



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

Name of designated centre:	Brambles
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	08 November 2018
Centre ID:	OSV-0001851
Fieldwork ID:	MON-0024970

About the designated centre

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

Brambles designated centre is a children's respite service operated by St. Catherine's Association in County Wicklow. The centre has a capacity for up to four children from six to 18 years of age and provides short break respite services to children with intellectual disabilities. An admission criterion to the centre is clearly set out in the statement of purpose. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. A senior manager also forms part of the management team, the person in charge reports to this manager who oversees the operation of respite services within St. Catherine's Association. Brambles designated centre forms part of that remit. The centre is staffed with a whole time equivalent of 12.5 staff which includes the role of the person in charge and deputy manager. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families. The premises consists of a large bungalow which provides a secure play area outside and a sensory area and recreation spaces inside. Each child is provided a single room during their stay. Brambles designated centre is due to undergo a significant refurbishment throughout in 2019; this is identified in the centre's statement of purpose.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

How we inspect

To prepare for this inspection the inspector or 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
08 November 2018	10:00hrs to 17:00hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

The inspector met with some children attending the designated centre on the day of inspection and had a brief chat with all of them. They appeared happy and content and told the inspector what they had done in school that day. Other residents chatted with the inspector about their interest in music. Children attending were observed having snacks and settling in for their respite stay. Children were also observed interacting with staff and it was noted staff were responsive and attentive to their needs and requests during the course of the inspection. The inspector reviewed a number of documented compliments from families of children attending the centre which were positive and indicated families were appreciative of the service and support of staff and management of the centre.

Capacity and capability

The registered provider, the person in charge and persons participating in management of the centre had effectively ensured residents were receiving a good quality service in this designated centre. Overall, the inspector found evidence of a responsive, fit provider capable of monitoring its own governance arrangements and where necessary taking responsive action to improve services provided to residents. Children were supported by the provider to experience a good quality of life during their respite breaks in Brambles designated centre.

A regulatory action from the previous inspection in relation to contracts of care had been adequately addressed. All children and their families/guardians had been issued a detailed contract of care which set out the services provided and detailed fees, if applicable. Each contract had also been signed by the child's family or guardian.

The provider had appointed a person in charge for the centre. The person in charge presented as a competent and effective manager who understood their regulatory role and responsibilities to a good standard. This included knowledge of notifications required by the regulations. All incidents had been notified as required. The person in charge had maintained their continuous professional development and at the time of inspection was starting a Masters degree in management. Good levels of compliance with the regulations and standards were found on this inspection. Governance and management systems and oversight by the provider and person in charge had ensured these findings which in turn were having positive impacts for children attending the designated centre.

The provider had ensured robust governance arrangements for this centre.

Provisions were in place for a six monthly provider led audit to take place and also the provider had identified persons to carry out the annual review of the centre. Ongoing operational management audits were in place.

The provider had ensured there were sufficient numbers of staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. Staffing arrangements and resources for the centre were reviewed and adjusted to meet the assessed needs of children attending the centre. This was a good governance arrangement and demonstrated a responsive management system to ensure each child's assessed needs were appropriately responded to and managed during their stay.

The person in charge had ensured, in the main, that staff working in the centre had received required training. A training plan was in place and updated as required. The provider had put systems in place to drive a more consistent approach to training of staff within the organisation. Some improvement was required, not all staff had received training in epilepsy management and administration of emergency medication for the management of seizures. This was required to meet the assessed needs of a new admission to the centre. It was noted however, that the person in charge had provisions in place to ensure at least one trained member of staff was assigned to work in the centre during the child's stay, until all staff had received this training.

An effective supervision system was in place. Staff supervision meetings were ongoing and of those reviewed it was noted they were clearly documented and carried out by both the person in charge and their deputy manager. The deputy manager had also identified a training course in supervisory management which they were due to begin in 2019 which would further enhance their management capabilities and in turn the governance and supervision of staff working in the centre.

The provider had effective governance arrangements in place to ensure the statement of purpose for the centre was regularly reviewed and met the requirements of Schedule 1 of the regulations. Following the inspection the provider further updated the statement of purpose to reflect the conditions of registration for the centre and to identify within it that the centre was due to undergo a significant refurbishment throughout in 2019.

