



Report of an inspection of a Designated Centre for Disabilities (Children).

Issued by the Chief Inspector

Name of designated centre:	Granitefield
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	26 November 2020
Centre ID:	OSV-0007887
Fieldwork ID:	MON-0030958

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Granitefield is a designated centre operated by St. Catherine's Association located in Co. Wicklow. The centre provides full-time residential services for up to three children with intellectual disabilities. The centre is supplied with a transport vehicle and provides a secure garden space to the rear of the property and additional secure parking space to the front. The centre comprises of a large spacious two storey house with a large kitchen/dining area, a separate living room space and another room which is used as chill out space. Residents have their own private bedroom which have been decorated to residents' personal preferences and with due regard for residents' assessed needs. The provider has made adjustments to some bedrooms in order to promote the most optimum sleeping environment for them. The centre is staffed by social care workers and managed by a person in charge who is supported in their role by a deputy manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 November 2020	10:00hrs to 16:00hrs	Ann-Marie O'Neill	Lead

What residents told us and what inspectors observed

In line with infection prevention and control guidelines the inspector carried out the inspection mostly from one space in the centre.

The inspector ensured physical distancing measures were implemented during interactions with residents and staff and in the centre during the course of the inspection. The inspector respected the resident's choice to engage with them or not during the course of the inspection at all times.

As part of the inspection, the inspector briefly met with two residents living in the centre. One resident had returned from school. They were observed independently turning on the TV and turning on a preferred video streaming channel to select a video they wished to watch. They briefly greeted the inspector and returned to their preferred activity. The inspector also greeted and spoke briefly with a second resident after they returned home following school. They smiled and briefly spoke to the inspector. They said they liked the new house.

Staff told the inspector that one resident had transitioned to their new home very well and were well settled in. However, they did mention that the other resident had struggled with the transition and had required intensive supervision and supports during the first couple of weeks. The person in charge outlined how this support had been provided by ensuring additional staff were rostered day and night to support the resident and review by some allied health professionals. At the time of inspection the resident had adjusted to their new home and was sleeping better and more comfortable in their new surroundings.

The inspector also reviewed some written feedback from one resident's social worker. They were very positive about the centre and indicated they felt the new centre could better meet the needs of residents in terms of the environment. They also provided positive feedback in relation to the staff and the support provided to the resident and mentioned there was regular consultation and liaison between them and the staff working in the centre.

Capacity and capability

The findings from this inspection demonstrated the provider had the capacity and capability to provide a good quality service to meet the needs of residents.

Granitefield was registered early November 2020 as a new designated centre for the purposes of supporting residents to transition, from an already existing designated centre in St. Catherine's Association, to a new designated. The purpose of this

inspection was to ensure the provider was operating it in line with the centre's conditions of registration and in compliance with the regulations. Overall, the inspector found this to be the case with good levels of compliance found on this inspection.

As the centre had only recently opened, the provider had not yet completed an annual report for the centre. It was noted however, that the provider had appropriate arrangements in place to meet this regulatory requirement. The provider had however, completed one provider-led audit of the centre since its opening. The audit had noted some areas for improvement and at the time of inspection the person in charge was in the process of addressing these actions.

Audits and quality checks were carried out by the deputy manager and person in charge within the centre and formed part of the ongoing quality oversight arrangements for the centre.

The provider had ensured staffing contingency measures were in place to manage staff absences in the event of a COVID-19 outbreak in their designated centres. The inspector noted there was a planned and actual roster in place. From a review of the rosters, it was demonstrated by the person in charge that there were adequate numbers of staff and an appropriate skill-mix in place to meet the assessed supervision and support needs of the residents. It was noted the person in charge had reviewed the rosters and increased staffing resources in the centre during the day and night to support one resident during their transition to the centre. This demonstrated the provider's capacity to provide appropriate staffing resource arrangements to meet the needs of residents as and when they were required.

The person in charge was responsible for this designated centre and two other designated centres within a close distance. The provider had put systems in place to ensure a deputy manager was in place to supervise and manage the centre on a day-to-day basis as part of the overall governance arrangements for the centre. The inspector met with the deputy manager during the course of the inspection and discussed their role in the day-to-day operational management of the centre. They described the various roles and responsibilities they had which included supervision arrangements for staff, carrying out audit checks in the centre and reviewing risk assessments and incident recording systems within the centre to ensure staff were adhering to the provider's policies and procedures for risk management.

