

**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 Paul's
Centre ID:	OSV-0003766
Centre county:	Dublin 9
Email address:	chennebry@mater.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Paul's
Provider Nominee:	Mary Day
Lead inspector:	Maureen Burns Rees
Support inspector(s):	Eva Boyle;Helen Donovan;
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	0

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 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 March 2014 09:00	26 March 2014 19:00
27 March 2014 14:00	27 March 2014 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

St Paul's Services is a service for children with autism spectrum disorder. At the time of inspection it consisted of:

- A Residential Unit which provided full time residential care for four children aged between 14 and 17 years and three individuals who were over 18 years of age, who had remained in the service as no appropriate adult placement was available when they reached school leaving age. (Two of the young adults were 21 years and one was 22 years). Each of the children were engaged in an educational programme in St Paul's Specialist School which was located on the same campus as the residential unit. Only one of the young adults were engaged in a training programme. The other two young adults were not engaged in a training programme outside of the unit at the time of inspection.
- A Community House which provided a respite service for adolescents aged between 11 and 18 years of age. The stated aim of the service was to prepare children for the transition to adulthood by participation in a range of certified independent living skills programmes. The house could accommodate up to four children per night. Each child was offered one night a week and one weekend in every five weekends.
- A Junior Respite House which provided respite for children aged between 4 and 12 years of age. The house could accommodate up to four children per night. Each child was offered one night a week and one weekend in every five weekends.
- A Senior Respite House which provided respite for children between 12-18 years of age. Each child was offered one night a week and one weekend in every five

weekends.

The unit and each of the respite houses were not located on the one campus but were within the one geographical area and had a common person in charge (PIC). Each of the houses, had a child care leader in place who was recognised as the manager. The Authority were notified in accordance with Section 69 of the Health Act 2007 that the residential unit and three respite centre's were being proposed as the one designated centre.

This monitoring inspection was announced and took place over two days. As part of the inspection inspectors met with children/ residents, staff members, the assistant director of care, the speech and language therapy manager and the PIC. Inspectors observed practices and reviewed documentation such as personal plans, policies and procedures and staff files.

In general inspectors found that residents received a person centred quality service which was delivered by a committed and experienced team of staff. The children's communication needs were promoted through the use of a range of communication aids and behaviour was well managed. Health needs of the residents were regularly reviewed and met. In general, there was a good level of contact with the families of the residents and they were actively encouraged to be involved in their child's care. There were sufficient staff to meet resident's needs on the day of inspection and staff were observed to warmly interact with residents in a confident, respectful and sensitive way. While evidence of good practice was found across all outcomes, areas of non compliances with the regulations and the National Standards were identified. These included:

- residents personal plans did not comply with all of the requirements as outlined in the regulations
- risk management arrangements were not robust
- staff supervision and professional development arrangements were not adequate
- the statement of purpose had only recently been drafted and had not yet been approved by the provider or circulated to the residents families
- arrangements for the person in charge to ensure the effective governance, operational management and administration of each of the respite houses and units were not robust
- management systems in place to ensure that the service provided is safe, consistent and appropriate to the childrens needs were not adequate.

These non compliances are outlined in detail within the body of this report and included in the action plan at the end of the report.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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):

No actions were required from the previous inspection.

Findings:

There were some systems in place to assess children's individual needs and choices. However, there was a lack of consistency regarding the detail and quality of the assessments between the different houses. Inspectors reviewed the centres 'Guidelines for person centred planning' dated January 2014, which had recently been introduced and provided guidance to staff on the assessment of personal and social care needs. This document replaced previous 2012 Guidelines. Inspectors reviewed a sample of resident's files in each of the three respite houses and the residential unit. They found documentary evidence that an assessment of care need had been completed for the majority of children prior to their admission, by the child's allocated key worker. However, inspectors found that a number of the assessments were not comprehensive in terms of children's health, educational, emotional and social needs. In addition, a subsequent comprehensive assessment to reflect changes in need and circumstances on at least an annual basis as required by the regulations had not been undertaken in all cases.

