

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0001851
<b>Centre county:</b>	Wicklow
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Catherine's Association Limited
<b>Provider Nominee:</b>	Ian Grey
<b>Lead inspector:</b>	Vicky Blomfield
<b>Support inspector(s):</b>	Ann Delany
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

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

**The inspection took place over the following dates and times**

From: 04 September 2014 09:30 To: 04 September 2014 17:30

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**

This was the second inspection of this centre by the Authority. As part of the monitoring inspection, inspectors met with children, the person in charge (the respite care manager) and the house leader and social care staff. Although this was an announced inspection, the director of nursing and the director of services were not available to meet inspectors. Inspectors observed practices and reviewed documents including children’s files, medication records, policies and procedures, staff files and fire safety records.

The centre provided a respite service in a six bedroom bungalow located in a rural area and close to a small town. It had a secure garden, an electronic gate to a parking area and there was another centre and administrative offices on the site. The centre could cater for a maximum of five children per night, depending on the needs and dependency levels of the children. One child was living there on a long term basis.

Due to concerns about the ongoing fitness of this provider, a full and in depth seven outcome inspection was carried out by two inspectors. The inspection also reviewed all the actions which the provider had been required to take following this inspection.

Inspectors were seriously concerned about the safety of the service. They found that there were risks in the centre which had not been identified by the person in charge or the provider, the risk management policy was not implemented in practice and

managers were not aware of key concepts of risk management, such as risk assessment processes. The centre was in urgent need of repair and was not homely. Fire training and fire training records were not up to date for all staff members. Two issues were of a critical nature and an immediate action plan was issued to the provider; one issue required emergency attention on the day of the inspection.

Children were well cared for in the centre, although the social and community elements of the respite service were limited. Staff interacted in a warm and positive way with children and there were sufficient staff on duty to meet the children's care needs. Staff were knowledgeable about child protection and safeguarding.

The governance of the centre was inadequate. The provider did not give sufficient guidance and supervision to the person in charge and there were significant gaps in his/her own knowledge in how to manage and lead the service which s/he acknowledged. There was a shortage of financial resources and requests for refurbishment had not been addressed. There was no plan in place to implement an extensive suite of policies including critical policies such as the risk management policy. The medication management policy had not been implemented although the majority of staff had received training in the safe administration of medication in August 2014. There was no system of annual review on the quality and safety of the service.

Areas of non-compliance with the Regulations are outlined within the body of this report and an action plan is included.

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

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

There had been some improvements in this area and some care planning processes were beginning to be put in place, although they were not informed by up to date assessments. A key finding from the inspection of April 2014 was that children were living in the centre on a long term basis. At this inspection, inspectors found that one child had moved to a more appropriate setting. There were no records of how this had been done, but staff members described the process to inspectors who found that this had been done in a sensitive way. Another child who had been living in the centre on full time basis since January 2014 was still living there on the day of the inspection. Following the inspection, the person in charge said that there was a plan for this child to move to a long term residential placement in the next few weeks and a transition plan would be put in place.

Up to date comprehensive assessments of need were not in place for all children attending the centre. Inspectors reviewed five files and found that the assessments of need in place had been carried out by a nurse using the Activities of Daily Living model of assessment. Some of these were outdated. For example, an assessment for a child with behaviour that challenged was dated 2008, and in the six years since the last assessment the child had changed considerably. Another child had an outdated assessment which did not contain a serious medical condition which the child had developed and could require the possible use of emergency medication. Other assessments were more recent and inspectors viewed one dated 2012 carried out for a child with autism. Parents had been asked to submit information about their children but some of this was outdated. Inspectors viewed a file in which the form submitted by the parent was dated 2009. There was a high risk that up to date information on children

might not be available to guide their respite plans and the care they delivered.

Work had begun on developing new respite plans for the children and this was a welcome development. The plans were written in the first person and contained detailed information about the children. Risk assessments were in place for the children and they were simple and clear. However, there was very limited information about how the children were to receive support. For example, the intimate care plan was tick box in format and described each child's level of independence for a number of personal care issues but provided no information on how to support children or deliver their care. Some respite plans contained some goals which were very briefly described. However, the goals were too broad, one plan describing a goal as 'good behaviour' and no steps or actions as to how this should be achieved. Another plan was dated October 2013 but there was no record on what progress had been made in terms of achieving these goals. Some files contained detailed assessments and plans which had been carried out in a school setting but there was no evidence that these plans were integrated into the respite plan to provide consistency for children.

Children had limited opportunities to prepare for adult life. The centre was geared towards younger children in terms of its decoration and play equipment. Children could use the kitchen on occasion but due to the 'bulk buying' system in place, did not have opportunities to engage in simple tasks such as shopping or menu planning.