The provider had ensured a full and complete application to for the purposes of registration of the centre.

The statement of purpose was found to clearly describe the services provided in the centre and provided information as required by Schedule 1 of the regulations.

Staff working in the centre were supported to avail of training in mandatory and supplementary areas to meet the requirements of the regulations and assessed needs of residents. It was noted however, that some staff had not received refresher training. The provider was at the time making arrangements to ensure staff were provided with refresher training as soon as possible and upcoming dates

had been identified.

The inspector reviewed staff supervision arrangements. All staff had received an up-to-date supervision meeting with their line manager. Areas of good practice were identified during supervision meetings and goals were set and followed up on during subsequent supervision meetings.

Each resident living in the centre had received a new contract of care which had been agreed and signed by a representative/guardian on their behalf.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted a full and complete application to register this designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was appointed in a full-time role and had the required management experience and qualifications to meet the requirements of regulation 14.

Judgment: Compliant

Regulation 15: Staffing

A planned and actual roster was in place. The provider had ensured the centre was resources as per the statement of purpose and to meet the assessed supervision and support needs of the resident.

The provider had staff contingency planning in place to ensure appropriate staffing levels and proactive measures would take place in the event of a COVID-19 outbreak in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had commenced providing refresher training to their staff with dates scheduled.

Staff supervision and development arrangements were in place and consistently implemented.

Judgment: Compliant

Regulation 23: Governance and management

The provider had appropriate arrangements in place to monitor the safety and quality of care provided in the centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Each resident had received an up-to-date contract of care that reflected the new designated centre. Each contract had been signed and agreed by the resident's representative/guardian.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose accurately outlined the service provided in the centre. The statement of purpose contained the matters as required by Schedule 1 of the regulations.

Judgment: Compliant

Quality and safety

Residents living in the centre was in receipt of a good quality service. A good level of compliance was found on this inspection. Some improvements were required in relation to resident's access to mental health supports for the purpose of ensuring

their assessments of need in mental health supports were reviewed and up-to-date.

There was evidence of the provider's implementation of child protection policies and procedures. Staff had received training in children first. Intimate care planning was also in place for residents as required. Intimate care plans focused on skill teaching and supports to help the resident increase their personal care skills and independence while also maintaining their bodily integrity and privacy as much as possible.

It was demonstrated that both residents living in the centre required positive behaviour supports as part of their overall assessed needs. Behaviour support planning arrangements were in place to meet those needs and followed a positive behaviour support framework and outlined a number of proactive strategies and de-escalation techniques which could help to mitigate and manage incidents of behaviours that challenge. Staff had received training in behaviour support and the implementation of breakaway techniques.

Where restrictive practices were in place, they had been referred to the provider's Human Rights Committee for review. Logs and details of restrictive practices implemented were maintained locally. A limited number of restrictive practices were in place or required and where necessary, were for the purposes of safety and supporting the resident to access community based activities.

Each resident had received a comprehensive assessment of need which had been completed for 2020. Residents' assessed needs were identified and support planning was in place to provide guidance for staff in how to support the resident's assessed need in relation to management of behaviours that challenge and medication management supports, for example. In addition, specific information pertaining to each resident's residential placement were maintained in their personal plan. It was also demonstrated meetings with regards to the child's ongoing placement and care plan with specific stakeholders had taken place. Records of which were maintained in the resident's personal plan also.

While there was evidence that each child's assessment of need had been reviewed through a multi-disciplinary allied professional approach, some assessments, relating to mental health supports, were out-of-date by a number of years. In another instance it was demonstrated that while a referral for a mental health review had been made for one resident while they underwent a difficult time during their transition to the centre, they had not received this clinical review. This required improvement to ensure support arrangements for residents were as effective as possible and to inform support plans to ensure they were evidence based and reflected the assessed needs of residents, for example behaviour support planning.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19 with contingency plans in place for staffing and isolation of residents if required. The provider had created a suite of COVID-19 related policies and procedures for the organisation. Personal protective equipment was available for staff and hand washing facilities were adequate in the

centre with a good supply of hand soap and alcohol hand gels in place also. Each staff member and the resident had their temperature checked daily as a further precaution.

