



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

Issued by the Chief Inspector

Name of designated centre:	Haughton House
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	01 October 2019
Centre ID:	OSV-0001850
Fieldwork ID:	MON-0022659

About the designated centre

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

Haughton House is a children's respite service operated by St. Catherine's Association in County Wicklow for children with an intellectual disability. The centre has a capacity for up to four children at any one time from six to 18 years of age and in total 19 children access this respite service. 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. The centre is staffed with a whole-time-equivalent of 13.3 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 consist of a single storey building which provides a sensory room and recreation spaces inside. Each child is provided a single bedroom during their stay. There is a newly renovated garden to the rear of the centre with plenty of sensory and play equipment for children to play with.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
01 October 2019	09:30hrs to 17:30hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

As part of the inspection, the inspector met and spent some time with each of the four children availing of respite on the day of inspection. Although these children were unable to tell the inspector their views of the service, warm interactions between the children and staff caring for them were observed. Staff were noted to be kind, responsive and attentive to the children's needs. There was a good supply of toys and sensory equipment both inside and outside the centre in the garden which children were observed to enjoy interacting with. Each of the children were attending a school placement which they were reported to enjoy. Staff spoken with outlined how they considered that the centre met each of the children's care and support needs.

There was evidence that the children, and their family representatives, were consulted with and communicated with about decisions regarding their care and the running of their house. The inspector did not have an opportunity to meet with the relatives of any of the children but relatives of five of the children who availed of respite in the centre completed a HIQA questionnaire. These indicated that they were happy with the care and support their loved ones were receiving.

Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the children's needs. However, some improvements were required in relation to the provision of policies and procedures as required by schedule 5 of the regulations and in staff training arrangements.

The centre was managed by a suitably qualified, skilled and experienced person. She was in a full time post and was only responsible for the management of this centre but did cover leave periods for a person in charge from one other centre. The person in charge held a diploma in social care, certificate in management and at the time of inspection she was in the final stages of completing a Masters in social care, leadership and management. She had more than five years management experience and in total had been working with the provider for more than 16 years. She was supported by a deputy manager who was not responsible for any other centre. She was found to have a sound knowledge of the requirements of the regulations and standards. Staff members spoken with told the inspector that the person in charge and deputy manager supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration.

There was a clearly defined management structure in place that identified lines of

accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge had reported to the respite service manager who had recently resigned from the position. Consequently, at the time of this inspection, the person in charge reported directly to the chief executive officer.

The provider had completed an annual review and six-monthly unannounced visits to assess the quality and safety of the service as required by the regulations. There was evidence that a number of audits had been completed on a regular basis. Examples of these audits included, health and safety, finance, communication, community activities, food sampling, medication review, positive behaviour support and restrictive practices. There was evidence that actions were taken to address issues identified in these audits. The provider had a tracker system in place against each of the regulations which noted deficits, proposed actions, persons responsible and timescales to come into compliance.

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the regulations.

The provider had prepared in writing and adopted and implemented the majority of the policies and procedures on the matters set out in schedule 5 of the regulations. However, a policy on personal property and possessions was not in place as required by the regulations. In addition a small number of policies were overdue for review which meant that staff might not have the most up-to-date best practice to guide them.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the children availing of respite in the centre. The full complement of staff were in place. There was an actual and planned staff roster in place and it was evident that the dependency levels of children attending respite informed the roster. Staff team consisted of registered nurses in intellectual disabilities and social care workers.

Training had been provided to staff to support them in their role and to improve outcomes for the children. However, training records showed that a small number of staff were overdue to attend some mandatory training requirements. There was a staff training and development policy, dated April 2018. A training programme was in place which was coordinated by the provider's quality, compliance and training officer and training and development officer. There was evidence that other training to meet specific needs of children availing of respite in the centre had been provided. There were no volunteers working in the centre at the time of inspection.

There were suitable staff supervision arrangements in place. The inspector reviewed a sample of staff supervision files and found that supervision had been undertaken in line with the frequency proposed in the providers policy and that it was of a good quality. This was considered to support staff to perform their duties to the best of their abilities.

