed by inspectors. This was found to meet the requirements of the regulations. The person in charge confirmed she had attended training in risk management in 2015, however this was not recorded in the training records of 2015 supplied to the inspectors.

The inspector reviewed the centre risk register dated October 2015. This document was in the process of being reviewed at the time of the inspection. Individual risks were in place for the children and the person in charge had developed a system whereby staff were alerted to the individual risks for each child on a master record sheet. This process helped staff to identify very quickly the risks that each individual child presented with.

The inspectors identified an immediate risk at this inspection. Despite a notice on the laundry room door that it was to remain locked at all times, this door was found open. This meant that there was a risk that children would enter this room where there were cleaning fluids stored. Furthermore, the door to this room was a fire door and it was prevented from closing as it was wedged open. This was attended to immediately by the person in charge during the inspection.

Not all staff had participated in a fire drill. An inspector met with a staff member appointed in March 2016. This staff member had attended training in fire safety but not yet participated in a fire drill. The inspectors were given copies of training records that showed when a staff member was due their next refresher training in fire safety. Dates were clearly identified for all staff but the actual date that each staff member completed training was not recorded.

An inspector reviewed a sample of incidents and accidents that had taken place at the centre in 2016. Four incidents were recorded as near misses and the reason described was recorded as 'shortage of staff'. This has been commented upon further in outcome 17.

Judgment:

Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

Findings:
At the last inspection, 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.

At this inspection, inspectors found that the policy on Children First (2011) was now updated and contained reference to a 'need to know' approach for staff in respect of allegations made. However, the policy did not however make reference to the health service executive (HSE) policy on the National Safeguarding of Vulnerable Persons at Risk of Abuse (2014). This was relevant in the event that the centre provided services to children who were 18 years of age until the end of their school academic year.

There was separate guidance in place for staff on peer to peer abuse however this guidance stated that the organisation defined peer to peer abuse as bullying. This might be confusing for staff to follow as not all forms of peer to peer abuse could be described as bullying.

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

Findings:
At the last inspection, one young person was found to not have a further training or education placement identified and not all children had a copy of their individual education plan on file.

At this inspection, the person in charge was cognisant of the role that the respite centre had in helping the parents and young person identify opportunities as they approached

adulthood in conjunction with the school, the child's parents and other services. The person in charge had scheduled 'Team Around the Child' (TAC) meetings for all children for the coming year and she was confident that when children turned fifteen years of age their continuing education, training and employment would be discussed to ensure greater interagency planning around future appropriate placements. This arrangement was also referenced in the guidelines for those involved with the TAC meetings.

At the last inspection, not all children had a copy of their individual education plan on file. At this inspection, the person in charge described and showed the inspectors the efforts that she had undertaken to receive these plans and how this could be challenging when the child was attending school services outside of the organisation. The inspector reviewed the education policy. There was no guidance developed for the person in charge in terms of what was an acceptable level of information to have for each child from their educational setting given that they attended respite at this centre. This has been further commented upon in outcome 18.

Judgment:
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):

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

Findings:

At the last inspection, some children had a number of care plans for different health needs and these were not always cross referenced to their personal plan and assessment. The provision of convenience style food was not monitored.

Inspectors reviewed the healthcare needs of a number of children at this inspection. The needs of children as outlined in health assessments or guidance from healthcare professionals were not always cross referenced with the information in the child's personal care plan. There was on occasion different guidance noted in personal care plans in comparison to the guidance issued by healthcare professionals. Goals regarding healthcare needs were not always followed up on. For example, there was inconsistent recording of a child's weight when it was identified as a goal in their comprehensive assessment. An emergency plan regarding asthma was not recorded in the emergency section at the front of the personal care plan. The details recorded in the emergency sheet at the front of a child's file in relation to percutaneous endoscopic gastrostomy (PEG) feeding were not consistent with the details in the comprehensive assessment.

The inspectors viewed a personal care plan that wrote 'no' against the section for a diagnosis of epilepsy but where emergency medication was later referenced it stated 'yes' for buccal midazolam which was an emergency medication that may be used to control seizures in the treatment of epilepsy.

