

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0005344
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Catherine's Association Limited
<b>Provider Nominee:</b>	Catherine Byrne
<b>Lead inspector:</b>	Eva Boyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	2

## 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 1 day(s).

**The inspection took place over the following dates and times**

From: 23 February 2016 09:30 To: 23 February 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 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

The centre was located in a village in Co. Wicklow. This was the first inspection of the centre and the purpose of the inspection was to inform the registration process. The inspector met with two staff members, the children's services manager (person in charge) and the deputy children's services manager. The inspector also reviewed policies and procedures, proposed templates, a proposed outline of children's records, staff files and other records in the centre.

The service was provided by St. Catherine's Association who had applied to register the centre. It was proposed that the centre would provide residential care to two children aged between 15 and 18 years, diagnosed with a moderate learning

disability who may display complex needs. However, the current layout of the centre was not appropriate to meet the needs of two children, as there was only one child's bedroom. There was an appropriate system in place for the identification and reporting of child protection and welfare concerns.

Fire safety systems were not optimal, as fire detection and emergency lighting were not adequate. In addition, not all staff had been trained in fire safety. The centre had a health and safety statement but it did not reflect the centre's statement of purpose.

Governance and management arrangements were adequate but the role of the proposed deputy children's services manager within the centre required clarification. There were sufficient staff in place to meet the needs of the children, but not all staff were appropriately qualified. All staff had received standard behaviour management training, but it was unclear what specific preparation was completed with the staff team in preparation for working in a centre that provided care to two children with complex behaviours.

The centre had the majority of records required under Schedule 3 and 4 in place, but not all policies were reviewed in line with their review date. In addition, there were some key policies currently undergoing review, such as children's monies, admissions and discharges and risk management policies.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Information was on display in relation to the rights of children and staff were knowledgeable about children's rights. The children's services manager outlined that they planned to consult with children through meeting children individually about the running of the centre, their plans and their preferences in relation to their day to day lives. The inspector reviewed a list of standard agenda items for future children's meetings and they were appropriate. Staff explained to the inspector how they would respect children's privacy and dignity.

There were measures in place to protect future belongings. A template was in place to record children's physical belongings. The child's bedroom had some storage, but it was not lockable. There were templates in place for recording monies received by children from parents or relatives. The children's service manager outlined that any monies spent would be recorded and receipted and that arrangements for the management of disability allowance would be made in consultation with parents. Inspectors were advised that the centre's policy in relation to children's money was under review.

The complaints log met the requirements of Regulation 34(2) (f). The complaints policy was the organisation's complaints policy. The policy clearly stated the procedure for making a complaint and named the person to whom a complaint should be made. The operations manager of the organisation had oversight of all complaints. There was an appeals process in place. The policy was available in a child-friendly format and was clearly displayed in the centre.

**Judgment:**

Compliant

**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):**

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

**Findings:**

It was proposed that children's communication needs would be assessed by the staff team and the template for personal plans would record the plan to meet children's communication needs. A visual schedule for a child was on display for both day and night time. A child would be able to judge from this schedule the activities for the day, as well as the staff members who were scheduled to work in the centre. There was good use of pictures and simple English used throughout the centre. There were pictures of different foods and activities available to use if children had communication difficulties.

In addition, there were excellent social stories available for children to aid them with their personal hygiene. The social stories were viewed by inspectors and were found to be of good quality. There was also an emotions folder with photos of different emotions; happy, sad. There was a description of the emotion and suggestions on what to do when feeling the emotion such as relaxing. However, training records did not reflect that staff members had received specific training in using specific communication methods, as the centre's statement of purpose outlined that the centre may care for children with communication difficulties.

There were templates for personal passports that allowed for the inclusion of specific information about how children communicated and in turn would guide staff in how to best support each child's communication.

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

There were appropriate facilities in place for children to access television, films, the internet and to use a telephone.

**Judgment:**

Substantially Compliant

**Outcome 03: Family and personal relationships and links with the community**

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Staff and the children's services manager outlined that parents would be welcome to visit children in the centre. The centre had a visitors policy, and a visitor's book recorded the details of all visitors. However, there was no designated visitors room. The children's services manager outlined that the sitting room could be used, but this meant that a second resident would not have access to the room, which was not optimum.