Regulation 14: Persons in charge
The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.
Judgment: Compliant
Regulation 15: Staffing
The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the children availing of respite in the centre.
Judgment: Compliant
Regulation 16: Training and staff development
Training had been provided for staff to improve outcomes for the children living in the centre. However, training records showed that a small number of staff were overdue to attend some mandatory training requirements. Staff received appropriate supervision to support them to perform their duties to the best of their abilities.
Judgment: Substantially compliant
Regulation 23: Governance and management
The governance and management systems in place promoted the delivery of a high quality and safe service
Judgment: Compliant
Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose that accurately and clearly described the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

There were systems in place for the recording and management of all incidents. All required incidents were notified to the chief inspector as per the requirements of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had prepared in writing and adopted and implemented the majority of the policies and procedures on the matters set out in schedule 5 of the regulations. However, a policy on personal property and possessions was not in place as required by the regulations. In addition a small number of policies were overdue for review which meant that staff might not have the most up-to-date best practice to guide them.

Judgment: Substantially compliant

Quality and safety

The children living in the centre received care and support which was of a good quality, person centred and promoted their rights.

The children's well-being and welfare was maintained by a good standard of evidence-based care and support. The inspector reviewed a sample of children's files and found that comprehensive assessments of needs had been completed. Personal plans in place reflected the assessed needs of the individual children and outlined the support required to maximise their personal development in accordance with their individual health, personal, communication and social needs and choices. There was an all about me folder which included user friendly summary versions of plans in place. Specific goals had been identified for children with task analysis and data collection sheets to monitor progress in achieving identified goals and level of support required. Health care plans were in place for children identified to require same. Personal plans in place were reviewed at regular intervals with the

involvement of the children's multidisciplinary team and family representatives.

The provider had a booking profile system in place to determine the children who would attend respite together. The composition of children attending together for respite was influenced by age, peer suitability, dependency levels and gender mix.

The children were each supported to engage in meaningful activities in the centre and within the community. Each of the children attended a school placement. Other activities children engaged in during their respite stay included, visits to the beach, cinema, bowling, shopping, entertainment parks and indoor play centres. The centre was equipped with a sensory room and a play room which contained lots of sensory toys and play equipment for children to play with. Outside the centre a new accessible sensory play ground and garden had been put in place since the last inspection. It included a range of recreational facilities such as interactive wall panels, musical devices, a climbing wall, basket ball hoop, play shop/shed, fire engine play truck, mud kitchen, disco area, zip line, nest swing, garden tunnel and artificial grass. A small area of the garden had a covered area so that children could enjoy the outside area even on bad weather days. The centre had its own vehicle which staff could use to take children to and from school and on social outings. A record was maintained of activities that children engaged in.

The children's communication needs were met. There was a policy on communication. Individual communication requirements were highlighted in children's personal plans and reflected in practice. A significant number of children who availed of respite in the centre were non-verbal. There were communication tools, such as picture exchange and object of interest in place, to children availing of respite to choose diet, activities, daily routines and journey destinations.

The centre was found to be suitable to meet the children's individual and collective needs in a comfortable and homely way. A number of areas had been refurbished since the last inspection and overall the centre was in a good state of repair. Each of the children had their own bedroom whilst availing of respite on the centre. This promoted the children's independence, dignity and respect. The centre was fully accessible as a number of children were wheelchair users.

The children were provided with a nutritious, appetizing and varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the children. There was evidence that a healthy eating programme was promoted. Records of food sampling for specific children were recorded. A number of children were on enteral feeding regimes and suitable plans were in place to guide staff in supporting the resident. Records were maintained for individual children regarding 'what I like to eat' and swallowing guidelines were in place for children identified to require same. These were observed to be adhered to by staff.