**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):**

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

**Findings:**

Risks were poorly managed in the centre and inspectors identified a number of critical issues.

There was a revised risk management policy in place but it did not contain all the risks required by regulation such as the risks related to self injurious behaviour, violence and aggression. There was a policy on unauthorised absences which was adapted from a Health Service Executive (HSE) policy and was dangerous in that it indicated that an assessment should take place if a child went missing from care before the Gardaí would be informed. This might be appropriate if a child did not have an intellectual disability but in the context of the service provided, inspectors found this to be an unsafe policy.

In addition, the policy stated that 'parents should be informed where appropriate'. This did not respect parents' rights under the Constitution.

There was also a generic health and safety statement, but neither of these documents governed day to day practice. As at the previous inspection, the risk management policy was not implemented and the forms for reporting and recording accidents, incidents and injuries were not in use. For example, a risk assessment identified that the use of the trampoline was a risk. The control measure was to ensure that only one child used the trampoline. The 'injuries to children' document recorded that two children had been injured whilst playing together on the trampoline. No hazard inspections were taking place as required by the health and safety statement. The person in charge and house leader stated that they had not been trained in risk management and they had limited knowledge of the key concepts. For example, the risk register contained all the risks for each child using the respite service. It did not contain any risks related to the service, such as children leaving the building without staff knowing. A health and safety committee was to be put in place by the provider but this had not yet happened. There were no reviews of serious incidents and accidents and thus no learning to prevent any further injuries occurring.

In addition, the recording of accidents, incidents and injuries was inadequate and posed a risk to children. Injuries to children had been recorded since March 2014. The log did not contain details of the injury, the action taken, measures to prevent the injury from occurring to others and if parents had been informed. Some injuries were recorded in the incident log which prevented accurate analysis of injuries and trending. There was no evidence that managers had reviewed these incidents and changed any practices as a result.

Inspectors found that the hot water was over 54 degrees centigrade on one occasion during the inspection, 49 degrees on another. The recommended temperature of hot water at point of issue is 43 degrees centigrade. The person in charge and staff said that this had been the case for a 'day or two', but no action had been taken on this. Inspectors asked for this to be addressed during the inspection and a plumber was called who was able to lower the temperature. An immediate action plan was issued in this respect.

Inspectors viewed the garden and found that there were unidentified risks, including ligature or strangulation risks. There was a pipe sticking out of the ground and it had a sharp edge. The lower edges of the perimeter fence were exposed and sharp wires protruded. There was a rope hanging from the swing set. A number of active children were playing outside on the day of the inspection and these hazards posed a risk to them. There was no gate to the second exit from the site and this exit was used by staff and children. If a child left the centre without staff members' knowledge, they would walk onto a busy road.

There was a sensory room in the centre but there was no risk assessment in place to control hazards such as the fibre optic equipment. There were a number of loose cables which were accessible to children and meant that they could pull down small pieces of equipment.

Inspectors identified other risks inside the building. The bathroom floor covering was a vinyl material. This posed a serious slip hazard should the floor be wet in any area, particularly for any children with an unsteady gait. The health and safety statement stated: There was non slip floor covering in a shower room which was used by staff members and was available to the children although there was a 'No entry' sign on the door. The health and safety policy stated 'All sharp knives are stored safely'. Kitchen knives were in an open drawer at hip height, accessible to any children using the kitchen.

The person in charge and house leader stated that they had not received training in risk management and this was supported by training records. They said that they would need this as a priority before being able to implement the policy. This was of particular concern as the person in charge was responsible for three respite services. For example, a control for children leaving the building without authorisation was to lock the windows. All windows were locked during the inspection and staff stated that although they aired the rooms, the windows were always locked at night. There were no restrictors on the windows. There was the possibility that the practice of locking windows could pose a fire hazard and prevented the circulation of fresh air to children should they be warm in the night. Thus the control in itself posed a risk to children.

One room was covered with foam 'jigsaw' shaped tiles but this had not been identified as a risk. The house leader stated that this had been put in place for a child who was no longer living in the house. Another child had received a minor injury hitting his face on this surface. It had a bleak and institutional appearance and there had been no changes as a result of the injury. The house leader was unsure if the surface would be kept in place in case another child with self injurious behaviour were to have respite breaks. The tiling was not clean.

There were some measures in place to ensure that any infections were controlled but there were deficits. Hand gels were in place at the entrance to the house, in the kitchen and in the office. There was a system of colour coded mops for cleaning different areas of the house which were washed separately at the appropriate temperature and stored securely. However, any soiled clothing was 'sluiced' in the children's bathroom and brought into the kitchen to be put into the washing machine. This was an unhygienic practice which posed a risk of air-borne infection. There were no cleaning schedules in place and the centre was not clean. One toilet required cleaning, grouting in the bathroom, skirting boards and sills were dirty. There was mould on the bathroom ceiling.