**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):**

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

**Findings:**

The admissions process was clear but the policy did not provide sufficient guidance for staff. The admissions and discharge policy and guidelines did not outline how new referrals to the centre were reviewed to ensure that they were appropriate and met the criteria of the statement of purpose. An admissions process outlined the completion of pre-admission risk assessments for children who were going to be admitted. The purpose of these assessments was to establish any possible risks that the new admission would have on existing children and this was in line with the requirements of Regulation 24 (b). However, the policy did not outline what process occurred if the risk assessment highlighted that a child needs were not compatible with those of the other

children in the service. The policy outlined the process that would be followed in the event of a child being discharged in a planned or unplanned way to another service.

The proposed practice was that a referral committee would review all information on children who were referred to the centre and establish if the centre could meet the child's needs. The children's services manager outlined that she would attend this forum to discuss future referrals.

The centre did not have contracts of care. Inspectors reviewed a draft contract of care, which was a lengthy document which did not outline clearly what the financial costs of the placement were.

**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):**

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

**Findings:**

A comprehensive assessment template was in place to record children's needs. It was proposed that the child's keyworker would complete an assessment on new admissions, no later than 28 days after admission. However, staff had not received specific training in assessing children's needs. The assessment template was extensive and would facilitate staff to record children's medical, psychological, communication, educational, cultural, social and religious needs.

A suitable personal plan template was proposed to be used. The care plans templates were of good quality and included information relating to the social, emotional, medical and physical development of children as well as, details of family involvement, preparation for independent living and goals for their placement. There was a child friendly version of the care plan template.

The centre's statement of purpose outlined the process for annual, or more frequently if required, multidisciplinary (MDT) reviews of assessments to ensure children's on-going and changing needs were identified and personal plans adapted as required. The MDT reviews are proposed to involve a meeting attended by children, their families and professionals involved in the care of the child, including where appropriate; a school representative, clinicians, as well as a keyworker and children's service manager.

The referrals, admissions and discharges policy outlined a process for the consultation of children and their parents in formulating plans for children's preparation for transition to adult services. The children's services manager told the inspector that they would commence this process as part of children's personal planning process. Staff told the inspector that they would encourage children to engage in life skills and new experiences as part of their preparation for transition to adult services.

**Judgment:**  
Compliant

### **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):**

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

### **Findings:**

The centre was homely, clean and well maintained, but the use of rooms in the centre was not in line with the statement of purpose. The centre was a bungalow with an attic conversion. While some parts of the centre had been adapted to cater for children with complex behaviours, such as perspex being fitted over glass in external and internal windows, this did not detract from the homely environment. There was a small garden to the front and rear of the property. An attic conversion was not being used for accommodation and the children's services manager confirmed this. The door to the conversion was locked.

There was insufficient accommodation for two children. The centre had two bedrooms, one of which was used as a staff bedroom which was also used as an office, a child's bedroom, a den, sitting room, kitchen and a conservatory which was used as a dining room. The centre had one bathroom with combined shower bath unit. The sitting room was well furnished and decorated. However, the child's bedroom had insufficient storage that could be locked and there was no facility for a child to hang their clothes. There was sufficient communal and private space for one child, but not for two children.

There was a small enclosed garden to the rear of the property which contained a locked garden shed that stored the washing machine. There were some shrubs and the surface was concreted. The rear garden was enclosed and the front of the centre could be accessed through a side gate. To the front of the centre, there was a very small front garden.

There was suitable heating, lighting and ventilation. The centre had sufficient and comfortable furnishings and fittings. The décor was child friendly.

**Judgment:**

Non Compliant - Moderate

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

The centre had a health and safety statement in place which was signed by the acting CEO in January 2016. However, it only referred to the centre having one proposed resident, and the organisation had applied to register the centre for two children. It described the centre, and outlined the responsibilities of the CEO, managers and employees. Some environmental risk assessments were completed, but not all hazards were identified, such as a loose boundary fence in the back garden, and the assessments did not have review dates recorded. Inspectors observed a number of safety measures which had been put in place such as chemicals being locked away as they were assessed as causing potential harm to children. General health and safety checks including weekly checks on first aid supplies and vehicle checks were included as part of the health and safety procedures that were proposed to be reviewed on an ongoing basis in the centre. The person in charge outlined that a vehicle had been assigned to the centre, but it was not present on the day. The inspector reviewed appropriate motor insurance for this vehicle.

The systems in place to manage risk were not robust. The risk management policy was not compliant with Regulation 26 as 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. The centre had a incident reporting system. Templates for the recording and review of incidents such as behavioural incidents were in place. Injuries, near-misses, medication incidents/errors were proposed to be

recorded in separate logs and blank logs were in place. The children's services manager outlined that she would monitor the incident forms and logs in order to learn from these. A proposed template for a risk register for the centre was in place but it was not completed. In addition, the inspector found that not all risks or controls were in place at the time of the inspection as hand gel dispensers were not filled and the fire alarm system was not adequate.

