

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001817
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Joseph's Foundation
Provider Nominee:	David Doyle
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 21 May 2016 08:15 To: 21 May 2016 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection

This was a monitoring inspection carried out to monitor the compliance of the centre with the regulations and standards. This centre was a designated centre for children with disabilities that offered a respite service.

How we gathered our evidence

As part of the inspection, the inspector met five children, a number of staff, the person in charge and a coordinator of residential services who participated in the management of the centre. The inspector spent time with and observed the children in receipt of respite services on the day of the inspection. The children were unable to tell the inspector about their views of the quality of the service, but the inspector observed staff interacting with them throughout the day and the inspector also viewed a sample of questionnaires that had been returned to the person in charge by family representatives in the 12 months prior to the inspection. The inspector observed practices and read documentation such as a sample of children's care files, incident and accident records and medication records.

Description of the service

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The centre operated a respite service and on the day of the inspection the centre was open seven days a week. The statement of purpose identified that the centre catered for children with a diagnosis of an intellectual disability, autistic spectrum disorder and an intellectual disability with a physical disability. The maximum number of children that the centre could cater for was six children of both male and female gender. The statement required clarification on emergency admissions.

The centre was a purpose built, spacious detached bungalow with a large rear and side garden. There were a total of 30 children that were eligible to receive respite services at this centre. On the day of the inspection the inspector met five children, two males and three females. Some of these children had been receiving a respite service from the centre from an early age, prior to 2004, and others had arrived at the centre for their first overnight respite stay. There were six bedrooms at this centre, two bathrooms, a large indoor play area, a sitting room and a kitchen/dining area. There were outdoor recreational facilities located in a rear garden that was fenced in. The centre was located in a rural area that was within driving distance to local shops and facilities.

Overall judgment of our findings

The inspector was satisfied that the provider had put systems in place to ensure that adequate governance arrangements were in place. The children received an individualised service. The service was led by a committed person in charge, she was experienced in working for the organisation, had the relevant qualifications and was knowledgeable about the standards and regulations.

Despite these arrangements there were some areas of non-compliance that required improvement.

The inspector found that improvements were required in:

- not all of the personal plans were reviewed annually (outcome five)
- the annual review of the service was not sufficiently detailed to include a report on the safety and quality of care given to children (outcome 14)

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The actions required from the previous inspection were satisfactorily implemented. The privacy and dignity of children was now promoted as there were curtains fitted to the bedroom doors to cover the windows in these doors.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

This outcome was not inspected in full by the inspector but findings in this area have been commented upon in this report due to the non-compliance of the provider in this

regard.

Improvements were required in how children were admitted to the centre on an emergency basis when they had not previously received respite care at this centre. The inspector viewed the admission paperwork of a child admitted for emergency respite who had not previously attended for respite services. Although the person in charge had secured significant information about the child prior to their admission, a written contract of care between the provider and/or written consent from the child's representatives was not obtained. The statement of purpose did not outline the arrangements for emergency admissions of children who were not ordinarily a respite recipient. The admissions policy did not guide staff on this process.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

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

Findings:

The well-being and welfare of children was maintained by a good standard of care and support. The arrangements to meet children's assessed needs were set out in personal plans that reflected their interests, needs and capacities. Personal plans were drawn up with the participation of parents who acted on behalf of their children. The review of these personal plans was partially completed as some but not all professionals had updated their assessments of each child in the 12 months following the development of the personal plans. There was evidence that children were supported in transitions between childhood and adulthood.

