# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Haughton House</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001850</td>
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<tr>
<td>Centre county:</td>
<td>Wicklow</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>St Catherine's Association Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Michael Ward</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Carol Maricle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

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

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

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

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

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

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

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

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<th>To:</th>
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<tr>
<td>18 November 2016 09:05</td>
<td>18 November 2016 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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**Summary of findings from this inspection**

Background to the inspection:
This was a monitoring inspection carried out to inform a registration decision. The registration inspection had been conducted previously and one follow up inspection to that registration inspection had already taken place. At that follow up inspection a number of non-compliances had been found and an immediate action plan issued to the provider in relation to enteral feeding. This inspection was therefore a review of the actions arising from that follow up inspection and a monitoring inspection of all eighteen outcomes.

How we gathered our evidence:
As part of this inspection, the inspector met two children who were recipients of respite care during the inspection. The children were unable to tell the inspector of their experience of respite care but they presented as happy and content to be at the centre. The inspector 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.

The inspector observed staff members as they interacted with the children, 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. The inspector found that the service matched what was described in that document. There were 25 children in receipt of services at the time of the inspection.

The centre was a purpose built five-bedroomed house which could accommodate four children at any one time. Each child had their own bedroom and there was both indoors and outdoors communal space. The centre had access to facilities in the local villages as set out in the statement of purpose.

Overall judgment of our findings:
This was the fifth inspection of this centre. Overall, there had been significant improvements since the previous inspections.

Good practice was identified in:
- effective personal planning systems were in place (outcome 5)
- effective management systems were in place to ensure good governance (outcome 14)

Actions in this report include:
- some gaps were identified in personnel files (outcome 17)
- some improvements were necessary in relation to record keeping of enteral feeds (outcome 11)
- the heating system at the centre was not working sufficiently resulting in variances of temperature from room to room (outcome 6).

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

Findings:
There were systems in place to ensure that children were consulted with and participated in decisions about their care and aspects of the running of the centre. Children had access to advocacy services. The privacy and dignity of children was respected by those caring for them. The complaints of children, their families and or representatives were listened to and appeals procedures were in place.

At the previous inspection not all children were fully facilitated to be involved in activities in the community. Measures set out by the person in charge to address issues identified following complaints had not been put in place. At this inspection, these actions were satisfactorily implemented.

Children had access to advocacy services. As this was a respite service, the parents or representatives in general advocated for their children. The provider made available to children and their parents or representatives information on national advocacy services and this was set out in the resident guide. Each child was also appointed a key-worker and they were encouraged to talk to their key-worker should they have any concerns.

Children were involved in aspects of the running of the centre. They attended regular house meetings during which their feedback was recorded and decisions brought to staff team meetings. Staff used social stories to explain the purpose of the meeting. There were set agenda items each week covering issues such as fire safety, healthy eating, house rules and how to make a complaint.

There were appropriate systems in place regarding complaints. There was an
organisation policy in place dated 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 organisational complaints lead. 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 poster was displayed at the centre and it confirmed these arrangements.

The person in charge showed the inspector how she had reviewed all of the complaints received in the previous 12 months and had telephoned each complainant to review their complaint as part of an overall review of complaints received. The complaints log was viewed by the inspector. There were no particular trends or patterns arising from the complaints. Each complaint entry had an accompanying individualised complaint form that recorded the outcome and satisfaction of the complainant.

There were improved opportunities for children to engage in off-site activities since the previous inspection. The number of staff that drove the seven seater vehicle had increased as there had been new staff recruited to the centre. The person in charge told the inspector that going forward all newly appointed staff would be expected to drive the vehicle as part of their day to day role. This was the case with a number of newly appointed staff members.

The person in charge confirmed to the inspector that approximately a third of the children in receipt of services from the centre were wheelchair users. There was a wheelchair accessible bus available within the organisation that could be booked for their use. Since the previous inspection, the person in charge told the inspector that this bus was now more available to staff and children than before as it was now available during term-time in addition to school holidays. Furthermore, the person in charge had audited the level of external activities that all children participated in and was assured that children participated appropriately in activities outside of the centre, in line with their peers and regardless of their physical abilities or disabilities. This audit was viewed by the inspector. The person in charge committed to the on-going review of activities to ensure that children of all abilities had appropriate access to opportunities in the community.

The person in charge showed records to the inspector confirming that costing appraisals had taken place regarding the possibility of the purchasing of a dedicated wheelchair accessible bus for the centre and she told the inspector that the senior management team were reviewing transport facilities within the organisation as a whole in 2016/2017.