Improvements were required in the centre's fire safety systems. The centre had sufficient fire extinguishers and fire blankets that were serviced in January 2016 and the majority of staff had received fire safety training. The arrangements in place for detecting and giving warning of fires were not adequate for a premises providing residential care for people with disabilities. There were eight battery operated domestic smoke alarms located throughout the centre. These were not linked as part of a fire detection and alarm system, nor were they provided with mains power. There were no fire doors and emergency lighting was inadequate as it consisted of four plug in lights with a four hour charge.

There were templates for weekly checks in place for examination and testing of fire exits, and equipment. Evacuation maps were on display in order to assist staff and children to safety exit the building in the event of fire. However, there was no signage to indicate where the fire assembly point was located. The children's service manager informed inspectors that it was planned, that staff and children would assemble at the stop sign at the end of the road, which was a short distance from the centre. It was proposed that fire drills would take place on a monthly basis and two night time drills would occur in a 12 month period, and this was outlined in the monthly fire safety checklist and also outlined in the centre's statement of purpose. The inspector viewed templates for personal evacuation plans which would be completed on new residents. These templates would allow staff to record key information such as how to communicate with the child and guidance about evacuating each individual child.

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

There were some measures in place against the risk of infection. There were policies and guidelines in relation to food safety and waste management in place which provided good guidance for staff. The inspector found that the centre was clean. A colour coded cleaning system was used to clean different areas of the house. A cleaning rota was in place and a regular audit of cleaning was proposed to take place. Pedal operated bins were located throughout the centre. Signage promoting good hand hygiene practices were displayed at sinks. Paper hand towels and hand gels dispensers were in place but hand gel dispensers were unfilled. Personal protective equipment such as gloves were available to staff. Adequate arrangements were in place for waste management and it was proposed that no clinical waste would be created.

**Judgment:**

Non Compliant - Major

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

There were good systems in place to protect children and keep them safe. There was an adequate system in place to guide and support staff in understanding and managing children's behaviours. Children's plans included a section titled "If I go missing from care" which described the young person's distinguishing features, health concerns and instructions on how to approach and communicate with him. There was also child friendly information in relation to children's feelings and speaking to adults about them.

The template for intimate care plans was comprehensive. It covered if children required assistance in a range of intimate care areas such as bathing, showering, washing their hair, toileting and washing. Staff told the inspector that you would speak with the child prior to assisting a child with intimate care. However, the policy on intimate care was not comprehensive as it did not provide sufficient guidance for staff on all intimate care tasks.

The centre had a child protection policy that provided staff with appropriate guidance in terms of how to respond and follow up on concerns regarding a child's protection and welfare. However, the organisation's allegations and safeguarding policy required review in order to be in line with good safeguarding practices. The inspector found that staff were familiar with the reporting procedures and knew who the designated liaison person was. However, not all staff were trained in Children First: National Guidance for the Protection and Welfare of Children (2011). Contact information and photographs of the designated liaison person and deputy liaison persons were prominently displayed. Therefore, this information would be readily accessible to families and staff.

There were systems in place to support children in managing their behaviours. The staff team had access to a behaviour support specialist whose role was to advise and support the staff team in managing behaviour. Good quality templates for behavioural management plans were in place. The children's services manager outlined that she would, along with the behaviour support therapist, review behavioural incidents on a

fortnightly basis and make recommendations in relation to interventions. All staff had received training in behavioural management, but this was standard training, and it was not clear how it was planned that the staff team would support children with complex behavioural needs. However, some staff had experience of working with children who exhibited complex needs.

The centre had a policy on restrictive practices. Inspectors found that staff had a good awareness of the principles of good practice in relation to restrictive practices. A restrictive practice log was in place. An organisational rights committee that comprised of multi-disciplinary staff was in place and it was proposed that they would approve and review restrictive practices.

**Judgment:**  
Substantially Compliant

### **Outcome 09: Notification of Incidents**

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

**Theme:**  
Safe Services

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

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

#### **Findings:**

There were adequate systems in place in the centre to report incident, accidents and notifiable events to the Authority.

Inspectors reviewed policies and procedures in place for recording and reporting incidents that may occur within the centre and the children's services manager demonstrated good knowledge of their responsibilities in relation to recording and reporting such incidents, including notification to the chief inspector.