Regulation 14: Persons in charge

The person in charge met the requirements of regulation 14. They were found to be a knowledgeable and conscientious person. The person in charge was also committed to their continuous professional development and at the time of inspection was undertaking a Masters degree in management.

Judgment: Compliant

Regulation 16: Training and staff development

Overall, the provider had ensured that staffing skill mix and numbers were appropriate to meet the needs of residents. Not all staff however, had received training in epilepsy management and administration of emergency medication for the management of seizures. A new admission to the centre required such supports.

A planned and actual roster was maintained in the centre which identified the name and grade of each staff. Schedule 2 files were not reviewed on this inspection. The provider had systems in place to ensure Schedule 2 files for staff were audited to ensure compliance with the regulations.

Staff were provided one-to-one supervision meetings with the person in charge and deputy manager for the centre. These supervision meetings were documented and copies of the meetings were maintained in a secure location in the designated centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had adequate governance and management arrangements in place to meet their regulatory requirements in relation to provider led audits and an annual report for the service. At the time of inspection a number of audit assurance reviews had already been completed.

Lines of authority and accountability were clearly defined. Operational management arrangements were in place to ensure regular and consistent oversight of the quality and safety of care provision in the centre in the absence of the person in charge.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

An action from the previous inspection had been addressed. Each child had a contract of care signed and agreed with their parents and/or guardians. Fees and services pertaining to their admission were clearly set out in their contracts.

Judgment: Compliant

Regulation 3: Statement of purpose

A revised statement of purpose was received shortly following the inspection which set out all matters required in Schedule 1 of the regulations. It accurately described the service provided and also documented the provider's intention to carry out a significant refurbishment of the premises in 2019.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification had been submitted to the Chief Inspector. The person in charge was aware of their regulatory responsibilities in relation to notification of incidents.

Judgment: Compliant

Quality and safety

The provider had ensured children attending Brambles respite service were provided with good quality, child centred care which also extended to supportive arrangements for families and guardians of children attending the service. Risk management systems were in place to managed some children's assessed personal risk needs. Since the previous inspection the provider had devised and policy in relation to how the centre provided support and services directly linked to children's educational needs. Safeguarding procedures were in place and in line with statutory policies and procedures.

Some improvements were required to ensure the quality and safety of care provided to residents in relation to the creation of directive support plans related to residents' assessed needs. It was found that while behaviour support planning was in place it was not in date and therefore could not provide staff with contemporary guidelines and practices in relation to behaviour supports. The premises required a significant refurbishment throughout. The provider had identified this and had plans in place to carry this out in 2019.

The provider had ensured residents received a comprehensive assessment of needs through an allied health professional framework. This ensured residents' best possible social care, physical and mental health outcomes were continuously monitored to a good standard in this centre. However there were gaps in support planning in place for some residents' assessed social and healthcare needs. Improvement in this was required to ensure consistency in staff supports and to ensure evidence based practice was implemented in line with allied health recommendations.

The provider had ensured statutory child protection policies and procedures were in place and implemented. Details of the organisation's designated officers were available in the centre and all staff had received training in children's first. There was evidence of effective and responsive action taken by the person in charge to concerns regarding children's protection and welfare. Supportive arrangements by the management team of the centre for families also formed part of the overall safeguarding arrangements in place in this designated centre.

Residents living in this centre required positive behaviour supports to manage some personal risks and behaviours that challenge. The provider had ensured residents were supported by appropriately skilled and qualified allied health professionals. Comprehensive behaviour support planning was in place however, improvements were required. Some behaviour support planning had not been reviewed in over a year. This required review to ensure staff were following contemporary guidelines and recommendations which were reflective of residents' behaviour support needs.

Residents could move freely around their home and a restraint free environment was promoted. Appropriate systems were in place for the identification and assessment of restrictive practices. At the time of inspection the person in charge and provider were devising a restraint register for the centre. Some restrictions were in place in order to directly manage an identified personal risk, for example the safe management of disposable gloves.