Comprehensive outcome focused personal plans which reflected each child's assessed needs including social, health, communication and educational needs, interests and capacities had not been developed for all children. The person in charge told inspectors that, while each resident had a personal plan, a process had begun in 2013 to develop new personal plans. Inspectors found that the new personal plans had been put in place for each of the residents in the residential unit but not for all of the children in each of the respite houses. Inspectors reviewed a sample of files in each of the areas, which contained the new personal plans. Inspectors found that the new personal plans outlined a vision for the resident and were focussed on outcomes which included identified goals and steps required to achieve them. However they were not always comprehensive in terms of providing adequate information on all of a residents care needs or the supports required to maximise their personal development. There was not

always documentary evidence that personal plans had been developed with the participation of each child or their representative as required by the regulations. Inspectors reviewed a range of reports held separately on files, for example, psychology and speech and language therapy reports. Findings from these were not always reflected in individual personal plans.

Inspectors found that the communication needs of children and the three young adults were assessed and promoted through the use of a range of communication aids. These included picture reference cards, objects of reference and manual signing. Inspectors observed staff in each of the houses warmly responding to children in a respectful and sensitive way. Inspectors reviewed the providers 'Communication Support Guide' dated December 2012 which provided guidance for staff regarding key methods to support the communication skills of residents with autism. Inspectors found that the provider had recently drafted a 'communication with children policy' which had not yet been approved.

Each child was assigned two key workers. Key workers told inspectors that they were responsible for working directly with the children to draw up their personal plans, to address their needs and to assist them to achieve identified goals outlined in their personal plans. However, the recording of this work was not always consistent in care files reviewed.

The arrangements in place for the transition and discharge of residents required improvement. Inspectors reviewed communication passports on each of the files reviewed which outlined relevant information on aspects of the resident's care and their emotional needs and preferences. Staff told inspectors that this document would be used should a resident transfer to hospital. Inspectors reviewed a transition plan template which had recently been developed but had not yet been used. The centre did not have a policy or procedure in place that guided staff if and when a child was temporarily transferring or transiting to another service or to hospital. This meant that guidance was not available to staff to ensure that such preparations were comprehensive and consistent with the needs of the individual.

Three of the residents in the residential unit were over 18 years (Two of the young adults were 21 years and one was 22 years). Each of these young people had been living in the unit for a period preceding their 18th birthday. The person in charge told inspectors that they had remained living in the unit as no appropriate adult placement was available. Inspectors reviewed documentary evidence to show that the issue had been escalated to the Health Service Executive (HSE) and included in the providers risk register. The Person in Charge (PIC) informed inspectors that new placements had been identified for each of these residents, but discharge dates had not yet been confirmed. Planned supports for the transitioning of these residents to adult services had not been formally agreed. There was limited documentary evidence that these residents or their families had been consulted with in this regard. A 24 year old resident had been discharged to an adult service in October 2013. The PIC told inspectors that the transition of this resident to adult services had been well managed and that staff continued to maintain contact with the resident and their family.

Residents were supported and provided with guidance to enable them to live as

independently as possible. However, the environment in the residential unit did not provide adequate facilities to support residents in preparing for adulthood. There was documentary evidence to show that the service had engaged with the HSE with regard to sourcing suitable accommodation in the community for children living in the residential unit. Inspectors reviewed personal plans where specific goals had been set. Progress records showed that one to one work had been undertaken by key workers to assist residents to achieve their goals. For example, independent self care, use of automated cash machine, management of finances and shopping. Records showed that one resident had engaged in a voluntary work placement outside of the centre. Inspectors found that children in the respite houses used the kitchens in their respective houses to prepare food with the support of staff. However, in the main residential unit inspectors observed, that the kitchen and laundry area were of an industrial type. This meant that residents in the unit did not have ready access to food and drink outside of formal mealtimes and could not be involved in food preparation or laundry duties. Staff told inspectors that residents from the unit visited one of the respite centres once a week to prepare a meal with staff. There was limited documentary evidence available to demonstrate the interaction or involvement of the residents in this activity. The PIC informed inspectors that other informal activities were undertaken with the adults living in the centre but there was no formal programme in place. Inspectors found that the three older residents, were overall engaged in the same activities as the younger children living in the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