Some measures were in place to prevent fire but there were also some risks. Staff members had taken part in drills although on each occasion errors had been made but there was no evidence that learning took place as a result, because some errors were repeated. Fire doors were unobstructed, equipment was serviced and the alarms were regularly tested. There were some good quality 'social stories' about fire evacuations in picture format to help children understand fire evacuation. However, one fire door was hard to open and the path outside this door was mossy and presented a slip hazard, should children and staff have to leave the building in a hurry. On the day of the inspection, the gate at the entrance to the site was not working. Inspectors used the intercom and waited for more than five minutes before it opened. This could pose a risk



that the fire brigade might be impeded from reaching the two centres should there be a fire. Staff fire training was not up to date, according to the training records. It appeared that 10 staff had not sat required refresher training and one staff member had not had any training at all. Following the inspection, the person in charge stated in writing that six staff members had received training very recently, four staff members would be attending fire training in the next week and one staff member who was on leave would have their training done as a priority.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

There were some measures in place to keep children safe and address any child protection concerns which arose.

There was a detailed child protection policy in place which had been developed since the last inspection. Staff were knowledgeable about what constituted abuse and what they would do if an allegation arose. They knew who the designated liaison person was and how to contact him/her. A protected disclosure policy was also in place and staff were confident about contacting the house leader or person in charge should they have a concern, although they were not familiar with the concept of protected disclosure. The person in charge said that staff members had been trained in child protection issues.

Inspectors observed staff working with children and found that they were warm and affectionate to them. They spoke of them in positive terms and presented as strongly committed to them. This in itself acts as a safeguard to children.

A new system was being established to protect children from financial abuse. A folder and record was being set up for each child to document how their personal money was being spent. Receipts were kept and two staff signed each transaction. However, there were no written procedures in place as yet for the use of this system.

Some children with behaviour that challenges used the centre for respite services but there were no systems in place to support them. Inspectors examined three of these children's files, two of which did not contain any behaviour support plans. One child's behaviour had been difficult to manage and there was no support plan in place to guide interventions. There had been a difficult incident with this child and emergency medication was administered. There was no review of this incident on how it was managed, what (if anything) triggered the incident and how it should be managed in the future. In addition, the emergency medication had been withdrawn by the general practitioner (GP) for use to address behaviour issues and so the control used in the incident was no longer available. There was no evidence that staff had been trained in the use of restrictive practices.

There were some environmental restrictive practices in place and these were adequately managed. There was a half door into the kitchen area and it was identified as a control measure for some children to prevent burns and other injuries. Some children used harnesses whilst they were on transport. Each use of the harness was recorded by staff.

**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:**

Medication was administered safely although there were some issues in relation to the storage of medications and recording in relation to emergency medication.

There was a new medication management policy in place but it had not been fully implemented and its documentation, which included standard prescription and administration sheets, was not in use. This issue had been raised at a management meeting in July and the director of services was recorded as saying that s/he 'had no time to go through this at the moment'. The plan to introduce the policy was too broad in its recommendations and not specific in how this would be done.

All staff working in the centre had been trained in the safe administration of medication with the exception of two staff members. A competency assessment had been carried out which included a theory examination and one observation. Staff described the training and what they had learned from it. All standard records of the administration of

medication were correct and up to date, although they were not recorded on the up to date form. One child required fluids to be administered using a gastric device. Staff on duty stated clearly that they had been trained in doing this although there was no written evidence to show that this was the case. Another child required a particular type of emergency medication and training on this had also been provided.

The practice of transcribing medications by two nurses was still in place and there were no GP signatures to confirm that the correct medications were prescribed, contrary to the medication management policy. This is in contravention of the An Bord Altranais guidelines. There was no maximum dose prescribed for some emergency medication and no guidelines were in place for its use. There was an excessive stock of medication in the cupboard which had not been returned to the pharmacy and there was a risk that out of date emergency medication could be administered to a child. The use of some emergency medication was recorded in a separate file, and this had been the case for a medication administered for reducing a child's behaviour. The record was not signed by a staff member.

There was a controlled drug register, but one register was maintained for each child on such medication making the checks difficult to do. In spite of this, checks had been carefully and appropriately carried out. One medication audit had been undertaken on the day prior to this inspection and one issue was identified which was not yet resolved. All medication was stored in a locked cupboard in the kitchen which was a far from ideal location for the safe dispensing and administering of medication. Other first aid items, and items such as sun cream, were also stored in the medication cupboard which should contain the medication for children only.

**Judgment:**

Non Compliant - Major

**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):**

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

**Findings:**

Improvements had been made in the statement of purpose since the last inspection, but it did not meet regulatory requirement. There were gaps in the information provided, and not every issue had been addressed. The delivery of the service did not always reflect the content of the statement of purpose.