The inspector reviewed the centre's COVID-19 staffing contingency and isolation planning with the person in charge. The person in charge had created isolation plans for the resident and staff contingency response planning for staff working in the centre. These plans were found to be practical and reflective of the centre's environment. In addition to the plans the person in charge had undertaken to assign colour coded zoning to the plans which would support staff to implement infection control measures in the centre during a COVID-19 outbreak.

The person in charge and provider had ensured the resident's general well-being was supported to a good standard in the centre. Residents was supported to attend their education placement.

Overall, the premises presented as a well maintained, comfortable home for residents. The centre provided a secure garden space with play equipment suitable residents needs. Communal spaces and chill out rooms were also available for residents to use. In addition, the provider had made arrangements to support some residents' personal risks and sleeping supports and had reconfigured and designed their bedroom spaces to meet those needs in a tasteful manner.

The provider had undertaken a suite of fire safety improvement works in the centre prior to the opening of the centre. It was noted there were effective containment measures throughout the centre, a recently serviced fire alarm and fire extinguishers at key locations in the centre. Fire safety check systems were also in place and had been carried out since the opening of the centre. Residents had also engaged in fire evacuation drills a number of times since the opening of the centre ensuring their personal evacuation plans were up-to-date and reviewed on foot of each drill to ensure they were as effective as possible.

Regulation 13: General welfare and development

The person in charge and provider had ensured the resident's general well-being was supported to a good standard in the centre.

Judgment: Compliant

Regulation 17: Premises

The centre premises presented as a well maintained, comfortable home for

residents.
Judgment: Compliant
Regulation 27: Protection against infection
It was demonstrated that appropriate infection control procedures were in place and in adherence with public health guidance.
Judgment: Compliant
Regulation 28: Fire precautions
Effective fire safety precautions were in place in the centre.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
Some improvement was required to ensure residents were support to received mental health assessments as part of their overall assessment of need and also in response to any change in their behavioural presentation.
Judgment: Substantially compliant
Regulation 7: Positive behavioural support
Positive behaviour support plans had been updated to reflect residents' new living arrangements.
Restrictive practices were managed in line with best practice and the lease restrictive option available to manage identified personal risks.
Judgment: Compliant

Regulation 8: Protection

Staff had received training in child protection. Localised policies and procedures in place were reflective of child protection policies and procedures. Intimate care planning focused on promoting and encouraging residents' self-help skills and independence.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Granitefield OSV-0007887

Inspection ID: MON-0030958

Date of inspection: 26/11/2020

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. A referral for psychiatric review for one resident was submitted by the resident's GP on 2nd November 2020. The resulting response from the relevant psychiatrist, received on 12th November 2020, strongly indicated that the resident did not meet the eligibility criteria for referral and advised that based on the resident's diagnosis that the appropriate course of action was management through Behaviour Support. The resident is in receipt of on-going, continual behaviour support via the St Catherine's Association Behaviour Support Specialist. 2. A potential referral for psychiatric review for one resident is pending. The resident's GP is currently in the process of reviewing the relevant documentation / information before communicating the decision on referral to the Person-In-Charge. The GP has however indicated that the resident may not meet eligibility criteria for referral. The Person-In-Charge to follow up with the GP by end of Q1 '21 regarding final decision on referral. The GP advised that the appropriate interim course of action was management through Behaviour Support. The resident is in receipt of on-going, continual behaviour support via the St Catherine's Association Behaviour Support Specialist. 3. All resident's are in receipt of continual behaviour support through the relevant Allied Health Professional. All incidents are appropriately documented and reported through clearly defined reporting structures. All resident's avail of fortnightly reviews of Incident Report Forms (IRFs) with the relevant Allied Health Professional, the centre management team, and the relevant key-worker. 4. Behaviour Support Plans are under continual review and updated as necessary, however no less than annually. Internal provider-led auditing review behaviour support plans and associated supports bi-annually; where deficits are identified corrective actions are implemented and monitored locally by the Person-In-Charge with sufficient oversight by the Quality Compliance Department. <p>Time-scales;</p> <ol style="list-style-type: none"> 1. Complete 	

2. 31st March 2021
3. Complete – Current protocol
4. Complete – Current protocol

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	31/03/2021
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be	Substantially Compliant	Yellow	31/03/2021

	multidisciplinary.			
--	--------------------	--	--	--