While the health and safety of residents and staff was promoted, the overall system to assess and manage risk required improvement. The centre had a number of policies and procedures in place relating to health and safety and had a risk register in place. Inspectors reviewed the centres safety statement which was dated 2013 and draft risk management policy. The draft risk management policy did not meet all of the requirements of the regulations as, it did not include the measures and actions in place to control the unexpected absence of any child, accidental injury to residents, visitors or staff, aggression violence or self harm. Inspectors reviewed risk assessments undertaken of the environment and some work practices in each of the houses and unit. Inspectors reviewed individual risk assessments in resident's files for specific risks and found that there were measures in place to manage and control risks identified. For

example, getting off a bus on a main road. Inspectors noted that other specific risk had been identified within files for individual children but that a formal risk assessment had not been undertaken in relation to same. For example, risk of a resident absconding. Overall inspectors found that the quality of risk assessments undertaken were mixed with some not dated, reviewed or that a risk rating had not been applied.

Arrangements were in place for reporting, recording and analysing serious incidents and adverse events involving residents. However, measures in place to learn from accidents and incidents required improvement. Inspectors found, through interview with staff and review of documentation that incidents and accidents were recorded and reported electronically to the providers central risk management department and the person in charge in a timely manner. Inspectors reviewed a breakdown of the number of accidents, near misses and incidents reported in the preceding 12 month period. There was documentary evidence that a quality improvement plan had been put in place following a review of incident categorisation from October to December 2013. However, inspectors noted that proposed actions stated were not specific and that timelines or person responsible had not been specified. There was limited documentary evidence that actions had been taken as a result of learning attained from any of the incidents. This meant that opportunities to improve services and to prevent reoccurrences may have been missed.

Standard precautions were in place for the control of healthcare associated infections. Inspectors noted there were facilities in place for hand washing and prevention of infection. There was documentary evidence that staff had attended hand hygiene training and refresher courses. The person in charge told inspectors that there had been no recent outbreaks of infections. Inspectors observed that each of the three respite houses and the residential unit were clean. However, there were broken wall and floor surfaces in a number of areas within the residential unit which posed a risk in terms of the adequate control of healthcare associated infections.

There were precautions in place against the risk of fire. However, checking and recording systems in some of the respite houses required some attention. Inspectors observed that suitable fire equipment was available. There was documentary evidence that fire equipment, fire alarms and emergency lighting were serviced at regular intervals by an external company. Inspectors found that there were adequate means of escape and that all fire exits were unobstructed. There was documentary evidence that all staff had attended fire safety training. Staff who spoke with inspectors were familiar with the fire evacuation procedures. Inspectors reviewed the fire evacuation procedure but noted that in one of the respite houses the assembly point was not clear. Inspectors reviewed individualised evacuation plans for some residents which adequately accounted for the mobility and cognitive understanding of the resident. However, these were not in place for all residents. There was documentary evidence that fire drills were undertaken on average two times per year. Specific information regarding who attended fire drills was not available on each of the sites. The managers of a number of the respite houses advised inspectors that children were not routinely involved in fire drills with staff as it was considered to be too upsetting for the children. Fire safety checks in two of the respite houses were not undertaken weekly as proposed by the provider but monthly.

Records reviewed by inspectors indicated that all staff had attended manual handling

training. Staff spoken with were knowledgeable about manual handling requirements.

An internal disaster plan had recently been drafted but had not yet been approved or implemented. This meant that staff did not have access to guidance in the event of such emergencies as power outages or flooding.

Judgment:

Non Compliant - Moderate

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:

There were measures in place to safeguard the children living in the centre and protect them from the risk of abuse. However, these were not being formally monitored and not all staff had received Children First: National Guidelines for the Protection and Welfare of Children, 2011 (Children First, 2011) training.