There were no closed circuit television systems (CCTV) in use at 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):
No actions were required from the previous inspection.

Findings:
The communication needs of the residents were met.

Children's communication needs were assessed and understood in the centre. Staff were guided by an organisational policy on communication. The majority of children did not use verbal language to communicate and their needs and wellbeing were communicated through gestures, body language, expressions, touch, pictures and sign language.

The inspector found that the needs of children in the area of communication were assessed as part of the overall comprehensive assessment of need completed for each child. This assessment of need then formed the basis of the child's personal plan. The personal plan template contained a section on communication. Where a speech and language therapist had completed an assessment or compiled a report on the communication needs of the child, copies of these reports were sought and placed on file and incorporated into the child's personal plan.

Records showed that the majority of the core staff team had undergone training in a recognised sign language system and more recently most of the team had participated in responsive communication training in 2016. Staff were encouraged in the daily shift planner to promote a sign of the day using a recognised augmented form of communication.

The internet was available in the centre to support children accessing games, music and videos on hand held devices.

Signs and pictures were available throughout the centre, signposting communal facilities and translating menus, personal plans and key policies such as complaints. In addition, photographs of the staff on duty, the complaints officer and the designated liaison person (DLP) for child protection concerns were on display in a prominent area in the centre.

Judgment:
Compliant

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

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

**Findings:**
There were systems in place to ensure that children were facilitated to maintain personal relationships with family and links with the community.

The centre had a policy on visitors which was implemented and there was a dedicated room for children to receive visitors in private. Arrangements for visiting were also set out in the statement of purpose and the resident guide.

Records of communication between the centre and parents such as phone calls, meetings and correspondence were seen in the children's files. The inspector found that staff provided parents and carers with regular updates by phone.

The person in charge showed the inspector how since the previous inspection she had compiled a list of the friends that each child had within the respite service and that she took these friendships into consideration when compiling bookings. This ensured that children were facilitated to spend time with friends during respite.

Families were involved in the personal planning for their children and attended meetings to develop and review personal plans. Families were kept informed of children's wellbeing through communication books which were passed between the centre, school and families.

Children were supported to maintain links with the community and the person in charge monitored how often children were engaging in internal and external activities with the support of staff.

**Judgment:**
Compliant

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**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):**
The action(s) required from the previous inspection were satisfactorily implemented.
**Findings:**
Admissions and discharges to the service were timely. The majority of the residents had agreed written contracts that dealt with the support, care and welfare of the resident. This also included details of the services to be provided along with any fees to be charged.

During the previous inspection the admissions policy was under revision. Contracts were not in place for children in receipt of services.

During this inspection, the person in charge informed the inspector that there would be two policies going forward that were relevant to admissions and discharges. One policy was entitled 'managing short breaks for children' and this had been approved by the board of management and the second was entitled 'external referrals and discharge policy for residential support and short breaks' and this was awaiting final approval from the board of management.

The person in charge had created a booking system in place that was based on the matching the needs of the children to the appropriate staffing levels. During interview staff were fully aware of this system and told the inspector that it was effective as it meant that everyone knew the individual staffing requirement for each child.

Contracts were now in place for all children, bar one, in receipt of respite services. The inspector reviewed a sample contract. This contained the necessary information, in line with regulations and set out information on all fees and transactions.

**Judgment:**
Compliant

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

**Findings:**
The well-being and welfare of residents was maintained by an appropriate level of care and support. Residents had opportunities to participate in meaningful activities that were
appropriate to their interests and preferences. The arrangements to meet the need of residents were set out in their personal plans. Personal plans were written in conjunction with the residents and their parents or representatives. Residents were supported when moving between services and between childhood and adulthood.

At the previous inspection, assessments were not always cross referenced with the main assessment of need. The progress of children in respect of their goals was not adequately reflected or monitored. During this inspection, these actions were satisfactorily implemented.

During this inspection the inspector viewed a sample of files. The person in charge had introduced new systems and files were re-organised, information was archived where appropriate and overall the files were more easy to navigate. Both the person in charge and staff showed the inspector the easy to access condensed version of the child's file that had been created since the previous inspection. This contained an up to date summarised version of the needs of the child, any risk taking behaviours and other important information that staff had to know about the child.

An assessment of need was carried out at pre-admission by a family liaison officer as part of the referral process. The relevant healthcare information was provided by the parent and this was then evidenced by the relevant reports and assessments from healthcare professionals. As part of the annual review process, updates were sought from parents and professionals on the child's healthcare needs.