The statement of purpose described its purpose as providing respite for children from 4 – 18 years of age, with the possibility that respite breaks could be extended in emergencies. One child had been living in the service since January 2014 and another child had lived in the centre for a number of years before moving to a long term placement. After the inspection, the person in charge told inspectors that a long term placement had been identified for the second child.

There were a number of omissions in the statement of purpose. As at the previous inspection, it did not clearly describe the range of children for whom it provided care. Rather, it described the children as being of 'varying skills and abilities'. Other omissions included:

- An organisational chart
- The sizes of the rooms
- The arrangements for children to practice their religion
- Description of any medical or GP support available to children as required
- The name of the person in charge.

The service did not operate as described in the statement of purpose. There was an extensive list of social activities cited as available to the children but in reality this was not the case. The statement of purpose said that there was a visitors room so that children could meet their visitors in private but again this was not the case. The centre was not homely, children's personal information was on display, there was a notice stated that all visitors must be accompanied by a member of staff and all bedroom windows were covered by an opaque plastic coating which created an institutional appearance. The mission statement stated that the provider 'will deliver a service of excellence' and that children's 'rights and needs will be given priority in accordance with the policies (of the provider)'. Given the serious safety issues identified during the inspection, inspectors found that this service was not delivered in line with its mission statement.

There were practices which constituted an invasion of privacy. For example, there were cameras in each of the children's bedrooms. Staff stated that a camera was used on only one or two children in order to supervise them at night. One child had epilepsy, and could require emergency medication. For another child, the camera's live feed was used to monitor self injurious behaviour. No other less invasive forms of supervision had been explored and the decision to use the cameras was not based on any risk assessment. In other rooms, the cameras remained in position and inspectors were concerned that these could be used even when not authorised. There was no evidence of this being discussed with children or 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):**

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

**Findings:**

There were serious deficits in the management systems and governance of the service.

There was evidence that the provider and provider nominee wanted to improve the service but the efforts made to do this were at a very early stage and were not comprehensive.

A suite of policies had been developed by which the service was to be governed. A meeting of respite and residential house leaders and persons in charge had been established and both the person in charge and the house leader said that they found this useful. The group had met a number of times and had identified issues for action. However, improvements had not been made as a result of the meetings and their efficacy was questionable. The person in charge had sent out a questionnaire to parents to ascertain their views. There had been a limited response and so s/he planned to invite parents individually to come and talk about their experiences of respite care. The person in charge had also carried out an unannounced visit to the centre. In addition, s/he had put in place a system whereby she received a report from the centre staff on each child who had stayed in the centre, the children living there long term, the activities undertaken by the children, sick leave and any medication discrepancies. Inspectors reviewed these reports and found them to be detailed. The person in charge provided the inspectors with a copy of 'An Audit of Outcomes of Supports for Children in Residential Settings' commissioned by the provider. This was based on a sample of seven participants and showed that behavioural support plans had reduced behaviour for most of the children studied. The report did not contain any clear recommendations for improving the service.

The governance arrangements were not sufficiently robust. Since the last inspection, a new person in charge had been put in place. S/he had worked in the organisation for 18 years and was a nurse by profession. S/he was the person in charge for three centres, one of which was on the same site and a third which was some distance away. S/he said that s/he found it difficult to visit all the centres and that s/he would visit one centre perhaps two times per week. The day to day running of the centres was the responsibility of the house leader. S/he set the roster and could authorise additional resources should s/he require them to meet the needs of the children. The person in charge said that in reality, the house leaders in the respite services were the persons in

charge and that s/he had raised this at management meetings but had not received a response. Inspectors also found that the house leaders carried out many of the responsibilities of the person in charge role. Some members of the same family worked in the centre. The person in charge did not believe that this created any conflict of interest, although s/he was the line manager for some of these staff members.

The number of new policies was large and with the exception of the medication management policy, there was no plan for these to be introduced strategically and implemented by staff members. The plan for the implementation of the medication management policy was found to be too general to support the implementation of a critical process and it was not found to guide practice in the centre. Key policies, such as the risk management policy were not in use. Some elements of policies, such as the Policy on Creating and Maintaining a Safe and Homely Environment and the Significant Events policy contained some contradictions and for example, the responsibility for carrying out risk assessments was not consistently and clearly assigned.

Inspectors found that there was evidence that the provider did not always have sufficient resources to run the service. The house was in urgent need of repair, in that it was shabby, the bathroom was not fit for purpose, the beds were of poor quality and the sofa in the sitting room was torn. The house leader said that s/he had requested new furniture but had been told that resources were an issue. A number of staff said that they had not been paid on occasion on the day that their salary was due. They said that this made them feel insecure about their jobs and lowered morale. The person in charge said that s/he could only authorise an expenditure of €50 or less and all greater expenditures had to be agreed by the Chief Executive Officer. Inspectors were concerned that the thresholds for authorising expenditure were low. It was not an efficient system and could delay the purchase of necessary items.