The provider had a policy and procedure in place for the protection of children from abuse, dated April 2013, which referenced children first 2011. Inspectors noted that the responsibilities of the designated persons for care and protection was detailed in the local policy, as the providers social worker (which was a vacant post for more than a year), the medical director and the person in charge. The person in charge told inspectors that there were no concerns, suspicions or allegation of abuse or neglect reported in the preceding two year period. Staff who spoke with inspectors were familiar with the centres policy and Children First, 2011 and were knowledgeable about what constituted abuse and how they would respond to any suspicions of abuse. Inspectors reviewed records which showed that a high number of staff had received training in understanding abuse as it pertains to children with a disability and Children First, 2011. The person in charge told inspectors that 18% of staff had yet to receive training in Children First, 2011.

Although it was evident that residents were treated with respect and warmth, there were no formal processes in place to monitor or review the systems in place to protect residents. Inspectors found that staff had a good understanding of the importance of

promoting the safety and respect of residents. Inspectors observed staff members interacting with residents in a respectful, warm and dignified manner. Inspectors reviewed the centres intimate care policy & guideline, dated April 2013. Inspectors noted that the policy stated that the provision of one to one intimate care to a resident was not recommended and that a second staff member should always be in the vicinity to assist with care if needed. Inspectors found that personal plans for some children did not adequately reflect plans for intimate care so as to ensure that privacy was respected and to protect residents from any risk associated with the delivery of intimate care. The main bathroom in the residential unit was observed to contain two baths separated by a partition which did not protect the privacy and dignity of service users. The person in charge told inspectors that formal processes to monitor or formally review safeguarding practices and to ensure safe and respectful care which met the needs of each resident had not been developed.

Children were provided with emotional, behavioural and therapeutic support that supported a positive approach to the management of behaviour that challenges. Inspectors found through interview with staff and review of documentation that there were a number of residents who required behavioural support interventions. Staff interviewed were familiar with the management of challenging behaviour, with de-escalation techniques and had attended appropriate training. Staff interviewed told inspectors that restraint was not used in the centre. Inspectors reviewed the centres restrictive practices policy and procedures dated July 2013 and challenging behaviour policy dated 2012, which was in the process of being revised. Inspectors reviewed detailed challenging behaviour risk assessment and risk management plans on a number of residents files. Formal behaviour management plans were not observed to be on the sample of residents files reviewed by inspectors. However, the provider had some guidance in place for staff on how a behavioural intervention plan should be developed but this was not dated.

Judgment:

Non Compliant - Moderate

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:

There were some systems in place to support staff in protecting children in relation to medication management. Inspectors reviewed the centres: written operational Policy for the safe administration of medication in respite houses by care staff dated March 2013;

Policy on administration of medical preparations dated June 2013; and 'Protocol for PRN medications', dated June 2013. Inspectors found in general that medication administration records were well maintained and found that photographic identification was in place. Staff had received appropriate training and child care workers had each undergone a comprehensive competency assessment for the safe administration of medications. Staff to whom inspectors spoke demonstrated an understanding of appropriate medication management and adherence to the centres medication management policy and regulatory requirements. The inspectors found that medications were all stored securely in a locked cupboard in each of the houses and in the unit.

The system in place to review and monitor safe medication management practices required some improvement. The inspector reviewed medication error report forms which were reported to the providers risk management department and the centres medical director. The person in charge reported that the medical director reviewed prescription sheets of residents in the residential unit on a weekly basis. There was documentary evidence of medication management and medication stock audits being undertaken on a monthly basis with actions taken as a result. This promoted opportunities for learning so as to improve services. Inspectors observed in two of the respite centres that medication had been received for administration to children staying in the houses on the day of inspection but that the medication was not appropriately labelled with the name of the drug or the child to whom it was prescribed. The managers in each of these houses confirmed to inspectors that this had happened on a number of occasions previously. Inspectors noted that the providers policy clearly stated that medication prescribed for use in the respite houses must be in its original container from the pharmacy and be labelled with the child's name and drug prescription in order to avoid the risk of error.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

There was a statement of purpose in place which had recently been developed but had not yet been approved or implemented. The draft produced did not adequately set out the services and facilities provided to three individuals over 18 years being cared for in the centre. In addition, the statement did not comply with a number of the requirements

outlined in the Regulations.