Since the previous inspection, all children's care file records had now moved over to the personal planning system adopted by the centre and this system involved an assessment of a wide range of needs, such as social, health, communication and educational needs conducted by a member of the multi-disciplinary team, staff at the centre and the parent. Each child had a written personal plan which detailed their

individual needs in a number of areas. Outcomes of assessments were completed for some children and these highlighted their needs in certain areas. Plans and goals were then developed around these needs. This meant that there was a clear link between the child's personal plan and the care that was delivered to them. Since the development of these personal plans in 2014 the person in charge had sought written updates of each child from some members of the internal multi-disciplinary team in 2015, such as the psychologist and social worker. She also had updated information from parents on their child's food likes and dislikes. However, in general, a formal update of the personal plan, that was based on an annual assessment of their need was not completed in line with the regulations for all of the children for example, the progress that children had made on their agreed short and long term goals was not always documented in the relevant section of the file which meant that it was difficult to track progression against goals and assess the effectiveness of the plan. It was not clear how children were involved in an annual review of their personal plan. Although parents were contacted and communicated with throughout the year by the person in charge they did not attend a formal annual review of their child's personal plan.

The person in charge was very cognisant of the impact that transitions to adulthood had on the young person and their family. She issued leaflets to parents in this regard which set out adult respite services that may be available to them and she told the inspector that the parents of children who were approaching adulthood were fully informed of how services would be coming to a conclusion in line with the end of the academic school year.

Judgment:
Substantially 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:
This outcome was not inspected in full by the inspector but findings in this area have been commented upon in this report due to the non-compliance of the provider in this regard.

The inspector noted that there were a number of premises issues including, wear and tear in the sofas in a communal area. A cupboard in a bedroom contained exposed pipes that a child may be able to reach into. One of the wardrobes in a bedroom did not have the required rail. A set of drawers in one of the bedrooms was without door knobs.

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:

The health and safety of children, staff and visitors was promoted and protected by policies and practices in place at the centre.

The centre had policies and procedures in place relating to health and safety. At an organisational level a risk management policy was in place. This contained a risk register of hazards at the centre, which were in the process of being updated by the person in charge at the time of the inspection. In addition to the risk register, additional hazards were added to the register, risk-assessed and controls put in place therefore making the risk register a live document. A critical incident management plan was in place at the centre and this clearly identified where the children should go in the event of an evacuation and the procedure to be followed. Pre-populated absence sheets were prepared for all children in the event that of an unexpected absence. Some of the hot water in the taps in the bathrooms were at levels that may have posed a risk to the children however this was addressed immediately by the person in charge following the inspection. Toiletries belonging to the children were kept in the main bathroom but they were not locked away and this was not identified as a hazard and risk rated. An inspector viewed the centre vehicle used for the transportation of children and the vehicle had the necessary tax, NCT and insurance details. However, the centre vehicle required cleaning. There were two health and safety checklists viewed completed by the health and safety officer in 2015 and the person in charge was cognisant of their findings and items to be addressed were clearly stated in this document however there was no record that each item was actioned and closed out.

Records of incidents and accidents were maintained. Incidents and accidents were logged by staff and copies submitted to the person in charge and the health and safety officer for their review. The health and safety officer analysed this information and each month compiled trends which were then sent back to the person in charge. At the time of this inspection, there was a gap in these records on account of staff illness however

the person in charge was acutely aware of all incidents and accidents as she was based at the centre and also worked on the floor. The incident and accident log was viewed by the inspector and these showed a range of minor incidents that might be expected for a group of children. The majority of children whose files were reviewed by the inspector had individualised risk assessments conducted on behaviours that were considered to be concerning and this information was kept in their main file but some of these risk assessments required updating. Some children did not have individualised risks assessed completed when there were health related concerns. One child did not have all of the risks identified upon their admission to the centre in an emergency basis.

Guidelines were in place for staff regarding safeguarding against infection. At an organisational level, staff were required to follow health service executive (HSE) guidelines for infection control. Soap dispensers and paper towels were available for staff, children and visitors to use. There were posters displayed throughout the centre advising all on hand hygiene. The centre was mostly clean although there was dust in some areas. A cleaning rota was in place and the records were monitored by the person in charge. A maintenance log was maintained by the person in charge and requests were clearly signed off by her when completed.