Children had limited access to activities. Records indicated that the most common activity for children staying in the house was 'going for a drive', walks, picnics and visits to the playground. Inspectors found that this did not constitute a sufficiently stimulating programme of activities on an ongoing basis to include children in the community or allow them to explore their interests and gain new experiences. Staff members said that there were insufficient funds for other activities. Staff also told inspectors that the toys in the centre had been brought in by themselves for the children and had not been supplied by the provider. Thus the service was dependent on staff members' good will to equip the house.

The person in charge said that s/he felt that s/he was not provided with sufficient support to provide the service and inspectors agreed that this was the case. For example, she was expected to carry out appraisals and staff supervision and a form had been given to her but she did not know how to do this. Inspectors viewed the appraisal forms and found that they had not been used correctly. When discussing areas for improvement, staff had spoken about the need for improvements in the service, rather than in their own performance. It was clear that although s/he had carried out an unannounced visit to the centre, her assessment of the service had been carried out in an intuitive rather than a structured way and that s/he had received no guidance on this matter. S/he said that s/he would 'get a feel of the place', see what the children were doing and who was the shift leader. There were no safety checks carried out on

medication management, health and safety issues and the management of health care or behaviour issues.

The Authority had required that the provider and person nominated to represent the provider inform inspectors if any child or adult moved from the centre. Inspectors found that one child had moved from the centre recently but this had not notified to the Authority. The person in charge said that s/he had not been told that residents' moves had to be notified to the Authority.

There was no management system in place to monitor the safety and quality of the service. The person in charge could not describe what an audit was and gave the example of the unannounced visit to the centre. S/he had not received any appropriate ongoing training and was reliant on her professional judgement and experience. Whilst this mitigated for some deficits in the service, it meant that s/he was not up to date in current management practices.

**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):**

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

**Findings:**

There was sufficient staff on duty to provide the service. Inspectors were able to review staff files, the content of which had improved. Staff had received core training but little else. They did not receive formal supervision and the service was dependent on the commitment of staff and their long term knowledge of the children to run a safe service.

Recruitment records had improved although they still did not meet the requirement of the Regulations; this had been raised at the previous inspection. Of the four files reviewed, one staff member had only one reference and the files contained no job descriptions and dates of employment were not in place for other staff. No other documentation or records were available for review. There was an induction policy in place which was administrative rather than skills based in its focus.

There were sufficient staff members on duty. Inspectors examined staff rosters and found that there were five core staff and a number of regular relief staff caring for the children which provided continuity of care. There was a shift leader identified on the roster to provide accountability and management for the shift. Not all staff were professionally qualified though all were educated up to FETAC level 5. The house leader said there would be one qualified member of staff on duty wherever possible and the roster confirmed this to be the case.

There was a supervision policy and a recording form in place but it had not yet been introduced despite this being a requirement from the previous inspection. It contained general principles but little specific guidance or a clear procedure. The person in charge said that s/he was due to go on a training course on staff supervision. This meant that staff were supervised informally whilst they carried out their duties.

Most staff had received core training in manual handling, First Aid, and medication management but no other training. The document called 'list of mandatory training as required under the terms of St. Catherines Association Limited Insurance Policy' stated that training on the following issues was required:

- Care planning
  - Children First Policy
  - CPR First Aid Training
  - Crisis Prevention Intervention
  - Epilepsy/EMA
  - Fire Safety
  - Induction
- Manual Handling

There were no plans in place to provide training on care planning, though a policy had been circulated, Crisis Prevention Intervention or epilepsy and emergency medication administration.

The person in charge stated that there was to be training in food safety planned (commonly known as HACCP training) but no dates had been set as yet. As stated, there were gaps in fire training and although there was a child with epilepsy in the centre, no staff had been trained in managing epilepsy since 2005. There was no evidence in training records of specialist training for managing behaviour and in key issues in the provision of services to children with intellectual disability. Staff members confirmed that this was the case. There was a risk that staff members would not be using evidence based practices when caring for children as the quality of the service was highly dependent on the individual judgement of staff members, their experience and a low rate of turnover. In more critical situations, staff were not sufficiently trained to respond to behaviour that challenges, such as in the incident with one child described under Outcome 8.

**Judgment:**

Non Compliant - Moderate



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<b>Closing the Visit</b>
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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:***

Vicky Blomfield  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Catherine's Association Limited
<b>Centre ID:</b>	OSV-0001851
<b>Date of Inspection:</b>	04 September 2014
<b>Date of response:</b>	06 November 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

Up to date comprehensive assessments of need had not been carried out for all children attending the centre.