Inspectors reviewed the draft statement of purpose and found that it did not adequately detail the arrangements made for dealing with reviews and development of a child's personal plan. The person in charge told inspectors that the statement of purpose had recently been developed and that the centre did not have a statement of purpose in place previously. Hence a copy of statement of purpose had not been made available to the children's families.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Management systems in place to ensure that the service provided is safe, consistent and appropriate to the children's needs were not adequate as there was no formal quality assurance system in place to monitor or review the quality of services provided for the children living in the centre.

Staff told inspectors that they were encouraged to report any concerns they might have and that actions would be taken to address same. Inspectors found that a number of audits of the safety of the service had been undertaken by the manager in each of the houses and unit. There was documentary evidence that actions had been taken to address issues identified in these audits. The person in charge told inspectors that there were limited formal systems in place to monitor or review the quality of services being delivered. Inspectors reviewed an assessment of the provider's compliance with the national standards undertaken by an external company in 2012. However, the inspectors found no evidence that the provider had undertaken unannounced visits to the each of the respite houses and the residential unit every six months and produced a written report as to the safety and quality of care and support provided as required by the Regulations.

There was a clear management structure in place that identified the lines of authority

and accountability. Staff who spoke with inspectors had a clear understanding of their roles and responsibilities. The person in charge reported to the medical director who in turn reported to the service chief executive officer. The person in charge was supported by an assistant director of care who was a registered general nurse. Each of the respite houses had a manager who reported to the assistant director of services who in turn reported to the person in charge. Inspectors found, through interview with staff, that in the absence of the person in charge, the assistant director of care was responsible. Staff told inspectors that the person in charge was approachable.

Arrangements in place for the person in charge to ensure the effective governance, operational management and administration of each of the respite houses and the unit were not robust. The person in charge had an office which was based in the residential unit. The person in charge told inspectors that she met with each of the respite centres managers and staff separately on a monthly basis. It was noted that these meetings took place in the person in charge's office in the residential unit as opposed to in the respite houses. Inspectors reviewed minutes of these meetings in two of the respite centres and noted that operational issues were discussed but that the care of children using the service was not always discussed. For example, for the preceding three meetings held for one of the respite centres, the same two children were discussed but there was no record provided to the person in charge regarding the other children who availed of respite in the centre. The person in charge told inspectors that she received informal updates from managers on a regular basis and that she visited the respite houses every three to four months. Managers in the centre told inspectors that on average the person in charge visited every six to 12 months. There was limited documentary evidence to verify this. This meant that the person in charge may not have been easily accessible to all of the residents and their families. Inspectors found that the person in charge was knowledgeable about some of the requirements of the regulations and standards but did not have a clear knowledge about the support needs and plans for each child living in the unit and or the respite houses.

Judgment:

Non Compliant - Major

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:

Recruitment procedures in place were not robust. The person in charge told inspectors that all recruitment procedures were managed centrally by the provider. Inspectors reviewed the provider's recruitment and selection policy and procedure dated June 2009 which required review so as to ensure that current best practice continued to guide the policy. The inspectors reviewed a sample of four staff files and found that they did not contain all of the required documents as outlined in schedule 2 of the Regulations. None of the sample files included evidence of the person's identity, including a recent photograph. One of the four files did not have two written references on file and a second file only had one written reference available. Two of the four staff files did not have evidence of An Garda Síochána vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Documentary evidence of any relevant qualifications, accredited training and or relevant current registration status with professional bodies in respect of the staff files of nursing and other health and social care professionals reviewed were not on file.

Although the staffing levels appeared sufficient to meet the needs of the children living in the centre, there was no formal system in place to measure and match children's dependency levels with staffing levels. The person in charge told inspectors that she considered that the current staffing levels were sufficient to meet the needs of residents in the residential unit and each of the respite houses but that it had not been formally established. Inspectors reviewed the staff roster which showed that there were a number of vacant posts at the time of inspection. Inspectors found through interview with staff that the majority staff had worked in the unit and respite houses for a prolonged period. This meant that the residents had continuity in their care givers.