Inspectors issued an immediate action to the provider about their inadequate monitoring of identified healthcare needs particularly in relation to PEG feeding. The care plans for PEG feeding were not sufficiently individualised to address identified needs. There was also insufficient written evidence that staff monitored the PEG feeding of residents. The provider issued a satisfactory response to the immediate action plan. They committed to reviewing immediately the PEG feeding "monitoring" record" to ensure that such PEG feeds were safely administered and in keeping with best evidence based practice this including the maintenance of an accurate record of the flow of each PEG feed so as to minimise the risk of the feed/pump inadvertently administering the incorrect feed. The person in charge further confirmed that these arrangements will be conducted in line with individual PEG feeding plans for each child.

The person in charge told inspectors that she was actively working on trying to introduce a more healthier approach to eating at the centre and that actions arising from the previous inspection were in progress. She was awaiting a response from a suitable professional regarding training for staff in this regard.

Judgment:
Non Compliant - Major

Outcome 12. Medication Management

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

Theme:
Health and Development

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

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

Findings:

At the last inspection, some medication that required refrigeration was stored at room temperature.

Since the previous inspection, the person in charge confirmed to inspectors that she had ensured that all staff were aware that medication requiring refrigeration was stored appropriately. At this inspection, there were no medications that required refrigeration. The organisational policy confirmed the arrangements for staff to follow when storing medication.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

At the last inspection, the statement of purpose failed to comply with regulatory requirements.

The provider had revised the statement of purpose dated June 2016. This statement of purpose corrected factual inaccuracies that were noted at the previous inspection regarding adult placements. The statement outlined better the range of the needs of children it catered for. More robust admission criteria was also recorded to include the process and arrangements for emergency admissions. However, the statement of purpose needed to outline in more detail the arrangements for children who received a higher quantity of respite services outside of the 'normal' quantity of respite. Although this was referred to in the statement of purpose it needed to be clarified as it was a feature of the service at the time of the inspection.

Judgment:

Substantially Compliant

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:

At the last inspection, some management systems were identified as requiring improvement. The report of the six month unannounced inspection was described as not comprehensive. The annual review of quality and safety of care and support was not robust.

Inspectors reviewed the annual report for 2015. This report was based on the six monthly unannounced inspection by a person nominated by the provider and included reference to satisfaction questionnaires received from parents. The report commented on a range of practice areas against standards but did not indicate to the reader how findings would be actioned and by whom. Some findings were not sufficiently commented upon in terms of their impact on service delivery.

A written report on a six month unannounced inspection held in December 2015 was provided to the inspectors. This was quite comprehensive in its findings and it reported on a range of standards and regulations. The report commented on the quality of service that was provided to children. However the report did not outline how the findings would be actioned and by whom. Some of the findings of this report had not been resolved as at this inspection the same non-compliances were found, for example, opportunities for community activities were limited in December 2015. This was still not resolved despite the centre having access to a people carrier and taxi services.

The management of this service was clearly set out in the statement of purpose. The inspectors met with the head of operations (person nominated by the provider) during this inspection. It was clear that she knew the service well and that she liaised regularly with the person in charge. The inspectors both met with the person in charge. She was very knowledgeable of the regulations, standards and day to day running of the centre. Her post was supernumerary to the roster and she worked on-site. It was clear that she was passionate about the needs of the service and the need for improvement. A series of audits had taken place within the centre in the 12 months prior to the inspection which demonstrated how the provider was monitoring the service. The provider had put in place processes to ensure that the service would continue to be inspected every six months in 2016 in an unannounced capacity. A six monthly unannounced provider visit had been conducted the week prior to the inspection but the report on the visit was not yet available at the time of this inspection. Formal systems for the appraisal of performance management were not yet in place at the centre.

Judgment:

Substantially Compliant

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):

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

Findings:

At the previous inspection, a notification relating to the absence of the person in charge was not made in a timely manner to HIQA.

There had been no occasions that required the forwarding of this notification since the last inspection. The person in charge and the person nominated by the provider were aware of the events that required notification to HIQA and the timelines associated with the various notifications.

Judgment:

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):

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

Findings:

At the previous inspection, the inspectors found that a lack of suitable transport and staffing numbers impeded some children's ability to engage in community based activities outside the centre.

At this inspection, this issue was not resolved entirely. Although a dedicated vehicle for the centre was provided not all staff utilised this vehicle. The person in charge told the inspectors that all new staff recruited to the service would be expected to use this vehicle and this would be a core component of their day to day work. Other transport arrangements had been put in place such as local wheelchair taxi services and shared transport with other centres. Despite these arrangements, children were still not

engaging fully in the community during their respite stay in line with their peers.