There were appropriate systems in place regarding personal planning. The personal plan for each child was entitled 'my personal plan'. The person in charge had introduced systems in the centre that helped key-workers update these plans to ensure that they were 'live' documents. The personal plan included reference to areas such as the child's care needs, health and medication, their family details, their routines, the team of professionals that worked with the child and things that staff needed to know about them such as what makes them happy and sad.

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 others were more aspirational. Appropriate records were kept showing the completion of these goals by children, as documented by their key-workers. Staff were very familiar with the goals of the children as a new system had been introduced whereby this information was placed in an easy to access file along with a summary guide to each child. During this inspection, staff were able to describe the goals of the children attending for respite.

Meetings took place to formulate and review goals. Parents and professionals were invited to these meetings. The key-workers lead these meetings and took minutes of decisions made and goals agreed on.

There were appropriate processes in place regarding transitions. 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 review meetings confirmed that transition to adulthood plans would be formulated following the child's fifteenth birthday. The
inspector saw the transition plans in place for two children due to graduate the following year. Appropriate goals were set for the children in line with their age and abilities.

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

**Findings:**
The design and layout of the centre was suitable for its stated purpose.

The design of the centre was in line with the statement and purpose. The centre was suitably decorated and well-maintained. Rooms were of a suitable size and there was enough private space for the residents when they wanted to be alone. The premises had suitable light.

The premises was free from any major dangers which could cause injury. There were appropriate storage facilities.

There was specialist assistive equipment in use at the centre at the time of this inspection which required maintenance and testing and copies of their annual testing were viewed by the inspector.

There was a child-friendly decorated outdoor play area that the children could access from their indoor play-room.

This centre was one of a group of centres in a rural area setting. The person in charge told the inspector that she worked well alongside the other persons in charge at the other centres and staff confirmed that they felt supported by the larger team based at the site.

There was an issue with the temperature of some of the rooms at the time of this inspection. Some of the rooms were at normal temperature range, some were over this range and therefore felt hot and some were under this range and felt cold. Staff spoken with told the inspector that both the children and they felt uncomfortable at times when it was too hot.
The inspector sought assurances from the person in charge and the person nominated by the provider regarding this matter and the person in charge showed evidence to the inspector of the progress she had made to resolve this issue. She confirmed that the relevant professional was due to come to the centre to have the issue resolved in the days following the inspection.

**Judgment:**
Substantially Compliant

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

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

**Theme:**
Effective Services

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

**Findings:**
Children, visitors and staff were protected by systems in place at the centre. At the previous inspection a staff member had not yet taken part in a fire drill. This action had since been satisfactorily implemented.

There were adequate arrangements in place regarding risk management. There was a risk management policy in place dated May 2016. This was found to meet the requirements of the regulations. There was an organisational health and safety statement in place. Staff received training in fire safety, first aid and manual handling. The person in charge confirmed she had attended training in risk management in 2015. There was a centre risk register in place that set out the hazards at the centre and their accompanying controls.

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 summary sheet placed on the front of their file. This process helped staff to identify very quickly the risks that each individual child presented with. The personal file of each child contained the detail of each hazard identified and these were reviewed regularly by the person in charge.

The inspector reviewed a sample of incidents and accidents that had taken place at the centre since the previous inspection. Overall, the person in charge demonstrated to the inspector how they were no particular patterns or trends that required attention. Staff were required to complete the relevant records for incidents, accidents and near misses. All incidents and accidents were discussed at staff team meetings, the evidence of which was viewed by the inspector.
The centre vehicle had the required tax, insurance and national certificate of testing.

There were adequate systems in place regarding infection control. Some staff had received training in 2016. The centre was visibly clean. There were paper towels and soap dispensers in the bathroom. There was guidance displayed for staff and children on hand hygiene. There were cleaning schedules in place.

There were adequate systems in place regarding fire safety. All staff were trained in fire safety and the date of their refresher training was clearly recorded on the training matrix. There was fire fighting equipment throughout the centre and these were serviced annually. Fire exits were observed to not be obstructed. Each child whose file the inspector viewed had a personal emergency egress plan. There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of a fire. The fire alarm was serviced on a quarterly basis and emergency lighting was also checked. There were regular fire drills organised and records were kept of each drill. Staff completed weekly and monthly checks of fire safety systems.

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

**Findings:**
There were adequate systems in place to protect children from abuse. At the previous inspection, the guidance on peer to peer abuse did not reference other types of peer to peer abuse other than bullying. The policy on child protection required updating.