A training programme was in place for staff which was coordinated by the providers training department. However, a formal training needs analysis had not been undertaken to establish training requirement for staff in order to assist them to care for children with complex needs. The person in charge confirmed to inspectors that all staff were up to date with all mandatory training. Inspectors noted that copies of the Standards and Regulations were available in the centre. Staff to whom inspectors spoke were familiar with the standards and the Regulations and had recently attended a training session regarding requirements.

There were no formal supervision arrangements in place for staff and the provider did not have a supervision policy or a template for undertaking supervision.. This meant that the staff performance were not being formally monitored in order to address any deficits that might exist and to improve practice and accountability. Inspectors reviewed an annual performance appraisal which had been undertaken for the first time with a number of staff the previous year.

There were no volunteers working in the service at the time of inspection.

Judgment:

Non Compliant - Moderate

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:

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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 Paul's
Centre ID:	OSV-0003766
Date of Inspection:	26 March 2014
Date of response:	18 August 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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:

Comprehensive assessments were not in place.

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:

The PIC will ensure that a consistent, comprehensive pre-admission assessment is completed in the areas of health, personal and social care needs for each child admitted to the service will be standard procedure and retrospective pre-admission assessments

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

will be completed for those children who were found not to have had a pre-admission assessment by 31/08/2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

There was a lack of consistency regarding the detail and quality of the assessments childrens needs and choices between the different respite houses and the residential unit.

Action Required:

Under Regulation 05 (1) (a) 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 prior to admission to the designated centre.

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

The PIC will ensure that a consistent, comprehensive pre-admission assessment is completed in the areas of health, personal and social care needs for each child admitted to the service will be standard procedure and retrospective pre-admission assessments will be completed for those children who were found not to have had a pre-admission assessment by 31/08/2014.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Comprehensive outcome focused personal plans which reflected each child's assessed needs including social, health, communication and educational needs, interests and capacities had not been developed for all children.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The PIC will ensure that each child will have a comprehensive outcome focused personal plan which reflects assessed need including social, health, communication and educational need, interests and capacities, no later than 28 Days after admission by the 31/08/2014.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Three of the residents in the residential unit were over 18 years.

Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

The PIC will ensure appropriate discharge for all three adults to an Adult, community based service, in line with an organisational transition policy by 30/09/2014. The PIC has met with the Service Provider to where the 3 adults are moving. All stages of the transition plan, in principle, have been agreed and representatives of the 3 adults are in agreement with the plan. The specifics of each transition plan are tailored to the individual needs of each adult, The 3 adults have visited the locality and have seen the house in which they are to live. Due to ongoing refurbishment of the house the three adults have not been in the house. It is planned that all stages of the transition plan, in line with each adults individual needs, will be fully implemented by the 30/09/2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

Planned supports for the transitioning of the three residents over 18 years to adult services had not been formally agreed. It was unclear that these residents or their families had been consulted with.

Action Required:

Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

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

The PIC has met with the Service Provider to where the 3 adults are to move. All stages of the transition plan, in principle, have been agreed. Representatives of the 3 adults have been consulted and are in agreement with the transition plan. The specifics of each transition plan are tailored to the individual needs of each adult and are communicated and timed accordingly. The 3 adults have visited the locality and have seen the house in which they are to live; however, due to ongoing refurbishment it has not been possible for them to enter the house, It is planned that all stages of the

transition plan, based on each adults individual need will be fully implemented by the 30/09/2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The environment in the residential unit did not provide adequate facilities to support residents in preparing for adulthood.

Action Required:

Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

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

As of 31/07/2014 the PIC, in conjunction with the Registered Provider, secured agreement with the Health Service Executive to proceed in sourcing a house in the community for the children, currently living in the residential unit. The process of sourcing, purchasing and refurbishment a house is projected to take a maximum of 12 months i.e. 31/07/2015. In the interim the children will be supported to develop skills by engaging them in chores to include cleaning of their bedrooms, bed making, setting the table, tidying up after mealtimes, self-care, laundry and simple baking activities, cognisant that the service is equipped with an industrial kitchen and wash area. They will also go shopping for their personal toiletries and treats and engage in social activities such as swimming, bowling, walks, cycling, cinema, road awareness programme and any other activity, appropriate to the each child's ability.