Staffing numbers and the qualifications of staff remained a resource issue at the centre. This has been further commented upon in outcome 17.

Overall, it was concerning to inspectors that despite deficits in staffing levels and transport being identified in inspections conducted by the provider and a subsequent annual report of 2015 which confirmed these deficits, these aspects of the service had not significantly improved by the time this inspection. The nature of the service was respite yet these respite opportunities were on occasion cancelled by the service themselves due to resource issues and particularly due to a lack of staff. Although the head of operations was able to demonstrate progress in these areas the timeliness of this progress was deemed inadequate by the inspectors.

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:

At the last inspection, the progress of the continuous professional development for staff had not been timely for all staff and some staff remained in need of a range of training in a number of areas. There were gaps identified in mandatory training for some staff.

A copy of the training matrix was supplied to the inspector following the inspection. This matrix showed how a wide range of courses were offered by the organisation to staff including courses such as health and safety, child protection and the management of actual and potential aggression. The matrix identified for all staff the date that their refresher session was due and where applicable the exact date they were booked in to attend training. The matrix did not state the actual date that staff had completed training. The training matrix did not state all the training that had taken place, for example, the person in charge told inspectors that she had attended training in risk management but this was noted confirmed in the training records. A training record in the competency of staff to deliver PEG feeds was also provided to inspectors. This

document was incomplete as it did not confirm the surnames of all staff and the full date that they completed training. Given that there was an immediate action plan issued to the provider in relation to the management and administration of PEG feeds and particularly how such feeds were being monitored, this training record required more accurate information.

At this inspection, the inspectors were provided with evidence that showed occasions where there was not sufficient staff on duty to meet the needs of children booked in for respite and this resulted in the child having their respite stay cancelled. The person in charge told inspectors that at different times of the year issues with staffing levels were problematic. She told inspectors that there was an over-reliance on relief staff to fill gaps in the staff roster and that she also covered the floor herself when needed. Some staff raised concerns in relation to near misses that were caused due to what they reported to be insufficient staffing numbers. The annual report of the centre for 2015 referenced staffing levels and skill mix deficits and identified that the majority of staff did not have the required social care qualification. The report did not adequately address the impact that staffing levels had on service delivery. The head of operations and the person in charge confirmed that the issue of staffing levels and skill mix would be partly addressed through the recruitment of two qualified social care workers. The post of a deputy person in charge had been approved but that this post-holder was not yet appointed to the role. The issue relating to qualified and non qualified staff was being addressed by the human resource office and all new staff would have the required qualifications.

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):

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

Findings:

At the last inspection not all policies were fully compliant with the regulations, the resident guide did not include the terms and conditions relating to residency and not all staff records complied with regulations.

A copy of the resident guide was viewed by an inspector. Overall, this guide was comprehensive and written in child friendly language but it did not set out the terms and conditions relating to residency. The version date of this document was not clear and the management organogram in the document required updating. The guide stated that the centre was fully wheelchair accessible. Although this was the case some of the services described in this document were difficult for children (who used wheelchairs) to access. For example, the guide stated that children would be encouraged and supported to attend community outings and events. In reality, the number of events and social outings that all of the children participated in was low and those using wheelchairs were further disadvantaged in this regard. The name of the organisational complaints lead required updating.

The person in charge was aware of her responsibilities in accordance with the requirements of Schedule 2. She told the inspectors that there was one personnel file of an agency worker that she did not view prior to the person working at the centre. She committed to reviewing all personnel files, including those of agency workers going forward. She told the inspectors that staff at the human resources office were still sourcing identified gaps in some personnel files since the last inspection.

At this inspection, the majority of the policies required under Schedule five of the regulations were in place. However, given the nature of this service, there was a need for some policies to be made more centre specific or respite specific. For example, there was no centre specific policy or procedure to inform staff at this centre of their role in preparing a child for their transition to adulthood and subsequent discharge from the service (although the admissions and discharge policy was under review at the time of this inspection). There was no centre specific policy on education which would guide staff on their role in the child's education. The policies relating to the provision of information to residents and secondly the creation of, access to, retention of, maintenance of and destruction of records were under external review.

Judgment:

Substantially Compliant

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:

Carol Maricle
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:	08 June 2016
Date of response:	22 July 2016

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:

Not all children were facilitated to be fully involved in activities in the community.