The provider had ensured appropriate fire safety precautions and containment measures were in this centre and met the regulations. Fire safety equipment was serviced as required and a functioning fire alarm was present in the centre. Regular fire evacuation drills took place and it was demonstrated that residents could be evacuated from the premises in a timely way. The person in charge had implemented systems to ensure all children that attended respite services in Brambles designated centre had participated in a fire drill at least once in the year. Each child had an up-to-date, detailed personal evacuation plan in place. Evacuation drill times demonstrated there were effective procedures and supports were in place. Regulatory actions relating to fire safety, from the previous inspection, had been comprehensively addressed.

The provider had created a risk management policy in line with their regulatory responsibilities. Risks pertaining to the centre had been carried out and were located in folders within the designated centre. Residents personal risks had also been assessed with standard operating procedures in place for the management of some. Incidents and accidents were also recorded and reviewed by a manager following

each entry. It was discussed at the time of feedback that the provider intended to make further quality improvements to the risk policy and recording and analysis of incidents and risks in St. Catherine's Association which would allow for improved trending and information capture.

Regulation 13: General welfare and development

Actions from the previous inspection had been completed. The provider had an education support policy in place and had appropriate arrangements in place to support children in achieving their educational goals and assessed needs.

Judgment: Compliant

Regulation 17: Premises

While the premises was comfortable and could, in the main, meet the needs of children attending on short breaks it required significant refurbishment throughout. Flooring was clinical in design and play, recreation, kitchen and dining areas, while functional, were not to the most optimum standard. A sensory area in the centre was small and did not provide enough space if all children wished to use it at the same time. Bedrooms were functional and clean, but required re-decorating and aesthetic design enhancements to make them child and teenager friendly.

It was noted there was a good standard of cleanliness throughout the designated centre.

Judgment: Not compliant

Regulation 26: Risk management procedures

The provider had ensured a risk management policy, that met the requirements of the regulations, was in place. There was evidence of it's implementation by the person in charge and staff in this designated centre. The provider was reviewing the organisation's current risk management processes. As part of this review, the organisation's incident recording analysis process and risk register framework would be examined and changes made to improve the quality of risk management systems and data analysis. Some residents presented with personal risks requiring robust and consistent supervision and management. Personal risk assessments were documented and localised standard operating procedures were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Actions from the previous inspection pertaining to fire safety had been comprehensively addressed. Fire drills were carried out regularly which ensured all residents had participated in a drill at least once a year. All staff had received fire safety training. Each resident had a detailed and documented personal evacuation plan in place. Fire and smoke detection and containment measures were present throughout the centre. Servicing records for fire equipment were maintained and up-to-date. Daily checks were also documented and up-to-date.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Safe medication management practices were in place at the time of inspection and carried out in line with best practice guidelines and the provider's organisational medication management policy and procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had received a comprehensive assessment of need with evidence of allied health professional assessment and recommendations prescribed and documented where required.

Improvement was required to ensure a corresponding support plan was in place for all identified assessed needs for residents. At the time of inspection it was noted there were some gaps in support planning to guide, inform and direct staff, which in turn would support the person in charge in their supervision of staff practice and their evaluation of the effectiveness of residents received supports.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where required comprehensive support planning was in place. All staff had received training in breakaway techniques and management of potential and actual aggression. Residents had access to appropriately qualified allied health professionals in relation to the assessment and review of behaviour supports provided in this centre. However, reviews of some residents' behaviour support needs had not occurred in over a year. Therefore, behaviour support planning in place at the time of inspection was not reflective of some residents' current needs or presentations and could not direct or guide contemporary staff practices.

A restraint free environment was promoted and overall a low level of restrictive practices were in use. The provider and person in charge were in the process of developing a restraint register for the designated centre. Some restrictions were required to specifically manage personal risks for some residents.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had received training in child protection. An up-to-date child protection policy and associated procedures were in place. A photograph and contact details of designated persons was displayed in the centre. It was also demonstrated that the person in charge took appropriate action if and when safeguarding concerns arose through the implementation of policies and procedures relating to child protection and safeguarding. Support and understanding of families needs formed part of this designated centre's safeguarding processes and this was evident on inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Brambles OSV-0001851