Proposed Timescale: 31/07/2015

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:

Specific risks for individual children had not been formally risk assessed. The quality of risk assessments undertaken were mixed with some not dated, reviewed or a risk rating applied.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

The Register Provider will assess risk by means of 1) each child having an individual pro-active risk assessment, completed on admission and thereafter based on any changes reported, that have potential to cause harm. 2) In line with the organisations safety statement, general areas of risk will be reviewed monthly and the risk register updated accordingly. (3) Monthly audits will include a risk rating as will (4) Incident reporting, in line with an organisational Incident Reporting Policy, by the 31/09/2014. Monthly audit in the areas of hygiene, health & safety, fire, medication, person centred plans and incident analysis will be undertaken and the Internal disaster plan implemented by 31/09/2014.

Ongoing review of risk will be achieved through a monthly meeting of managers to update on the findings of all audits and improvement plans agreed. A summary analysis of findings will be completed and forward to all areas for dissemination.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The draft risk management policy did not meet all of the requirements of the Regulation as, it did not include the measures and actions in place to control the unexpected absence of any child.

Action Required:

Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

The Registered Provider will revise the Risk Management policy by 31/08/2014 with reference to Unexplained Absence of any child policy devised and implemented by 31/08/2014.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

The draft risk management policy did not meet all of the requirements of the Regulation as, it did not include the measures and actions in place to control the accidental injury to residents.

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to

residents, visitors or staff.

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

The Registered Provider will revise the Risk Management policy by 31/08/2014 to include Accidental Injury as a potential risk, with reference to the organisational Safety Statement, Safety Incident Management Policy and Internal Disaster Plan Implemented by 30/9/2014.

Proposed Timescale: 30/09/2014

Theme: Effective Services

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

The draft risk management policy did not meet all of the requirements of the Regulation as, it did not include the measures and actions in place to control aggression violence or self harm.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Registered Provider will revise the Risk Management policy by 31/08/2014 with reference to a) Aggression and Violence Policy and b) Self Harm Policy, devised and implemented by 31/08/2014.

Proposed Timescale: 31/08/2014

Theme: Effective Services

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

Fire safety checks in two of the respite houses were not undertaken weekly as proposed by the provider.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

The Register Provider will ensure compliance of weekly fire checks through quarterly formal checks of the Fire Manuals, commencing by 31/08/2014.

Proposed Timescale: 31/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had received training in Children First, 2011.

Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The PIC has arranged and confirmed training dates for outstanding staff and all staff training in Children First 2011 will be completed by 31/12/2014.

Proposed Timescale: 31/12/2014

Theme: Safe Services

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

There were no formal processes in place to monitor or review the systems in place to protect residents.

Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The Registered Provider had submit the first Q1, HSE Children's First Key Performance Indicators (KPI's) in monitoring Compliance in Disability 2013 on 08/11/2013 and will continue to make these returns.

The Registered Provider will finalise the review of St Paul's Child Protection Policy against the following documents; Our Duty to Care; The Principles of Good Practice for the Protection of Children and Young People (DOHC 2002); Children First National Guidance for the Protection and Welfare of Children (DYCA 2011); Child Protection and Welfare Handbook, HSE 2011) by 31/09/2014.

The Registered Provider will Implement Child Protection Policy Compliance Check list so as to assure the service's compliance with the Child Protection and Welfare Policy, Procedures, and Protocols consistent with Children First 2011 by 31/11/2014.

Proposed Timescale: 30/11/2014

Theme: Safe Services

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

Personal plans for some children did not adequately reflect plans for intimate care. The main bathroom in the residential unit was observed to contain two baths separated by a partition.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

The PIC will revise the existing Intimate Care Policy by 31/07/2014 and will provide formal training on the provision of intimate care to new employees, by 31/08/2014 and all other care staff by 31/11/2014. Intimate Care Plans will be devised for all children that require intimate care by 31/08/2014. As of the 01/04/2014 a system has been implemented to ensure that only one child will have intimate care delivered at any one time in the bathroom of the residential unit so as to ensure greater privacy and dignity.