At this inspection, the inspector found that the policy on Children First (2011) had since been updated but the policy was awaiting final approval from the board of management. Separate guidance in place for staff on peer to peer abuse had also been updated and was also awaiting final approval from the board of management. There were procedures involved in the processing of child protection concerns. During interview, staff were clear about these procedures and who to forward information to. There was a designated liaison person appointed for child protection concerns. All staff were recorded as to have
completed training in child protection and the training matrix indicated quite clearly the
refresher training due date. The inspector saw staff treating children with warmth and
respect. The intimate and personal care needs of children were set out in their personal
plans. There had been no referrals of allegations or concerns to the designated liaison
person since the previous inspection.

There were systems in place to support children who engaged in behaviours that
challenged. The majority of staff were trained in the management of acute and potential
agression in 2015/2016. Some staff had also attended training in positive behavioural
support. The majority of the core team had attended training in restrictive practice in
2015/2016. The statement of purpose confirmed that services were available to children
from the psychology department of the provider and the positive behavioural support
team. Each child had a personal plan that outlined their behavioural baseline and
guidance for staff on things the child liked and disliked. The person in charge told the
inspector that there were a small number of children that had positive behavioural
support plans.

Restrictive practices were in place for some children and were appropriately assessed.
Each practice was referred to and approved or refused by a rights committee. All
restrictive practices were recorded on rights restriction documentation and staff logged
each use of a restrictive practice. During the time of this inspection, some children used
bed-rails and bumpers, as recommended by their parents and occupational therapists.
The use of a half-door which restricted two children’s night time movement was used
and this decision incorporated the views of the parents and the positive behavioural
support team. One child used splints and the occupational therapist and the positive
behavioural support team were involved in this decision.

**Judgment:**
Compliant

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**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

**Findings:**
A record was maintained of all notifiable incidents in the centre and HIQA had received
these within required timescales.

**Judgment:**
**Outcome 10. General Welfare and Development**

*Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
There were systems in place to support the children in their general welfare and development.

The person in charge was cognisant of the role that the respite centre had in helping children in their education. The statement of purpose and the resident guide set out the commitment of the centre to ensure that children were facilitated to attend school. There was an education policy dated 2016. This policy clearly set out the expectations of the provider in facilitating the education of a child. The majority of the children attending the centre were in full-time education. They were taken to and from school on suitable transport. Their education was valued by the staff team and the inspector saw that there were good links between the centre staff and school staff and communication books were used to inform the relevant parties of how the child was and any relevant information.

Most children attended the school attached to the organisation and had their educational needs assessed there. Staff then filed copies of these children's individual education plans (IEP's) in their file. The inspector reviewed a sample of comprehensive assessment documents and personal plans and both documents referenced education, learning and school routines. School staff were invited to annual review meetings.

**Judgment:**
Compliant

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

Findings:
There were systems in place to ensure that children were supported to achieve and enjoy the best possible health however some improvements were required.

At the previous inspection, there was inadequate monitoring of identified healthcare needs, particularly in relation to percutaneous endoscopic gastrostomy (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. Since the previous inspection, all of the children’s files had been re-organised and items archived where appropriate. This meant that there was more cross reference between documents and staff were alerted to the relevant plans.

The systems in place regarding PEG feeding had improved however, some aspects of record keeping required improvement and a protocol required development.

The care plans for PEG feeding were sufficiently individualised to address identified needs. There were risk assessments in place addressing the hazards associated with enteral feeding. There was written evidence that staff monitored the PEG feeding of residents. The provider had implemented a PEG feeding monitoring record to ensure that PEG feeds were safety 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 policy on PEG feeding was being updated at the time of the inspection.

The inspector viewed a sample of feeding records and found that all records were not complete for example; one record sheet was missing a date of completion, another did not adequately state why a full feed was not given as prescribed. There was insufficient evidence that the person in charge monitored these records. A protocol for how staff should observe and record the administration of a PEG feed when a child was physically outside of the centre and engaging in an off-site activity was not written down.

The inspector found that children’s health needs were appropriately assessed by healthcare personnel and copies of reports were then forwarded to the centre as part of the overall comprehensive assessment of need. Children had access to a range of allied health care services such as occupational therapy, speech therapy and psychology within the service.

The inspector saw there was a range of nutritious food available in the centre for children. Pictures of food choices and menu options were on display in the centre and pictures on cupboards in the kitchen showed children where food, cutlery and dishes were located. Records were maintained of children’s food choices. The advice of dieticians and speech and language therapist was followed in relation to feeding regimes.
**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

Children were protected by safe medicines management systems at the centre.