**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):**

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

**Findings:**

The staff and the children's services manager told inspectors that they would promote the right of children to be supported to receive adequate education and training. It was proposed that children would have access to a range of activities in the community. The centre had policies in place and proposed practices to promote the general welfare of future residents. The provider had clear policies on education and arrangements in place to facilitate transport to and from educational placements. The children's services manager outlined that copies of children's educational plans would be available within the centre and the staff team would regularly liaise with children's schools. Staff told inspectors that they had previous experience of supporting children in their educational placements and they believed that this experience would benefit children residing in the centre.

The centre's assessment template showed that welfare, development and educational goals would be assessed prior to admission. Personal plans also included arrangements for weekends which was important as young people may have specific requests regarding their leisure time.

Information in relation to a wide range of activities for children was available in the centre. The children's services manager told the inspector that children could access a range of activities and clubs within the local area, such as swimming, horse-riding, Special Olympics and involvement in local clubs.

**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):**

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

**Findings:**

The children's services manager had good systems in place to support children's health needs. The inspector reviewed templates for children's medical plans to be on file for each child. These plans would include details of general practitioner, pharmacist, dentist, child and adolescent psychiatrist if relevant and specific information on any prescribed medication. It was proposed that each child's medical needs would be assessed on an

annual basis by their GP and there was a comprehensive template in place to record the findings.

It was proposed that children could attend their own general practitioner (GP) while they were resident in the centre and that there was also a GP that regularly came to the organisation and children could choose to attend there if they did not wish to avail of the services of their own GP. Contact details were readily available of out of hours GP services and the inspector found that staff were aware of these services.

The nutritional needs of children were included in the proposed practices for assessment and personal planning. These included educating staff and children about balanced nutritious diets, monitoring of food intake and meals prepared daily. In addition, the children's services manager outlined that children would be consulted in relation to the menu and their choice of foods. It was proposed that children's consumption of food and liquids would be recorded as part of their daily log.

**Judgment:**  
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):**

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

### **Findings:**

The centre had a comprehensive organisational policy for the management of medication and also a centre-specific stock protocol for medication management.

There was a suite of forms in place to record the medication management process including a prescription sheet, administration sheet, an as required (PRN ) medication stock control sheet and a register for controlled drugs. There were appropriate locked storage arrangements for medication, including controlled drugs. Appropriate proposed recording arrangements were in place for controlled drugs. Staff were clear in relation to good medication management practices.

All staff assigned to work in the centre had been trained in the staff administration of medication, but three staff members had yet to undergo their competency assessment.

Medication incident forms were in place to record any future drug errors or incidents. There were arrangements in place to review medication errors both by the person in charge and by nursing staff. There was also a medication audit system in place that was

due to take place on a monthly basis.

**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):**

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

**Findings:**

The statement of purpose met the majority of the requirements of the Regulations under schedule 1. It had been reviewed in February 2016 and reflected recent organisational changes.

The statement outlined that the centre provided a placement for two children between the ages of 15 to 17 and would be discharged at the age of 18 or the September after they completed their school year. The service proposed to provide care for children with a diagnosis of moderate intellectual disability with complex behaviours. However, the inspector was told that it was intended that children with a diagnosis of autism may be admitted to the centre, this was not reflected in the statement of purpose. The range of complex behaviours that the staff team were skilled in managing was not outlined in the statement of purpose. The staff team had all received standard training in the management of complex behaviour and the staff team had access to a behavioural support specialist to support them in their work. The statement of purpose outlined that the centre was not suitable for wheelchair users.

The floor plan did not reflect accurately the primary function of all rooms, as one bedroom was used as a den.

Not all staff members were familiar with the statement of purpose.

**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):**

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

**Findings:**

The management structures within the organisation were clear, but there had been substantial changes in management personnel in the two month period prior to inspection. The managers interviewed were aware of their responsibilities within the organisation. The children's services manager was designated person in charge ( PIC) of the centre and was supported by a deputy children's services manager. However, the deputy children's services manager held this role for two other centres and the hours assigned to the deputy to spend in this centre had not been defined. The children's services manager was assigned to work in the centre on a 0.5 basis. She reported to the head of operations, who reported to the acting chief executive officer, who reported to the board. The children's services manager was suitably qualified to run the centre and had good knowledge of the standards and regulations. She was currently undergoing internal management training. She had worked in the organisation for a number of years and currently managed two other residential service for children with disabilities, one of which was about to close. A shift leader was identified when the manager or her deputy was not on duty.