The health and safety of the children, visitors and staff were promoted and protected. There was a quality safety and risk management policy, dated May 2019 and a safety statement, dated March 2019. Environmental and individual risk assessments for children had been completed and were subject to regular review. These outlined appropriate measures in place to control and manage the

risks identified. A local risk register was maintained as a 'living' document in the centre. Bi-monthly risk reporting forms were submitted to the providers quality, compliance and training manager. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There was an emergency response plan in place.

There were arrangements in place for investigating and learning from incidents and adverse events involving the children. There was evidence that incidents were discussed at monthly staff team meetings and that the providers behaviour support team reviewed relevant incident reports and provided advice to staff. This promoted opportunities for learning to improve services and prevent incidences. Regular training was provided for staff on incident reporting by the quality, compliance and training manager.

There were measures in place to protect the children from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. There was a child protection and welfare policy, dated December 2017 and an intimate care policy, dated March 2019. Staff met with had a good understanding of the signs of abuse and the procedure to be followed in the event of a suspicion of abuse.

The children availing of respite in the centre were provided with emotional and behavioural support. However, the positive support policy in place was dated September 2015 was overdue for review. This meant that it might not provide up-to-date information to guide staff practice. The assessed needs of the children were being appropriately responded to. Behaviour support plans were in place for a small number of children identified to require same. These provided a good level of detail to guide staff in meeting the needs of the individual children. There was evidence that plans in place were regularly reviewed by the provider's behaviour specialist.

There were a number of environmental restrictions in place but these were subject to regular review and had been approved by the providers rights review committee. These included a number of restrictions, recommended by allied health professionals, such as occupational therapy, physiotherapy and the behavioural support department. These had been assessed as required to manage identified personal risks for children. For example, cot style beds, bed rails and closed sleeping systems. There was a restrictive practices policy, dated May 2019. A restrictive practice register was maintained and regularly reviewed. A comprehensive bed review report had been completed by the quality, compliance and training manager in May 2019 and individual risk assessments had been completed for the use of all high low beds, etc.

Precautions were in place against the risk of fire. However, a suite of improvements had been identified by the provider in relation to the fire alarm system and fire containment arrangements in order to comply with current fire safety requirements. There was a fire safety policy and a fire risk assessment had been completed. There was documentary evidence that fire fighting equipment and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks in the centre. There were adequate means of escape and a

fire assembly point was identified in an area to the front of the centre. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures and had received appropriate training. Fire drills involving children availing of respite in the centre had been undertaken at regular intervals.

Regulation 10: Communication

The childrens' communication needs were met.

Judgment: Compliant

Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each of the children.

Judgment: Compliant

Regulation 18: Food and nutrition

The children were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of children, visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 28: Fire precautions

There were some precautions in place against the risk of fire. However, a suite of improvements had been identified by the provider in relation to the fire alarm system and fire containment arrangements in order to comply with current fire safety requirements.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The well-being and welfare and welfare of children availing of respite was maintained by a good standard of evidence-based care and support.

Judgment: Compliant

Regulation 7: Positive behavioural support

The children availing of respite were provided with emotional and behavioural support. However, the positive support policy in place was dated September 2015 was overdue for review. This meant that it might not provide up-to-date information to guide staff practice.

Judgment: Substantially compliant

Regulation 8: Protection

There were measures in place to keep children availing of respite in the centre safe and to protect them from abuse.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Haughton House OSV-0001850

Inspection ID: MON-0022659

Date of inspection: 01/10/2019

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"> Following inspection, the Person-In-Charge completed a full review of all training deficits, in line with the requirements of the center's Statement of Purpose, and appropriate steps were taken to address any gaps. Where deficits were identified, the relevant staff member has been booked to attend the next available training opportunity; proposed timescale – Complete. Based on currently available training opportunities remaining in 2019 & early 2020, the staff team in Haughton House will be fully compliant with the following mandatory training requirements no later than 31st January 2020; Children's First (please note all staff complete "An Introduction to Children First" via the HSE e-learning portal prior to commencing work with children), Food Hygiene / HACCP, First Aid, Fire Safety, MAPA and Manual Handling. If a staff member is unable to attend and / or the course does not proceed as scheduled, a further booking will be made for the next available training opportunity; proposed timescale – 31st January 2020. Risk Management training, conducted by the organisation's Quality Compliance and Training Manager, is next scheduled in early 2020. Relevant Haughton House staff members will be prioritized and booked to attend; proposed timescale – 28th February 2020. <p>Proposed Timescales;</p> <ol style="list-style-type: none"> Complete 31st January 2020 28th February 2020 	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies	

and procedures:

1. The register provider has previously committed to the Regulator to complete a full review of all Schedule 5 policies, as required under Regulation 04(1) of SI 367 of 2013, and update any policy that require such. This commitment was provided in response to the inspection report for another St. Catherine's Association DCD [OSV-0005660] conducted on 5th September 2018. The proposed timescales for the review to be complete is 20th December 2019 and the review will address the small number of policies which remain overdue identified during this most recent inspection; proposed timescale – 31st March 2020 (see Regulation 7 below for details of revised timescale).
2. In demonstration of St. Catherine's Association's committed to the Regulator, the following Schedule 5 policies have been reviewed and became effective during late 2018 / 2019 YTD;
 - a. Recruitment and Selection Policy; effective 1st November 2018
 - b. Garda Vetting Policy; effective 1st November 2018
 - c. Serious Incidents and Adverse Events policy; effective 15th March 2019
 - d. Intimate Care Policy; effective 14th March 2019
 - e. Visitors to Company Facilities Policy; effective 8th March 2019
 - f. Missing Persons Policy; effective 14th March 2019
 - g. Human Rights Policy; effective 17th May 2019
 - h. Quality, Safety and Risk Management Policy; effective 17th May 2019
 - i. Restrictive Practices Policy; effective 17th May 2019
 - j. Trust In Care Policy; effective 11th November 2019
3. The new Individual Money and Property Policy has been approved by the St. Catherine's Association senior management team on 8th November 2019. This policy update replaces the current St. Catherine's Association Children's Money Policy. The new policy has been expanded to cover both adults in receipt of services by St. Catherine's Association and personal possessions. The policy is due to be considered for adoption by the St. Catherine's Association Board of Directors at their next board meeting scheduled for 18th November 2019; proposed timescale – 18th November 2019.

Proposed Timescales;

1. 31st March 2020
2. Complete
3. 18th November 2019

Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ol style="list-style-type: none">1. Currently St. Catherine's Association has following fire safety precautions installed in Haughton House;<ol style="list-style-type: none">a. Fire detection and alarm systemb. Emergency Lightingc. Fire Doors2. As part of a process of upgrading the property, St. Catherine's Association engaged a qualified fire safety consultant and architect who conducted a site inspection of Haughton House producing a comprehensive tender schedule of works in June 2018 for upgrading the premises.3. Upon confirmation of funding being made available, St. Catherine's Association to engage in a tendering process in line with national procurement policy. Upon choosing of	

preferred contractor, St. Catherine's Association to proceed with recommendations as outlined in the final report from the qualified fire safety consultant and architect; proposed timescale – 30th December 2020 (Dependent on the release of funding by third party agency).

4. As per the location's Safety Statement (reviewed and updated on 13th March 2019), St. Catherine's Association take a comprehensive and co-ordinated approach to Fire Safety. Line Managers will be responsible for the day to day implementation of this Fire Safety Statement within their area, this includes ensuring:

- a. Fire safety checks are carried out as required.
- b. Fire hazards are identified and action taken as appropriate to address these hazards.
- c. Fire drills are carried out at least 2 times a year and a fire evacuation report is submitted on each fire drill. Haughton House conduct monthly fire drills to ensure all staff members participate in at least one drill per annum.
- d. The effectiveness of fire drill is reviewed and improvements are put in place as necessary.
- e. Staff working in their area have up to date fire safety training as required.
- f. New staff receive training with regard to fire safety particularly with regard to the location of firefighting equipment, call points, exit routes, assembly points and evacuation procedures.
- g. Visitors to their area and contractors are made aware of fire safety procedures as relevant