There written operational policies in place relating to medicines management. Appropriate procedures were in place for the storage and safe disposal of the majority of medications. There was a locked storage area for medicines and if necessary a register and secure storage in place to support the storage and administration of controlled drugs. During this inspection, there were no children prescribed controlled drugs. As this was a respite centre, medicines came in and out of the centre upon each child's admission and discharge. Medicines were counted and recorded on admission and signed out by two staff in line with policy, with a record of what had been administered.

Medicines were only administered by staff who had undertaken training in the safe administration of medication. Training records showed that all care staff had been trained in the safe administration of medication. There were systems in place for the recording of medicines errors.

The centre kept copies of prescription records and staff were clear about the procedure to have these renewed in line with organisational policy. Staff told the inspector that one of the duties of the night-nurse was to check the date of all the prescription records. There was no stock kept of medicines at the centre. There were no out-of-date medicines found at the centre.

The inspector checked a sample of prescription and administration records. The administration records contained the name of the medication and the signature of the staff member administering the medicines. There was a space to record comments. The times of the administration matched the prescription sheet.

The prescription sheets contained the name and address of the child, their photograph, their date of birth, the name of their general practitioner (GP), the name of the medication, dose, route of administration and time of administration. Where there were 'when required' (PRN) medications prescribed then these stated the maximum dosage. There was a general practitioner signature for discontinued medicines.
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The statement of purpose met the requirements of the regulations.

The statement of purpose outlined the aims and objectives of the service. It identified the care needs of the resident it would cater for and the facilities and services available.

A description in narrative form of the centre was provided. The total staffing complement was set out along with the organisational structure.

The statement was version controlled and was reviewed regularly.

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

Findings:
There were effective systems in place in relation to the management and governance of the centre.

At the previous inspection, findings arising from six monthly inspections and an annual review were not supported by an action plan. Performance management systems were not yet in place at the centre. During this inspection, there were clear systems in place at the centre regarding action plans arising from inspections and audits. A performance management appraisal system had been developed and was awaiting approval from the board of management before being rolled out across the organisation.

Management systems were effective and well developed to ensure that the service provided was safe and appropriate to the needs of the children. There was a clear management structure at the centre. The front line staff team reported to the person in charge. The person in charge reported directly to the head of operations.

Staff received supervision from the person in charge. A staff performance management appraisal system was commencing at the centre following approval by the board of management.

Regular audits took place in the centre and these, along with the six-monthly unannounced provider inspections, meant that there was oversight of the centre. The person in charge had attended training in auditing in 2015. The person in charge showed an inspector a tracking system that was now in place that helped her to track all findings and recommendations made at audits and at six monthly unannounced inspections carried out by the provider. In addition, the person in charge had documented the progress that she had made since the previous HIQA inspection in a file, whose contents were shown to the inspector.

The annual report of 2015 was already viewed by the inspector at an earlier inspection this year. The person nominated by the provider told the inspector that following that inspection a decision was made that the annual review for 2016 would encompass the views of children and their parents and or representatives.

Since the previous inspection, a person in charge had been newly appointed to the centre. She had previous experience of managing designated centres for children with disabilities. She had the relevant qualifications. She had a very good knowledge of the standards and regulations. She presented as passionate about the service and had a very good knowledge of the children in receipt of services. She was based full-time at the centre.

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

Findings:
Arrangements were in place in the event of the absence of the person in charge for more than 28 days.

The person in charge was aware of the requirement to notify HIQA in the event of the absence of the person in charge for 28 days or more. A person involved in the management of the centre and or the person nominated by the provider would assume this role.

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

Findings:
The centre was resourced sufficiently to ensure the effective delivery of care and support in accordance with the statement of purpose.

There were sufficient resources at the centre to support the children achieving their personal plans. The facilities and services set out in the statement of purpose were available to the residents in receipt of respite services.

There was sufficient communal space. The person in charge had the authority to organise relief staff where needed.

There was an enclosed outdoor space for the residents to play in.

There was a seven seater vehicle available for use by staff and a bus with wheelchair facilities was available four days a week. The person in charge monitored the activities that all children engaged in outside of the centre to ensure that children in use of
wheelchairs were not impacted by the lack of a dedicated wheelchair accessible bus. The provider was costing a dedicated bus with wheelchair facilities for the sole use of children at this centre.