Inspection ID: MON-0024970

Date of inspection: 08/11/2018

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. Currently 13 (61.9%) of the Brambles staff team has appropriate training in epilepsy management and administration of emergency medication; including both the Person-In-Charge and Deputy Children Services Manager. 2. Training is scheduled for early February 2019 for the remaining 8 staff members to complete appropriate training in epilepsy management and administration of emergency medication has been scheduled. All staff members have confirmed attendance for the course. The course will be provided on 12th February 2019. 3. As of October 2017, St. Catherine's Association appointed a full-time Training Development Officer whose remit encompasses all mandatory and non-mandatory training requirements for staff members employed in an SCA designated centre. As of 18th December 2018, SCA has a compliance rate of 88% for direct contact staff in Brambles. 4. The Person-In-Charge continually monitors the skill mix of available staff and rostering staffing resources appropriately to ensure continuation of service is maintained. Please be assured that the Person-In-Charge, through effective rostering, will ensure that each shift has an adequate provision of staff with appropriate epilepsy training available on the days that the new admission is in-situ. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. St. Catherine's Association has been in active engagement with a third party for the 	

renovation and refurbishment of designated centre, Brambles, for a significant period of time. Unfortunately this process did not come to fruition.

2. St. Catherine's Association have updated and submitted a revised Statement of Purpose for designated centre Brambles to the Regulator. The updated included a commitment to refurbish the location. Complete as of 15th November 2018.
3. Provisional plans for refurbishment include a new kitchen design and layout, redecorating all existing rooms with appropriate decor, complete garden design to include more children's play equipment, an extension to the current property to provide greater living space (subject to planning and resources), and an external, roofed play area (subject to planning and resources). The proposed time-scale for completion is 12 months; 31st December 2019.
4. St. Catherine's Association has begun the process of engaging with two local architects and currently plans for the refurbishment of Brambles are underway. Complete as of 4th December 2018.
5. As of 18th December 2018, St. Catherine's Association awaits first draft plans and estimated for the proposed works.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. Initial discussions were held with the members of the Personal Plan Development Group on 14th September 2018. Staff directives, to support and guide work practice, were requested to be added to St. Catherine's Association Personal Plan template.
2. A pilot program of the new staff directive documentation commenced in another designated centre on 10th September 2018. Revised training has been devised to support staff in completion of new documents.
3. Staff directive template was presented to the members of the Personal Plan Development Group and approved on 9th October 2018.
4. Updated training to be presented to the Personal Plan Development Group on 15th November 2018 prior to new documentation being rolled out across the organisation.
5. Following subsequent HIQA inspections, additional work is required to improve the corresponding staff directive support plans. Required improvements have been added to the agenda for the next meeting of the Personal Plan Development Group. Next meeting is scheduled for 22nd January 2019.
6. The Training Development Officer (TDO) will include revised Personal Plan training in the training calendar from 31st January 2019 onwards.
7. Staff directives to be completed six months post approval from the Personal Plan Development Group and training; 31st July 2019.

All directive support plans will be completed by the appropriate allied healthcare professional to ensure evidence based practice is implemented across all identified assessed needs of residents once approved

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. Current delays in Positive Behaviour Support review has been identified and appropriately risk assessed by the Person-In-Charge; Complete. 2. The Person-In-Charge has proactively shared proposed respite bookings from January to March 2019 with the designated centres allocated Behaviour Support Specialist with a view to scheduling Positive Behaviour Support observation visits during quarter one of 2019; 31st March 2019. 3. Once observations of residents are complete, the Children’s Services Manger has requested a timeframe from Positive Behavior Support regarding the comprehensive review and completion of all outstanding Behavior Support plans. 4. St. Catherine’s Association is currently in the process of reviewing the Adverse Events and Serious Incidents policy. It is anticipated that this policy will be proposed for formal approval at the next meeting of the St. Catherine’s Association Board of Director by 31st January 2019. 5. The revised policy includes a provision for a system of classification for all incident report forms (IRFs) generated. IRFs will be classified as Major, Moderate or Minor based on the Risk Rating Calculator available in SCA Quality, Safety & Risk Management policy. Each classification of incident will have a specific timeframe for review by PBS; <ol style="list-style-type: none"> a. Major is proposed to be by the next working day or before the individual’s next respite break, b. Moderate is proposed to be within five working days or before the individual’s next respite stay, c. and Minor is proposed to within ten working days or before the individual’s next respite stay. 6. Behaviour Support Plans will be reviewed at a minimum every 12 months, or sooner as required. 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	02/02/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	31/12/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	31/12/2019

Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/07/2019
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/04/2019