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:

- 1) A wheelchair accessible bus and driver is available 3 days per week throughout July and August in order to promote community access for children availing of respite in the designated centre.
- 2) Two qualified staff have been recruited and will commence in the designated centre by 25th July 2016. Both staff will drive the location vehicle.
- 3) Quotes have been requested from the Auxiliary Service Department for conversion of the existing vehicle to a wheelchair accessible bus.
- 4) The Children's Services Manager will develop and implement a checklist to ensure that staff exhaust all options prior to cancellation of a planned activity

Proposed Timescale: 29/07/2016

Theme: Individualised Supports and Care

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

Measures set out by the person in charge that would improve issues at the centre following complaints were not yet in place at the centre.

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 Children's Services Manager will review all complaints in their capacity as Local Complaints Officer (LCO). Where actions are identified to resolve a complaint, these will be monitored on a weekly basis. Where a resolution is reached, the outcome of the complaint will be communicated to the complainant and child (where appropriate), and recorded locally.

Proposed Timescale: 02/08/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts were not in place.

3. 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) Agreements for the Provision of Care in line with Regulation 24 (3) were approved by the Board of Directors as of 5th April 2016. These agreements will be populated by the Finance Department by 3rd August 2016.
- 2) The Children's Services Manager will circulate the Agreements for the Provision of Care to resident's representatives with a request to review the agreement and revert with a signed copy by 19th August 2016.

Proposed Timescale: 19/08/2016

Theme: Effective Services

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

The current admissions policy did not adequately describe the arrangements in place for new admissions to the service, including the assessment process and the need for new admissions to be in line with the statement of purpose.

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 and Discharge Policy has been revised and been replaced by two policies which are in line with Regulation 24 (1) (a). Both policies were forwarded for approval at the next Board of Directors meeting scheduled for 25th July 2016.

Proposed Timescale: 25/07/2016

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:

Assessments were not always cross referenced with the main assessment document.

5. 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) Additional support has been provided to the designated centre in the form of one whole time equivalent since 29th March 2016, to support staff and ensure that personal folders are reviewed, and files cross referenced for accuracy. Since inspection, one further whole time equivalent has been allocated to this task for a period of six weeks.
- 2) The Personal Plan Working Group are currently revising the format of Comprehensive Assessment and Personal Plan templates. The revised Personal Plan template is being piloted in the designated centre in order to streamline documentation and minimise the need to cross reference multiple supporting documents.
- 3) Where members of the Team around the Child (TAC) are unavailable to attend the TAC Meeting, keyworkers will request a report in advance to be presented at the meeting.

Proposed Timescale: 30/09/2016

Theme: Effective Services

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

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

6. 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) The Children's Services Manager will establish a system of daily planning meetings prior to children arriving at the designated centre. These meetings will focus on the specific needs of children scheduled to attend respite on that day.
- 2) Staff on duty will review the agreed goals for each child scheduled to attend respite during the daily planning meeting and where appropriate will document progress and completion of these identified goals on a daily basis.
- 3) The Children's Services Manager will monitor the implementation of this system through weekly spot checks of Personal Folders. Where issues or trends are identified, the Children's Services Manager will address these directly with staff or through team meetings as appropriate.

Proposed Timescale: 10/08/2016

Theme: Effective Services

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

The policy on admissions and discharges from the centre was under review. There was no reference in the current policy to guide staff on transitions to adulthood and the subsequent discharge process at the respite centre.

7. Action Required:

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

- 1) The Referrals and Discharge Policy has been revised and been replaced by two policies; Managing Short Breaks and External Referrals and Discharge Policy for Residential Support and Short Breaks. Both policies reference guidelines in relation to transition to adulthood and the subsequent discharge process at the respite centre. These policies were forwarded for approval at the next Board of Directors meeting scheduled for 25th July 2016.
- 2) A Transition plan will be in place for all children over 15 years of age by 30th August 2016.

Proposed Timescale: 30/08/2016

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:

A staff member had not participated in a fire drill since their appointment to the centre.

8. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

- 1) The staff member identified as having not completed a fire drill will participate in a fire drill by 25th July 2016.
- 2) The training matrix will be updated to include specific dates on which staff completed fire safety training.

Proposed Timescale: 29/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The guidance on peer to peer abuse did not reference other types of peer to peer aggression than bullying. The child protection and welfare policy required updating to

ensure that the most recent guidance issued by the HSE on persons with a disability was referenced in the policy.