There were some improvements required in management systems. The children's services manager had appropriate decision-making abilities with respect to the day-to-day operations of the centre. In addition, there were good proposed communication systems in place including a communication book, regular team meetings with standard agenda items and fortnightly meetings with managers. There were policies and procedures in place and the children's services manager told the inspector that all staff as part of their induction, would be trained on the policies. However, there were many policies that were overdue for review and others in the process of being reviewed. Risk management systems were not effective as some risks had not been identified and other controls had not been implemented. The organisations performance management system and policy was under review.

There were some proposed systems in place to monitor the practice of staff, but further development was required in monitoring systems around the quality and safety of care provided to children. Proposed processes for ensuring safe and effective management of practice included, regular supervision of staff and managers. There were some proposed auditing systems and procedures in place in regard to medication practices, health and

safety, cleaning and food hygiene. A child protection committee had oversight in relation to the management of concerns regarding the welfare of children who resided in the centre. However, there were no proposed auditing systems in place in regard to the quality of children's assessments or personal plans. Staff were aware of whistleblowing procedures in the organisation.

**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):**

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

**Findings:**

There were arrangements in place to cover for the children's services manager, who was the person in charge, in times of proposed absence from the designated centre. The deputy children's services manager was the person identified to provide cover and had a good awareness of the responsibilities of the person in charge under the Regulations. She reported to the children's services manager and had an active role in the monitoring and operations of the centre.

**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):**

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

**Findings:**

The centre had no designated budget but the proposed amount of petty cash was sufficient to meet the needs of the children's activities, outings, clothing and any other expenses that arose. The organisation had an account with a local supermarket for groceries. The children's services manager told the inspector that there was sufficient financial resources, and if required she could seek additional funding from the acting CEO. There were internal auditing processes in place within the organisation for the monitoring and review of the centre's expenditure.

There were sufficient staffing resources assigned to provide care to the children

The premises were leased and a lease was in place for the duration of registration.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

A complete employment record of staff was not in place. Not all files were compliant with schedule 2 as the inspector found gaps with appropriate photograph identifications, unverified references and incomplete employment histories. In one staff file, there were no records that the human resource manager or the children's services manager had followed up on seeking appropriate vetting for an employee who had resided abroad for a period.

There were sufficient staff assigned to work in the centre, but not all were appropriately qualified. A core team of 11.5 staff had recently been identified to work in the centre. Six members of staff held qualifications in social care or healthcare. The children's services manager outlined that she was encouraging staff to complete formal training and this was also a condition of their employment contract. The arrangements for the rostering of staff was unclear. The children's services manager told inspectors that three staff members would be rostered for the day shift and two staff at night, one of whom would be awake. However, this staffing level was based on one child and it was unclear, in the absence of a draft roster, how the manager was going to complete the roster

with the skill-mix of qualified and unqualified staff.

The children's services manager outlined that a corporate induction programme would be provided to new staff. The inspectors viewed a comprehensive induction checklist, which included staff's introduction to recording the monitoring of behaviours, behavioural incidents and analysis of these behaviours. However, the inspector did not view information on any proposed corporate induction programme specific to the staff team of this centre.

It was unclear if staff were suitably competent and experienced to manage children with complex behaviour. While the statement of purpose outlined that the centre would provide care to children with a moderate learning disability who exhibited complex behavioural needs, it was not evident how the team were going to be further prepared to meet behavioural challenges of specific children prior to their placement in the centre, as to date the majority of staff had received standard behaviour management training. An organisational training programme for 2016 was in place which included mandatory training and some other training such as in communication methods and epilepsy. However, it was not centre specific and therefore, it was not evident how the staff team, particularly the unqualified staff members, would be trained to meet the needs of children with a moderate learning disability and complex needs.

Not all staff had received mandatory training. Training records showed that staff had received training in behaviour management and medication management but there were gaps in Children First (2011), restrictive practices, manual handling, food safety and first aid. However, two staffs members were booked onto training courses in first aid.

Not all staff members had an adequate knowledge of the disability standards and regulations.

Systems were in place for staff to receive regular supervision. Inspectors reviewed an appropriate supervision policy and suitable templates for a supervision contract and recording discussion and decisions.

**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):**

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

**Findings:**

The majority of records required by schedule three and four of the regulations were in place. The centre had a residents guide that was repetitive in places and did not outline how children could assess inspection reports. The template for the directory of residents included the requirements of Schedule 3.

The layout of children's files was appropriate. It included their photograph, medical details, next of kin names, and correspondence and reports relating to each child. Arrangements were in place for records to be archived.

Copies of all policies required under Schedule 5, while submitted to the inspector before the inspection, were not available within the centre. The majority of policies had not been reviewed in line with their review dates. Some of the policies required further review to provide sufficient guidance to staff, such as the risk management, children's money, intimate care, admissions and discharges, communications and information policies.