**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

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

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:**

Individual Comprehensive Assessments of needs for each of the Children will be undertaken as a matter of priority and will inform a robust planning system to meet the needs of each child. The PIC will be made aware of the arrangements which will be implemented to meet the assessed needs of each child.

The PIC will be responsible for ensuring that the information which informs the assessment of need will be the most up to date and accurate information available in order to guide the care for residents.

The new head of operations together with the new management team will develop a pre-admission policy and pre-admission assessment and an assessment of the health, personal and social care needs of each resident will be carried out prior to admission to the designated centre.

**Proposed Timescale:** 30/01/2015

**Theme:** Effective Services

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

There was very limited information on how the children were to receive support in their respite plans.

**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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

A comprehensive personal plan will be developed for each resident presently engaged in the service and will be put in place for each new referral to the service no later than 28 days after admission to the designated centre. Each plan will be developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and nature of his/her disability.

Immediate plans to be implemented will include personal plans for:

1. Epilepsy Management;
2. Absconding;
3. Behaviours that Challenge and
4. Medication Management.

Residents/parents/advocates will be supported to participate in care planning.

All members of the Multi-Disciplinary team will be required to engage with the new personal care plans, once developed.

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

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

Children had limited opportunities to prepare for adult life. In addition goals set for the residents were too broad and or did not outline the steps on how to achieve goals.

**Action Required:**

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

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

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

Each child will be supported to set goals of their choosing and will be supported to break down those goals into clearly identifiable steps and tasks to take in order to achieve those goals. Each child will be supported to prepare for adult life through their personal plans and goal setting.

All personal care plans will be reviewed and updated regularly by the multi-disciplinary team, so as to reflect changes in need and circumstances.

**Proposed Timescale:** 30/12/2014

### **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:**

The risk management policy had not been implemented and the arrangements in place to identify and manage risks were inadequate.

**Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

The existing Risk Management Policy & Procedure will be reviewed. All regulation requirements will be addressed in the new revised Risk Management Policy. The new policy will specifically outline measures and actions to control the risks identified but also to control accidental injury to residents, visitors or staff, measures to control aggression and violence and self harm in accordance with Regulation 26.

The revised risk management policy will outline procedures for identifying hazards and measures to address associated risks.

The Health and Safety manager will be required to carry out comprehensive risk assessments in all areas relevant to his role of responsibility.

Risk Management practices and a risk register will be developed in the location. The risk management system will be developed for the assessment, management and ongoing review of risk and will include a system for responding to emergencies.

Each child will have an individual emergency evacuation plan to be implemented in the event of a total evacuation being required.

Risk management training will be carried out for all PIC's and managers within SCA.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There was a policy on unauthorised absences which was dangerous in that it indicated that Gardaí should not be immediately informed should a child go missing from the centre. In addition, the policy stated that 'parents should be informed where appropriate' only.

**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 missing Persons Policy will be reviewed and will be rolled out for implementation  
The new risk management policy will specifically set out the measures and actions to take in the event that a child goes missing from a designated centre.

The PIC's and all managers will receive training on the new risk management policy.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

The water in hand basins and the bath was extremely hot and was recorded as 54 degrees centigrade during the inspection.

Inspectors found that there was a vertical pipe in the garden area with exposed sharp edges.

The bathroom floor covering was a vinyl covering. This posed a serious slip hazard should the floor be wet in any area, particularly for any children with an unsteady gait.

One room was covered with foam 'jigsaw' shaped tiles but this had not been identified as a risk.

No hazard inspections were taking place as required by the health and safety statement.

Risk assessments were not followed and children experienced minor but avoidable injuries as a result.

The recording of accidents, incidents and injuries was poor and posed a risk to children. There were no reviews of serious incidents and accidents and thus no learning to prevent any further injuries occurring, including one incident of challenging behaviour.

All windows were locked and could pose a fire hazard and prevented the circulation of fresh air to children should they be warm in the night.

**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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

The revised risk management policy will outline procedures for identifying hazards and measures to address associated risks.

Risk management training will be delivered to all PIC's and managers within SCA.

In terms of specifics mentioned in the report:

1. The water in the hand basins has been regulated and fixed at the appropriate temperature – a system will be put in place to monitor and review the temperature in the taps going forward. The health and safety manager will implement a system of ensuring that the thermostat remains set at the appropriate temperature. Mixing valves will be inserted under taps where necessary as a mechanism for controlling the water temperature.