9. 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 Organisational Guidelines on Peer Abuse will be revised to reflect other types of peer to peer aggression than bullying
- 2) The Child Protection & Welfare Policy will be updated to include reference to the most recent guidance issued by the HSE.

Proposed Timescale: 23/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There was inadequate monitoring of identified healthcare needs particularly in relation to PEG feeding. 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.

10. 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:

- 1) Additional support has been provided to the designated centre in the form of one whole time equivalent since 29th March 2016, to support staff and ensure that guidance provided by healthcare professionals is accurately reflected in the personal plans. Since inspection, one further whole time equivalent has been allocated to this task for a period of six weeks.
- 2) A Percutaneous Endoscopic Gastronomy (PEG) monitoring record was developed and implemented in response to an immediate action identified on the day of inspection.
- 3) The Children's Services Manager (CSM) will maintain oversight of the personal folders for children in the designated centre. The CSM will support keyworkers through supervision and staff meetings in order to ensure actions are completed within the specified timeframes. This will commence by 30th August 2016.

Proposed Timescale: 30/08/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose needed to outline in more detail the arrangements for children who received additional respite services outside of the normal time-frames.

11. 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 revised to include more detail in relation to the arrangements for children who receive regular weekly respite services in the designated centre.

Proposed Timescale: 29/07/2016

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:

Findings identified in the six month unannounced inspection of December 2015 conducted by the provider and the subsequent annual review dated May 2016 were not accompanied by an action plan that would alert the reader to the actions being taken by the provider to address non-compliances.

12. 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) An action plan for the December 2015 audit was completed as of 8th July 2016.
- 2) An action plan for the annual review of quality and safety of care will be devised by 15th August 2016.
- 3) The Quality and Compliance team have developed an internal action plan tracker for provider audits, to record identified deficits, agreed actions, timeframes and persons responsible. The Children's Services Manager will update this tracker on a fortnightly basis.

Proposed Timescale: 15/08/2016

Theme: Leadership, Governance and Management

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

Performance management systems were not yet in place at the centre.

13. Action Required:

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

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

Rollout of the performance management process will commence in the designated centre by 30th September 2016.

Proposed Timescale: 30/09/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

The ability of children to engage in off-site activities in the community was impeded by resource issues.

14. Action Required:

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

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

- 1) A wheelchair accessible bus and driver is available 3 days per week throughout July and August in order to promote community access for children availing of respite in the designated centre.
- 2) Two qualified staff have been recruited and will commence in the designated centre by 25th July 2016. Both staff will drive the location vehicle.
- 3) Quotes have been requested from the Auxiliary Service Department for conversion of the existing vehicle to a wheelchair accessible bus.
- 4) The Children's Services Manager will develop and implement a checklist to ensure that staff exhaust all options prior to cancellation of a planned activity.

Proposed Timescale: 29/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number, qualifications and skill mix of the staff was not appropriate to the needs of the children for all shifts resulting in occasions when a respite stay was cancelled.

15. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

- 1) Since inspection, two new qualified staff have been recruited for the designated centre and are due to commence by 25th July 2016.
- 2) One existing staff member has achieved their level 7 qualification since inspection.
- 3) The organisation is currently in the recruitment process for a relief nurse and qualified social care workers (Level 7 and higher) for the designated centre.
- 4) The Children's Services Manager will ensure that planned rosters are developed taking into consideration the booking profile of children and qualifications / skill mix of staff to meet the assessed needs.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

The training records required review to ensure that they adequately set out the training completed by all staff.

16. 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 review the training matrix to capture all training and dates completed by 26th July 2016.
- 2) The Children's Services Manager will review the training record for competency in the delivery of PEG feeds to ensure a complete and accurate record is maintained for the designated centre.

Proposed Timescale: 26/07/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The revised policy on admissions and discharges was not finalised. Some policies were in need of being more centre specific.

17. 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:

- 1) The Referrals and Discharge Policy has been revised and been replaced by two policies which are in line with Regulation 24 (1) (a). Both policies were forwarded for approval at the next Board of Directors meeting scheduled for 25th July 2016.
- 2) The Education Policy will be reviewed to reflect respite requirements by 29th July 2016.

Proposed Timescale: 29/07/2016

Theme: Use of Information

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

The residents guide did not include the terms and conditions of residency.

18. 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:

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.

Proposed Timescale: 29/07/2016