The arrangements in place against the risk of fire were mostly adequate. A fire policy and procedure was in place. Fire equipment had been serviced within the previous 12 months. The inspector viewed fire exits which were unobstructed. The fire alarm system had been serviced on a quarterly basis in 2015 and 2016. Emergency lighting was serviced by an external company every quarter. All fire records were kept in a fire register. There were arrangements in place for reviewing of fire precautions and staff completed daily and weekly checks. A staff member also completed a monthly fire inspection checklist. The inspector viewed a sample of training records submitted by the provider following the inspection. It was not clear if all staff had in fact renewed their training in accordance with the renewal date.

The mobility and cognitive understanding of children had been taken into account and each child had a personal emergency egress plan. Regular fire drills had taken place in the 12 months prior to the inspection and comprehensive notes were written by staff following each drill. On the day of the inspection, the staff and children took part in an organised fire drill. The names of children that had taken part in the drill were recorded. The response of one of the children to the fire drill was significant and was not recorded in the fire drill record. This was described as an oversight by the person in charge on this occasion.

Judgment:
Substantially Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Measures to protect the children from being harmed or suffering abuse were in place at the centre. Children were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges although some improvements were noted. A restraint free environment was promoted.

Measures to protect children from being harmed or suffering abuse were in place at the centre. A policy on child protection was in place at the centre and this included reference to the Children First (2011): Guidance for the Protection and Welfare of Children. During interview, a staff member had a good awareness of the procedure to be followed in the event that they had a concern about a child and he/she was aware of the role of the designated liaison officer. The inspector viewed a sample of training records and these showed that the majority of staff had complete training in Children First (2011) and/or safeguarding. A new member of staff had not yet completed training in Children First (2011) but was due to do so in June 2016. There had been no concerns raised about children that required reporting to the child and family agency (Tusla) in the 12 months prior to the inspection. A policy on intimate care was in place at the centre however, intimate care plans were not all developed for children whose files were viewed by the inspector. A visitor book was used and contained clear details of all visitors to the centre, the purpose and duration of their visit. The designated liaison person for child protection concerns had completed an audit of child protection in 2015, the results of which were positive and demonstrated that staff had a good understanding of child protection.

Staff promoted a positive approach to behaviour that challenges. An organisational policy was in place at the centre on the management of behaviour that challenges but the date of this policy was 2013 and it was not clear if the policy had been approved by the relevant person. There was a second policy on the use of restraint as a last resort but this policy was also not approved. As the nature of the service was respite and the children stayed at the centre for short periods of time, the person in charge told the inspector that there were very low numbers of incidents that involved challenging behaviour apart from the usual behaviours that one might expect of a group of children spending time and playing with each other. The incident and accident log book and an overview of all incidents from 2015 confirmed same. Staff were observed treating

children with respect and warmth. During the inspection, the children presented as comfortable with staff and enjoyed sitting with staff and spending time with them. Parents were observed made to feel welcome by staff. There were two children whose first experience of an overnight was on the day of the inspection and staff were observed treating these children kindly and helping to make them feel comfortable.

There were a small number of environmental restrictive practices in use at the centre such as the locking of the front door for safety reasons, some windows were locked when some children came for respite (a break glass key could be used to open each window) and a half door was used in the kitchen when staff were cooking hot meals. Overall, children were observed walking freely around the centre, in and out of their own room and communal areas. They were also observed sitting with staff in the office when a staff member was present and when it was safe to do so.

Judgment:

Substantially Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were supported on an individual basis to achieve and enjoy the best possible health whilst at the centre however some improvements were required.