Staff will be responsible for adhering to this Fire Safety Statement, this includes:

- a. Promoting fire safety and prevention at all times
- b. Being vigilant with regard to fire safety and prevention including:
- c. Good housekeeping.
- d. Keeping fire doors and exits free of obstruction.
- e. Ensuring electrical equipment is in good repair.
- f. Removing fire hazards e.g. faulty electrical equipment, flammable materials.
- g. Being familiar with the Fire Risk Assessment in their area and implementing the associated controls as appropriate.
- h. Knowing what to do in the event of fire to ensure their own safety, the safety of people who use the service, their colleagues and visitors.
- i. Participating in Fire Drills.
- j. Attending Fire Safety Training as required.
- k. Reporting fire hazards and instances where fire precautions are not being observed.
- l. Requesting visitors to sign in and out of building as appropriate.
- m. Informing visitors of the fire safety procedures as appropriate.

Fire Safety within designated centre Haughton House has been appropriated risk assessed by St. Catherine's Association Environmental Health & Safety Officer ensuring a comprehensive Fire Risk Assessment and ensuring robust Emergency Response Plan for Fire are in place. Fire Compliance features on both the Location and Corporate Risk Registers ensuring appropriate visibility at all levels of management within St. Catherine's Association.

All children attending designated centre Haughton House has individual PEEPs (Personal Emergency Evacuation Plans) in place and the staff team are knowledgeable on individual evacuation needs.

Proposed Timescale:

1. Current - Complete
2. Complete
3. 30th December 2020 (Dependent on funding agency)
4. Current – Complete
5. Complete

Regulation 7: Positive behavioural support

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. The register provider previously committed to the Regulator to complete a full review in 2019 of all Schedule 5 policies, as required under Regulation 04(1) of SI 367 of 2013. This commitment was provided in response to the inspection report for another St. Catherine's Association DCD [OSV-0005660] conducted on 5th September 2018. A review of the St. Catherine's Association Positive Behaviour Support Policy formed part of this commitment.
2. Section 4 (Work Under Development) of the National Quality Improvement Office Autumn Newsletter provided on 6th November 2019 indicated that National Guiding Principles they relate to the Provisions of Behaviour Supports are due for publication by the end of Q4 of 2019. St. Catherine's Association therefore took the decision to extend the review of their organisational Positive Behaviour Support until such time as the National Guiding Principles are available. A full review of the St. Catherine's Association Positive Behaviour Support will therefore be conducted by the end of Q1 in 2020; proposed timescale 31st March 2020.
3. To ensure St. Catherine's Association continues to provide behaviour supports, in line with current best practice, the Positive Behaviour Support team provides quarterly scheduled training to all relevant staff members on current best practice.
4. To ensure St. Catherine's Association continues to provide behaviour supports, in line with current best practice, a full scale review of behavioural incident reporting has also been conducted and revised guidelines drafted by the St. Catherine's Association Positive Behaviour Support Team. Initial draft guidelines were made available for stage 1 review on 31st October 2019 to all line managers within St. Catherine's Association DCD's. Feedback was received on 8th November 2019 & provided to the Positive Behaviour Support Team on 12th November 2019. Revised guidelines are due no later than 15th November 2019.
5. Revised guidelines will be tabled for review by St. Catherine's Association senior management team; proposed timescale - 3rd December 2019.
6. Roll-out of new Positive Behaviour Support guidelines will commence no later than end Q4 of 2019; proposed timescale – 20th December 2019.

Proposed Timescale:

1. 20th December 2019
2. 31st March 2020
3. Complete
4. Complete

5. 3rd December 2019
6. 20th December 2019

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	28/02/2020
Regulation 28(2)(a)	The registered provider shall take adequate precautions against the risk of fire in the designated centre, and, in that regard, provide suitable fire fighting equipment, building services, bedding and furnishings.	Not Compliant	Orange	30/12/2020
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies	Substantially Compliant	Yellow	18/11/2019

	and procedures on the matters set out in Schedule 5.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2020
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/03/2020