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

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Eva Boyle  
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 report<sup>1</sup>**

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0005344
<b>Date of Inspection:</b>	23 February 2016
<b>Date of response:</b>	8 June 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.

<b>Outcome 02: Communication</b>
<b>Theme:</b> Individualised Supports and Care
<b>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</b> The communication policy did not provide staff with sufficient guidance in assessing children's communication needs.

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

**1. Action Required:**

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

1. The communications policy will be revised to provide sufficient guidance to staff in assessing and supporting children's communication needs.
2. The keyworker will review the resident's communication needs in line with the revised policy. Any additional supports required will be included in the resident's personal plan, communication passport, and communicated to the staff team.

**Proposed Timescale:** 15/06/2016

**Outcome 03: Family and personal relationships and links with the community**

**Theme:** Individualised Supports and Care

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

There was no designated visitors room.

**2. Action Required:**

Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

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

The revised Statement of Purpose and Section A2 application form were re-submitted to the regulator on 4th March 2016, to reflect a change in the application to register the designated centre from two residents to one resident. The designated centre has a sitting room and conservatory. The resident reserves the right to choose where they would like to receive visitors.

**Proposed Timescale:** 04/03/2016

**Outcome 04: Admissions and Contract for the Provision of Services**

**Theme:** Effective Services

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

The admissions policy did not outline what would occur if an admission risk assessment established that a child needs were not compatible with those of the other children in the service.

**3. Action Required:**

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

1. The Referrals, Admissions & Discharge Policy will be revised to outline the procedure to be followed in the event that a pre-admission risk assessment indicates that a child's needs are not compatible with those of the other children in the service.
2. The revised Statement of Purpose and Section A2 application form were re-submitted to the regulator on 4th March 2016, to reflect a change in the application to register the designated centre from two residents to one resident. As such, future referrals will not be considered for this designated centre as long as the proposed individual resides there.

**Proposed Timescale:** 15/04/2016

**Theme:** Effective Services

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

Contracts of care were in draft format and did not outline clearly what if any the financial cost of the placement was.

**4. 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 Agreements for the Provision of Care have been revised to include the financial costs of placement and approved by the Board of Directors as of March 15th 2016.
2. The Children's Services Manager will review the Agreements for the Provision of Care with the resident and their family for signing prior to admission to the designated centre.

**Proposed Timescale:** 15/04/2016

**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 were insufficient bedrooms for two children as per the statement of purpose.

**5. Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The revised Statement of Purpose and Section A2 application form were re-submitted to the regulator on 4th March 2016, to reflect a change in the application to register the designated centre from two residents to one resident. The floor plan for the designated centre has also been amended to reflect one bedroom, office/staff bedroom and young person's den.

**Proposed Timescale:** 04/03/2016**Theme:** Effective Services**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The child's bedroom did not have a wardrobe.

**6. Action Required:**

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

The decision to have a chest of drawers instead of a wardrobe in the resident's bedroom was made following close consultation with the resident and their representatives.

**Proposed Timescale:** 11/03/2016**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 policy did not set out the arrangements for the identification, recording and investigation of and learning from serious incidents and adverse events.

**7. 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:**

1. The quality safety, risk management policy has been revised in line with regulation 26 (1) d to reflect the arrangements in place for the identification recording and investigation of and learning from serious incidents or adverse events involving residents. The Interim CEO will forward to the Board of Directors for approval on 4th April 2016.

2. The Serious Incidents and Adverse Events Policy and Framework has also been revised to include further guidance to staff in relation to the identification, recording, reporting, investigation and review of serious incidents and adverse events. This revision also includes an internal notification structure and more comprehensive review process to enhance organizational learning and decision making ability. The Interim CEO will forward to the Board of Directors for approval on 4th April 2016.

**Proposed Timescale:** 04/04/2016

**Theme:** Effective Services

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

The policy did not 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.

**8. 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 quality safety, risk management policy has been revised in line with regulation 26 (1) e to ensure the risk control measures are proportional to the risk identified. The Interim CEO will forward to the Board of Directors for approval on 4th April 2016.

**Proposed Timescale:** 04/04/2016

**Theme:** Effective Services

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

Hand gel dispensers were unfilled.

**9. Action Required:**

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

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

1. The hand gel dispensers were filled on 9th March 2016. A system is in place whereby the Children's Services Manager orders domestic supplies on a monthly basis.
2. A protocol system will be developed by the Children's Services Manager to ensure the hand gel dispensers in the designated centre are refilled by staff on a regular basis.