As part of the formal assessment process, the health needs of the children who became recipients of respite since the introduction of the regulations were assessed prior to and upon admission. In general, for all children there was sufficient information on the health needs of each child to adequately look after them during their respite stay. There were copies of assessments and reports from a range of healthcare professionals in the children's files. The child's personal plan contained important information about the child's health such as medical diagnosis and allergies. In addition, some parents sent up-to-date information on their child's health each time their child came for respite. Children generally did not attend the centre when they were ill and when they became ill their parents were usually asked to bring them home. Staff wrote daily records on each child and the child's healthcare needs were reported on in these records. Some of the children had high dependency levels and required specific supports from staff in areas such as their mobility, repositioning and feeding. On each shift, there was a nurse on duty to attend to these and other nursing needs.

Food appeared nutritious and varied and available in sufficient quantities. Children were provided with food in an unhurried manner and the inspector observed children eating together at meal times which overall was a pleasant experience. Staff were observed taking their time when supporting a child to eat and drink and did this in a sensitive and appropriate manner. There was not always written evidence that children were offered a choice at lunchtime and dinner time. The policy on nutrition used by the centre was not specific to the centre and was also not truly reflective of practices at the centre. This policy required adaptation to make it more centre specific. This had been actioned in the previous inspection under outcome eighteen and the person in charge acknowledged that it was not yet addressed. Some children had a food diary which set out their daily intake of food and the inspector viewed a sample of these records. This diary was shared between the school, the child's family and/or representative and professionals at the school. It was not always clear who had written what and therefore the nutrition that the staff at this centre had provided to the child could not fully be accounted for.

Judgment:
Substantially Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

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

No actions were required from the previous inspection.

Findings:

Children were protected by the centres policies and procedures for medication management.

Each child was protected by policies and procedures for the safe administration of medication. There was a medication management policy that was supported by procedures relating to the administration, storing and refusal of medication. There was a policy for guiding staff on drug errors and an accompanying procedure for them to follow. All medication was kept in a locked medication trolley and only staff members with nursing qualifications administered medication. There was a safe available for use in the event of a controlled drug being brought on to the premises and a register to document the chain of custody for each controlled drug. There was a procedure in place for the handling and disposal of unused or out of date medication and there were no medications of this nature in the centre at the time of the inspection. Children arrived at the centre with an up-to-date prescription record or their prescription sheet held at the centre was considered valid following a discussion with the parent prior to their admission for respite. Staff counted all medicines that came in and out of the centre for each child on their admission and discharge date, ensuring that all medication in and out

of the centre was accounted for. Medication errors were appropriately recorded on the medication error logbook.

The administration of medication against what was prescribed was found to be in order at the centre. An inspector viewed a sample of prescription records. The child's name and address was recorded, photographs of children were attached and dates of birth were recorded. The name, dose and route of administration of medication was noted.

In relation to administration records, the signature of the nurse was documented in administration records and a signature sheet to compare the signature to was available. There was adequate space in the record for comments on the withholding or refusing of medication. An inspector viewed a sample of records. The times of administration matched what was prescribed.

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):

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

Findings:

There was a clearly defined management structure in place that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. Management systems were in place to support and promote the delivery of safe, quality care services but not all planned audits took place at the centre in the 12 months prior to the inspection and the annual review of the service did not adequately comment on the safety and care that children experienced whilst in receipt of services from the centre.

The quality, care and experience of the children was monitored and developed but improvements were required in the auditing of services. On a day to day level, the person in charge oversaw the day to day practices of the centre and she was very knowledgeable of the children in receipt of respite services and their individual needs. Monthly team meetings were held to which the person in charge and the multi-

disciplinary team attended along with the assistant manager of residential services. At these meetings, issues such as new admissions were discussed and the needs of current recipients of respite services were also discussed. This meant that where there were children with a variety of or complex needs the team discussed these needs and how best the respite service could respond to these needs.