2. The vertical pipe found in the garden, which pipe had exposed sharp edges has been removed.

3. Floor covering in the bathrooms will be assessed from a hazard/risk assessment perspective and where necessary anti-slip measures will be put in place to mitigate the risks associated with identified hazards.
4. The team will carry out Individual risk assessments where risk is identified
5. All incidents/accidents will be recorded and actions will be identified for follow up by the keyworker. The PIC will monitor incidents on a weekly basis
6. The H&S officer will carry out an audit of all incident/accidents and will provide feedback to the SMT for review
7. Windows will not be locked in the centre. Where there are safety concerns for individual children a risk assessment will be carried out by the team.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

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

There were no cleaning schedules in place and the centre was not clean.

Soiled clothes were sluiced in the bathroom and brought into the kitchen area.

**Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

A cleaning schedule will be put in place to ensure that the designated centre is kept clean at all times and in particular that bathrooms are cleaned daily and that skirting boards and sills are maintained to an adequate standard.

The Quality and compliance manager will review guidance pertaining to infection control and endeavour to ensure the cessation of the practice whereby sluiced clothes are brought into the kitchen. Washing facilities will be re-arranged so that sluiced/soiled clothes are not brought into the kitchen area.

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

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

There was no evidence that learning took place as a result of mistakes made during fire drills, and some errors were repeated.

**Action Required:**

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Arrangements will be put in place for reviewing fire precautions which will include 6 monthly fire drills. A comprehensive report will be submitted by the PIC following each drill to ensure effectiveness and learning.

A schedule of daily, weekly and monthly checks will be developed in the location and will be undertaken to ensure that fire protection equipment is working effectively. Emergency procedures will be reviewed and all staff will attend fire training.

All staff will receive up to date fire training.

**Proposed Timescale:** 30/12/2014

**Theme:** Effective Services

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

One fire door was hard to open and the path outside this door was mossy and presented a slip hazard, should children and staff have to leave the building in a hurry.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The exit door will be repaired or replaced, as needs be depending on instruction from fire officer, as a matter of priority.

Fire Drills (planned evacuations/walkthrough/discussion) will take place monthly. Each PIC will be required to complete an evacuation report following each drill (planned evacuations/walkthrough/discussion) for the purposes of identifying hazards or issues which might impede an emergency evacuation.

**Proposed Timescale:** 30/11/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in**



**the following respect:**

Ten staff did not have refresher training in fire safety and one staff member had not had any training at all, according to training records.

**Action Required:**

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

All staff will receive up to date fire training, including location specific fire training and refresher training as needed.

**Proposed Timescale:** 30/11/2014

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Following an incident of challenging behaviour, there was no review on how it was managed, what (if anything) triggered the incident and how it should be managed in the future.

There was no support plan for one resident whose behaviour was difficult to manage. There was no review or up-date in the resident's plan to guide management.

**Action Required:**

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Providers Response: Meet Action 1

Multi disciplinary assessment will be prioritised for each of the children availing of the service in and for those children that present with behaviour that challenges.

Where appropriate the PBS Team will develop and monitor a child plan in conjunction with the Parents.

Where interventions are used to support children who present with challenging behaviour, a review of the intervention used will take place in order to ascertain whether the intervention is alleviating the behaviour in a positive manner in order to support learning and to guide future management

Every effort to identify and alleviate the cause of a resident's behaviour will be made so as to ensure that all alternative measures are considered before a restrictive practice is used and that the least restrictive practice for the shortest duration necessary is used.

Providers Response: Meet Action 2

Multi disciplinary assessment will be prioritised for each of the children availing of the service and for those children that present with behaviour that challenges.

The outcome of these assessments will inform each child's Personal Plan.

Each child will have a personal plan

Therapeutic interventions, where required, will form part of the resident's personal plan and will be implemented with the informed consent of each resident and his/her representative and will be reviewed as part of the planning process.

**Proposed Timescale:** 30/01/2015

**Theme:** Safe Services

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

There was no evidence that staff had been trained in the use of restrictive practices.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

All necessary staff will receive training in the use of restrictive practices and will receive education in relation to best practice guidelines for the use of restrictive practices.

Where restrictive practices are used, said practices will conform to national policy and evidence based practice.

**Proposed Timescale:** 30/01/2015

## **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:**

There were large amounts of medication stock which had not been returned to the pharmacy.

**Action Required:**

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

All medication practices will be reviewed. Training will be provided to all staff in appropriate Medication procedures.

As part of the medication policy, a robust medication management system will be put in place which includes robust individual medication plans, medication administration record sheets, PRN protocols, a medication auditing system and a robust system for the recording and storing of medication.

**Proposed Timescale:** 31/12/2014

**Theme:** Health and Development

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

The medication management policy had not been implemented.

The practice of transcribing medications by two nurses was still in place and the prescription sheet had not been signed by a GP.

The use of some emergency medication was recorded in two places and this had been the case for a medication administered for reducing a child's behaviour.

Other first aid items and items such as sun cream were stored in the medication cupboard which should have contained the medication for children only.