Proposed Timescale: 30/11/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Not all medication was appropriately labelled with the name of the drug or the child to whom it was prescribed.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The PIC will re-issue the Respite Policy to parents and request compliance with regard to medication being transported from home to the service, by 31/07/2014 and will put systems in place to capture non-compliance through incident reporting by 31/07/2014.

The PIC will include in the Service Contract the conditions attached to the transportation of medication from home to respite service and highlight the safety concerns and the consequences of non-compliance by 31/07/2014.

The PIC will issue a revised contract to all parents for signing by 31/08/2014.

The PIC will standardise documentation, pertaining to the recording and administration

of medication in the respite houses by 31/08/2014.
The PIC will organise training in the Safe Administration of medication for Childcare Leaders and Childcare Workers on the 7/07/2014 and 8/07/2014.
The PIC will undertake train the trainer SAM course, to be fully completed by the 07/11/2014 (8 day course) 2014.

Proposed Timescale: 07/11/2014

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 PIC was not adequately engaged in the governance, operational management and administration of each of the respite houses and the unit on a regular and consistent basis.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

The Registered Provider will review the post of person in charge and ensure appropriate arrangements are in place, with Notification documentation forwarded to the authorities by 17/8/2014.

Proposed Timescale: 17/08/2014

Theme: Leadership, Governance and Management

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

There was no formal quality assurance system in place to monitor or review the safety and quality of services provided and to ensure that they were appropriate to meet the residents needs.

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:

The Registered Provider will convene the first meeting of a Quality Assurance Committee by 31/07/2014 to review the organisation in terms of the service quality and

audit strategy and meet bimonthly thereafter. The committee will review the findings of all risks, audits and incidents, with the objective to assure that incremental organisational learning occurs and that this learning is evidence by improved standards of practice throughout the service.

Proposed Timescale: 31/07/2014

Theme: Leadership, Governance and Management

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

No unannounced visits to the designated centre had been undertaken as required by the Regulations.

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:

The Registered Provider or nominee will carry out an unannounced visit to St Paul's 4 service areas at least every 6 months with the Quality Manager from the Mater Hospital and prepare a written report on the safety and quality of care and support provided in the service and put a system in place to address any concerns regarding the standard of care and support, commencing 30/09/2014.

Proposed Timescale: 30/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

There was no formal system in place to measure and match children's dependency levels with staffing levels.

Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Registered Provider will assess each child based on their personal, social, care needs and dependency levels, alongside a professional judgment, as a means to

determine the appropriate skill mix and number of staff, required to care for the children by 30/07/2014. Staff are encouraged to report any changes in the needs of the children so to ensure sufficient staff to provide safe care. A grade of childcare worker/nurse is recognised as the minimum standard of staff to take charge of a shift.

Proposed Timescale: 30/07/2014

Theme: Responsive Workforce

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

Staff files were not compliant with requirements as outlined in Schedule 2 of the Regulations.

Action Required:

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

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

The Person In Charge will ensure that all documents required under Schedule 2 will be sourced for all staff by 31/10/2014 .

Proposed Timescale: 31/10/2014

Theme: Responsive Workforce

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

A training programme was in place for staff which was coordinated by the providers training department. However, a formal training needs analysis had not been undertaken to establish training requirement for staff in order to assist them to care for children with complex needs.

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:

The PIC will undertake a formal education/training needs analysis by the 30/09/2014.

Proposed Timescale: 30/09/2014

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

There were no formal supervision arrangements in place for staff.

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 PIC will have an organisational supervision policy, implemented by 30/09/2014, with formal training for managers, as supervisor confirmed to be completed by 30/09/2014. In the interim site managers are meeting with their staff to inform them of the supervision process i.e. monthly supervision meetings and the need for a supervision contract.

Proposed Timescale: 30/09/2014