A system of internal audits was in place and some areas of the service, such as finance, health and safety and child protection had been audited in 2015, however, not all of the planned audits had taken place. It was not clear why this was the case. A copy of the annual review of service was submitted to HIQA following the inspection. This document did not fully comment on the quality and safety of care that was provided to children in 2015 and it did not include the feedback of children and their representatives. This had been a finding on the previous inspection and was still not addressed at this inspection. However, the inspector did view questionnaires that had been issued to families in 2015 by the person in charge and it was clear that some of their feedback led to positive changes in some aspects of how the centre operated. For example, all parents now received a record giving them information about the activities that their child experienced during their respite stay. A copy of the record of the most recent six month unannounced visit by the provider or a nominated person was also forwarded to HIQA following the inspection. This document did not adequately meet the requirements of the Regulations.

Arrangements were in place for staff to exercise their personal and professional responsibilities for the quality and safety of the service they delivered but improvements were required. Formal supervision was in place but the frequency of this was not in line with the organisational policy. Performance management development systems were not yet in place at the centre. Staff team meetings were held at the centre in 2015 and these showed how a wide range of topics were considered each month. Only one staff meeting had taken place at the centre in the six months prior to this inspection.

There was a clear management structure in place as outlined in the statement of purpose. During interview with staff, they were clear about who was in charge and the role of the person in charge. The person in charge was included on the staff roster and worked alongside other staff. She was suitably qualified, skilled and experienced and was in post since April 2014. She had significant experience of working for the organisation. She demonstrated an excellent knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She was engaged in the governance and operational management of the centre. She was committed to her own professional development and had attended recent training in supervision.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There was an appropriate skill mix to meet the assessed needs of children and to ensure the safe delivery of services. The person in charge had the authority to organise extra staffing when necessary. Training was provided to staff. Improvements were needed so as to ensure that staff were supervised in line with the organisation policy.

There was an appropriate skill mix to meet the assessed needs of children and they received continuity of care from a core group of staff complemented by relief staff used when necessary. There was a mixture of care staff and nurses employed and this ensured that the needs of children with high dependency or medical needs were met. An actual and planned staff rota was maintained and this matched the staffing levels outlined in the statement of purpose. During the inspection, children received timely and respectful care from staff. Contingency plans were in place to cover staff on annual or sick leave and the person in charge had the authority to arrange extra staff where she determined there was a need.

Staff had access to a range of training courses. A policy on staff development and training was in place at the organisation. During interview, staff confirmed that they had attended on-going training and new staff confirmed that they had received an induction to their role. However, It was not always clear from the training records provided to the inspector that staff had attended the training that they were due a refresher on.

Staff were supervised in their roles in a formal manner and an organisational policy on staff supervision was in place. The inspector viewed a sample of supervision records and they showed how a range of topics was discussed. However, the frequency of the supervision for some staff was not in line with the policy which stated that it was to be quarterly.

At the time of this inspection, there were one volunteer who was assigned to the centre but he/she had not yet completed their first volunteering hours. The person in charge was clear about the volunteer role and had already met with the volunteer prior to them commencing at the centre. There was a volunteer co-ordinator working in the organisation who was responsible for the recruitment and personnel file. The person in charge was aware that the personnel file would need to be viewed by her in line with the regulations.

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

Findings:
At the last inspection some policies required adaptation to ensure they were centre specific.

At this inspection, the inspector found that not all policies submitted to HIQA had the commencement or review dates and therefore it was not possible for the inspector to confirm when such policies had been implemented or reviewed, for example the policy on restraints as a last resort and the management of behaviour that challenged. The policy on nutrition had not been adapted to ensure it reflected practices at the centre.

Judgment:
Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Carol Maricle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Joseph's Foundation
Centre ID:	OSV-0001817
Date of Inspection:	21 May 2016
Date of response:	05 August 2016

Requirements

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

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

Outcome 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:

Not all terms of residency had been agreed with the representatives of a child admitted on an emergency basis.

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

1. Action Required:

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

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

Under Regulation 24 (3) the Registered Provider will ensure that all emergency admissions to the centre will have a completed Terms of Residency.

Proposed Timescale: 02/08/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

A comprehensive assessment of the children was not completed annually to reflect changes in needs and circumstances.

2. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Under Regulation 05 (1) (b) the Person in Charge will ensure that all children will have a completed comprehensive assessment carried out annually using an audit tool

Proposed Timescale: 07/10/2016

Theme: Effective Services

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

Not all of the personal plans were reviewed annually. There was insufficient evidence to show that the personal plans were assessed for their effectiveness.

3. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

Under Regulation 05 (6) the Person in Charge will ensure that all children availing of respite care will have their personal plan reviewed at least annually.

Proposed Timescale: 30/09/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Some of the furniture at the centre was not in a good state of repair.

4. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Under Regulation 17 (1) (b) the Registered Provider will ensure that all furniture will be reviewed and repaired or replaced as required

Proposed Timescale: 31/12/2016

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:

Some of the individualised risk assessments required updating. Some children did not have individualised risks assessed completed when there were health related concerns. Toiletries belonging to the children were kept in the main bathroom but they were not locked away, these may have posed a risk to some of the children.

5. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Under Regulation 26 (1) (a) the Registered Provider will ensure that individual risk assessments are updated and that all risk hazards will be identified and assessed and included in the risk management policy.

Proposed Timescale: 09/09/2016

Theme: Effective Services

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

There was dust observed in some areas of the centre. The centre vehicle required cleaning.

6. 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:

The Registered Provider will ensure that a hygiene audit at the centre will be carried out and all necessary cleaning will be carried out to comply with Regulation 27.

Proposed Timescale: 22/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was no intimate care plan developed for a child, whose file was viewed by the inspector.

7. 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:

Under Regulation 08 (1) the Registered Provider will review all Personal Plans and ensure that all Personal Plans will contain an intimate care plan.

Proposed Timescale: 30/09/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

It was not always clear the choice that was given to residents at meal-time as this was not always recorded. It was not clear from the food diaries viewed the entry that was written by staff at this centre.

8. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

Under Regulation 18 (2) (a) the Person in Charge will ensure that all residents are provided with appropriate food choices and all documented entries in food diaries relating to the centre will be clearly identifiable.

Proposed Timescale: 22/07/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The annual review of the service did not comment on the quality and safety of care and support in the centre.

9. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Under Regulation 23 (1) (d) the Registered Provider will review the all documentation relating to the annual review and will ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

The provider did not sufficiently prepare a written report on the safety and quality of care and support and the plan to address concerns in the most recent six month unannounced inspection.

10. Action Required:

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

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

Under Regulation 23 (2) (a) the Registered Provider will prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to

address any concerns regarding the standard of care and support.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

Not all of the planned audits had taken place at the centre.

11. 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:

Under Regulation 23 (1) (c) the Registered Provider will ensure that all necessary audits will be completed in the centre.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

There were no performance management systems in place at the centre. The frequency of supervision was not in line with company policy. Only one staff team meeting had taken place in the six months prior to this inspection.

12. 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:

Under Regulation 23 (3) (a) the Registered Provider will ensure that there are effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibilities for the safe delivery of a quality service.

Proposed Timescale: 30/10/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The training matrix submitted to HIQA did not clearly state that staff members completed refresher training.

13. 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:

Under Regulation 16 (1) (a) the Person in Charge will ensure that all staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Proposed Timescale: 30/09/2016

Theme: Responsive Workforce

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

The frequency of formal supervision was not in line with the organisational policy.

14. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

The organisation is currently reviewing their supervision procedures and documentation and the Person in Charge will ensure that all staff receive appropriate supervision under the revised procedures to comply with Regulation 16 (1) (b).

Proposed Timescale: 30/09/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The policy on nutrition required adaptation to ensure it was centre specific. Not all policies were dated.

15. 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:

Under Regulation 04 (1) the Registered Provider will ensure that 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 are prepared in writing, adopted and implemented.

Proposed Timescale: 16/09/2016