**Judgment:**
Compliant

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**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

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

**Findings:**
There were appropriate staff numbers and skill mix to meet the assessed needs of the children. Children received continuity of care from a core staff team. Staff had up-to-date mandatory training and access to on-going education and training. There was a supervision system in place. There were some gaps in the personnel files identified at this inspection.

At the previous inspection the training records were identified as requiring review. There had been some occasions when a respite stay was cancelling on account of insufficient staffing levels and or skill mix. The actions arising from these failings were satisfactorily implemented.

There was a core team of staff at the centre made up of nurses, social care workers and social care assistants. All newly recruited staff had the necessary core qualifications.

A copy of the training matrix was supplied to the inspector during the inspection. This matrix demonstrated a wide range of courses 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 stated the actual date that staff had completed training.

The inspector reviewed a sample of personnel files. The majority of the files contained the relevant information in line with the regulations. Files examined held evidence of staff members’ identity, relevant qualifications, vetting and professional registration status. There were however a small amount of gaps identified in some of the files.
There were sufficient staff on duty on the day of the inspection and staff told the inspector that since the person in charge had clearly identified the needs of the children and in turn the staffing requirements to match these needs meant they were better able to meet the needs of the children. The inspector observed staff caring for a child in a warm and respectful manner at the pace of the child.

The person in charge maintained a planned and actual rota. The inspector reviewed a sample of rotas and found that staffing levels matched the needs of the children. At night, there were two staff awake on duty. These arrangements were confirmed in the statement of purpose. A bank of relief staff were used to cover leave and vacancies on the roster. The person in charge showed the inspector how the appointment of three relief social care workers who were only assigned to work at this centre meant that there was greater consistency in staffing.

Staff supervision systems were in place. The inspector reviewed a sample of supervision records and found a range of issues discussed at these sessions. Supervision contracts had been completed with staff.

Judgment:
Substantially Compliant

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

Findings:
Overall, adequate records were maintained in the centre.

Children's records were stored securely in a locked area in the centre and files were well maintained. The required policies of Schedules 5 were in place. Some of these policies were in the process of being updated and approved by the senior management team and or board of management.
Records relating to aspects of the operation of the centre such as visitors records, fire, health and safety were maintained and accessible.

A directory of residence was in place at the centre.

A residents guide was in place and this contained the terms and conditions for children attending the centre.

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

**Judgment:**
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
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by St Catherine’s Association Limited</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0001850</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 November 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>25 January 2017</td>
</tr>
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Requirements

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

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

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The heating system in the house did not ensure that the room temperature in all rooms was consistent.

1. Action Required:
Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:
1) A review of the heating system determined that the manufacture of custom parts was required in order to ensure room temperatures are consistent throughout the designated centre. Works commenced on 19th January 2017, with the heating system to return to full operation by 31st January 2017.
2) The Children’s Services Manager in conjunction with the Housing Development & Transport Team, will monitor temperatures throughout the designated centre for consistency following completion of these works.
3) In the interim, controls have been put in place to mitigate the effects of inconsistent temperatures in the designated centre. Specifically, adjustments to the existing heating system made to prevent areas from becoming too hot, and additional heaters were used where required.

Proposed Timescale:
Action 1: 31st January 2017
Action 2: 28th February 2017
Action 3: 15th December 2016

Proposed Timescale: 28/02/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A protocol for observation of a PEG feed when a child was outside of the centre and engaging in activities was not developed.

Some records relevant to enteral feeding were not fully completed.

There was insufficient evidence that the person in charge monitored the completion of these records.

2. 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) A protocol for the observation of enteral feeding when a child is engaged in activities outside of the designated centre has been developed and implemented as of 23rd November 2016.
2) Since inspection, the Children’s Services Manager (CSM) has developed an audit tool to monitor the records in relation to enteral feeding. Audits commenced as of 14th January 2017 and will be conducted on a monthly basis.
3) Where gaps in enteral feeding records are identified, the Children’s Services Manager will address these with the staff team, directly or through team meetings as appropriate.

Proposed Timescale:
Action 1: 23rd November 2016
Action 2: 14th January 2017
Action 3: 28th February 2017

Proposed Timescale: 28/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There were some gaps identified in personnel files.

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

Please state the actions you have taken or are planning to take:
The Children’s Services Manager has liaised with Human Resources Department and some gaps in personnel files identified during inspection have been addressed. Outstanding information for remaining staff files has been requested and will be on file by 15th March 2017.

Proposed Timescale: 15/03/2017