**Proposed Timescale:** 22/03/2016

**Theme:** Effective Services

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

The fire safety management system was not adequate as there were no fire doors, the emergency lighting was inadequate and the smoke alarms were not linked as part of a fire detection and alarm system.

**10. Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

1. The designated centre was reviewed by a qualified technician with the Institute of Fire Engineers on the 10th March 2016. Following this review, the recommendation was that the existing emergency lighting and fire detection system be upgraded to meet Standards IS 3217 and IS 3218 respectively and will be linked as part of a fire detection and alarm system. This work will be completed by 21st March 2016.
2. The Health and Safety Statement for the designated centre will be revised to include these upgrades once work is completed.
3. Report from the qualified technician with the Institute of Fire Engineers will be submitted to HIQA by 25th March 2016.

**Proposed Timescale:** 30/03/2016

**Theme:** Effective Services

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

The emergency lighting in place was not adequate.

**11. Action Required:**

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

1. The designated centre was reviewed by a qualified technician with the Institute of Fire Engineers on 10th March 2016. Following this review, the recommendation was

that the existing emergency lighting system in the designated centre be upgraded to meet Standards IS 3217. This work will be completed by 21st March 2016.  
2. Report from the qualified technician with the Institute of Fire Engineers will be submitted to HIQA by 25th March 2016.

**Proposed Timescale:** 25/03/2016

**Theme:** Effective Services

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

The arrangements in place for detecting and giving warning of fires were not adequate for a premises providing residential care for people with disabilities.

**12. Action Required:**

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

- 1.) The designated centre was reviewed by a qualified technician with the Institute of Fire Engineers on the 10th March 2016. Following this review, the recommendation was that the existing fire detection system in the designated centre be upgraded to meet Standards IS 3218. This work will be completed by 21st March 2016.
- 2.) Report from the qualified technician with the Institute of Fire Engineers will be submitted to HIQA by 25th March 2016.

**Proposed Timescale:** 25/03/2016

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

The policy on intimate care was not comprehensive as it did not provide sufficient guidance for staff on all intimate care tasks.

**13. Action Required:**

Under Regulation 08 (1) you are required to: Ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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

The intimate care policy will be revised to provide sufficient guidance for staff in relation to intimate care tasks.

**Proposed Timescale:** 29/04/2016

**Theme:** Safe Services

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

The organisation's safeguarding policy was not in line with good safeguarding practices.

**14. Action Required:**

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

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

The safeguarding and protection policy is currently under review. The revised policy will be in line with good safeguarding practices and provide sufficient guidance to staff in responding to any incident, allegation or suspicion of abuse or neglect in relation to a child.

**Proposed Timescale:** 15/04/2016

**Theme:** Safe Services

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

Not all staff had been trained in Children First: National Guidance for the Protection and Welfare of Children (2011).

**15. Action Required:**

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

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

1. The Children's Services Manager will complete a Child Protection and Safeguarding Induction with staff members awaiting the full course in line with the organisation's safeguarding and protecting policies.
2. These staff members will be scheduled to attend the next full course on the 11 April 2016

**Proposed Timescale:** 11/04/2016

### 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 did not outline that children with a diagnosis of autism would be considered for admission to the centre, nor did it describe the range of complex behaviours that staff were skilled in managing. The floor plan did not reflect accurately the primary function of all rooms, as one bedroom was used as a den.

**16. 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 revised Statement of Purpose was re-submitted to the regulator on 4th March 2016, to reflect a change in the application to register the designated centre from two residents to one resident. The admission criteria was also revised to reflect that that an individual with a diagnosis of autism would be considered for admission and the range of complex behaviours staff are skilled in managing. The floor plan for the designated centre has also been amended to reflect one bedroom, office/staff bedroom and young person's den.

**Proposed Timescale:** 04/03/2016

### 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:**

The specific role of the deputy children's services manager within the centre and the number of hours she would be assigned to work in the centre was not clearly defined.

**17. Action Required:**

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

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

1. The Human Resource Department will develop and provide the Deputy Children's Services Manager with a job description.
2. The Deputy Children's Service Manager will be assigned to the centre 1/3 of her working week (13hours).

**Proposed Timescale:** 08/04/2016

**Theme:** Leadership, Governance and Management

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

Management systems were not fully developed and effective.