All medication was stored in a locked cupboard in the kitchen which did not support safe dispensing and administering of medication.

There was no single controlled drugs register in place.

**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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

As part of the medication policy, a robust medication management system will be put in place which includes robust individual medication plans, medication administration record sheets, PRN protocols, a medication auditing system and a robust system for the recording and storing of medication.

**Proposed Timescale:** 31/12/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

There were a number of omissions in the statement of purpose. It did not clearly describe the range of children for whom it provided care. Other gaps included:

- The name of the person in charge
- An organisational chart
- The sizes of the rooms
- The arrangements for children to practice their religion
- Description of any medical or GP support available to children as required.

The service did not operate as described in the statement of purpose. There was an extensive list of social activities cited as available to the children but in reality this was not the case. There were practices which constituted an invasion of privacy. Cameras were placed in all bedrooms and there was no evidence that this had been discussed with parents or children.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The SOP will be reviewed and will contain the information set out in Schedule 1 of the Regulations.

**Proposed Timescale:** 30/11/2014

**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 person in charge did not provide sufficient governance to the centre, which was one of three for which s/he was person in charge.

The person in charge was not knowledgeable about key management processes, such as use of appraisals, performance management, risk management, monitoring and auditing the quality and safety of the service.

**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:**

A PIC will be appointed to the designated centre as opposed to the system of cluster management which is in place at present as it is acknowledged that the named PIC for location does not have sufficient knowledge and expertise of the Regulations and Standards to manage a cluster of designated centres.

The new management structure will include a HR function. HR will devise an appropriate performance appraisal system. All PIC's will receive training on the implementation of the appraisal system to ensure that they can appraise others in a competent manner. All PIC's will have access to relevant staff files to ensure that staff members have appropriate training.

The PIC will receive training in all key operational area's risk management and quality and safety, restrictive practices, Protection and safeguarding

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**Proposed Timescale:** 31/12/2014

**Theme:** Leadership, Governance and Management

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

The number of new policies was large but, there was no adequate plan for these to be introduced strategically and implemented by staff members.

Inspectors found that there was evidence that the provider did not always have sufficient resources to run the service.

**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 Authority did not agree this action plan with the provider despite affording the provider two attempts to submit a satisfactory response.

All policies will be reviewed and updated and rolled out on a phased basis to ensure that they are introduced strategically and implemented by staff members in an effective manner.

In conjunction with the SMT the finance manager will review the sustainability plan

**Proposed Timescale:** 30/12/2014

**Theme:** Leadership, Governance and Management

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

Although the person in charge had carried out one unannounced visit to the centre, it was not of sufficient rigour to provide assurance about the safety and quality of the service.

**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 new Head of Operations will carry out an unannounced visit to the centre at least once every 6 months or more frequently if necessary. A written report will be issued on the safety and quality of care provided in the centre, following the inspections and will also address any concerns regarding the standard of care and support.

**Proposed Timescale:** 01/02/2015

**Theme:** Leadership, Governance and Management

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

The person in charge was not provided with sufficient support to provide the service.

The person in charge had not carried out adequate staff appraisals.

**Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services

that they are delivering.

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

Supervision Training will be provided to the PIC and to all managers and any other staff members in a supervisory role so as to ensure that staff are appropriately supervised. Systems will be put in place to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

**Proposed Timescale:** 31/12/2014

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Recruitment records did not meet the requirement of the regulations, and some items such as references and job descriptions were missing.

**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:**

Information and documentation pertaining to each staff member as per Schedule 2 will be obtained for all staff. The PICs will have access to the contents of any relevant staff files, thus ensuring they are knowledgeable regarding the content of staff files.

**Proposed Timescale:** 30/11/2014

**Theme:** Responsive Workforce

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

Staff were not adequately supervised to ensure that they provided safe good quality care.

**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 new management structure will include a HR function. HR will devise an appropriate performance appraisal system. All PIC's will receive training on the implementation of the appraisal system to ensure that they can appraise others in a competent manner. The PIC will have access to relevant staff files to ensure that staff

members have appropriate training.

Supervision Training will be provided to the PIC and to the Director of Nursing and any other staff members in a supervisory role so as to ensure that staff are appropriately supervised.

**Proposed Timescale:** 31/12/2014

**Theme:** Responsive Workforce

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

Staff had not received training as described in the provider's training document.

Staff had not received any specialist training so they could meet the needs of the children in their care.

**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:**

A training needs analysis will be carried out by a member of the Quality and Compliance team. All staff will be adequately trained in core areas such as fire safety, medication management and child protection.

The Quality and Compliance team will ensure that staff have access to appropriate training to include refresher training, as part of a continuous professional development programme.

All training carried out will be documented and in an accessible format, ready for inspection and audit.

**Proposed Timescale:** 31/12/2014