**18. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. The organisation acknowledges that some management systems are still under development. The Senior Management Team have scheduled a date to agree a process for policy development and review within St. Catherine's Association. This will ensure that policy owners are clearly identified and that policies are reviewed in line with agreed timeframes going forward.
2. The Deputy Children's Services Manager is receiving training in supervision which is due to be completed by 30 March 2016. The Children's Services Manager and their Deputy will develop a schedule of supervision for 2016 to ensure that all staff are appropriately supervised within the centre in line with the organisation's policy.
3. The Children's Services Manager has completed Performance Management Training as of 15th March 2016.
4. The Performance Management Policy is currently under development. This policy will be circulated to the Senior Management Team and Board of Directors for approval by 15th April 2016
5. The Children's Services Manager will commence roll out of the performance management process in the designated centre with support from the Human Resources Department by 29th April 2016.
6. As of January 2016, the organisation has developed a comprehensive and robust internal audit structure which takes into account the effectiveness of management structures and systems in ensuring quality and safety of care in the centre.
7. An organisational action plan will be developed by the Quality Compliance and Training department for the Senior Management Team to ensure oversight, organisational learning, and actions agreed.
8. The risk register in the centre will be reviewed to ensure all risks are identified and appropriate control measures are put in place.
9. The association is currently progressing towards a merger with a two other organisations in the second quarter of this year. As part of the group structure, the organisation will commence the development of a quality assurance system in 2016. In the interim, a schedule of audits has been developed to include six monthly provider visits, annual review of the quality and safety of care, medication management audits and a comprehensive six monthly schedule of Health and Safety Audits.

**Proposed Timescale:** 30/12/2016

**Theme:** Leadership, Governance and Management

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

Performance management systems were under review.

**19. 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:**

1. The Children's Services Manager has completed Performance Management Training as of 15th March 2016.
2. The Performance Management Policy is currently under development. This policy will be circulated to the Senior Management Team and Board of Directors for approval by 15th April 2016.
3. The Children's Services Manager will commence roll out of the performance management process in the designated centre with support from the Human Resources Department by 29th April 2016.

**Proposed Timescale:** 29/04/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all staff were appropriately qualified, skilled and competent and it was not evident how this would be managed by the children's services manager.

**20. 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. The registered provider will ensure that all staff hired in future for the designated centre has the relevant qualifications, skills and competencies.
2. The Children's Services Manager will ensure that the roster is developed to include at least one qualified member of staff on each shift.

**Proposed Timescale:** 15/04/2016

**Theme:** Responsive Workforce

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

Not all staff files had the requirements of Schedule 2.

**21. Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

As of 26th February 2016, staff files have been updated to meet the requirements of Schedule 2.

**Proposed Timescale:** 26/02/2016

**Theme:** Responsive Workforce

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

The plans for staff training and development were not sufficient.

There were gaps in some staff's mandatory training.

Not all staff were qualified and the training plan for 2016 did not identify suitable training to ensure all of the staff team were prepared to meet the needs of children with a moderate learning disability and complex needs.

**22. 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 revise the training needs analysis to reflect the assessed needs of resident proposed for the designated centre and the qualifications of the staff team.
2. Training has been booked for staff to ensure all staff has core training. These include staff scheduled to attend outstanding training in line with the organisational training calendar.
3. Roster development – one qualified staff member each shift will be rostered on along with staff who have the relevant skill mix and mandatory training.

**Proposed Timescale:** 29/04/2016

**Theme:** Responsive Workforce

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

Not all staff members had an adequate understanding of the Standards and Regulations.

**23. Action Required:**

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

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

1. As of 29th February 2016, 7 staff has attended training in Standards and Regulations in order to improve their knowledge and understanding.
2. Remaining staff are scheduled to attend training in the Standards and Regulations on 15 June 2016

**Proposed Timescale:** 15/06/2016

**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 copies of Schedule 5 policies were available in the centre.

**24. 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:**

All Schedule 5 policies have are available in the designated centre as of 18th March 2016.

**Proposed Timescale:** 18/03/2016

**Theme:** Use of Information

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

Some policies had not been reviewed in line with the review date on the policy.

**25. Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Senior Management Team has scheduled a date to agree a process for policy development and review within St. Catherine's Association. This will ensure that policy owners are clearly identified and that policies are reviewed in line with agreed timeframes going forward.

**Proposed Timescale: 30/03/2016**

**Theme:** Use of Information

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

The residents guide did not provide information on how children could access inspection reports.

**26. Action Required:**

Under Regulation 20 (2) (d) you are required to: Ensure that the guide prepared in respect of the designated centre includes how to access any inspection reports on the centre.

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

The Resident's Guide will be revised to provide information on how children can access inspection reports.

**Proposed Timescale: 08/04/2016**