

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | A designated centre for people with disabilities operated by St Catherine's Association Limited |
| Centre ID: | OSV-0003409 |
| Centre county: | Wicklow |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | St Catherine's Association Limited |
| Provider Nominee: | Ian Grey |
| Lead inspector: | Orla Murphy |
| Support inspector(s): | Vicky Blomfield |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 2 |
| Number of vacancies on the date of inspection: | 1 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 07 August 2014 10:00 To: 07 August 2014 18:00

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

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| 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 centre was inspected for the first time to monitor ongoing compliance with the standards and regulations on the 3 April 2014. This inspection was a follow up event to assess any actions which had been taken following the first inspection. The adults who had been living in the centre at the time of the last inspection had moved on, and two children had moved to the centre from other centres in the organisation. The staff who worked with these children moved with them to work in the centre, to provide consistency and support for the children in their transition.

Inspectors found there had been insufficient progress in several areas at the time of this follow up inspection. Some actions were not yet due to be completed at the time of this inspection but inspectors did not find an adequate level of progress had been made to indicate that the deficits would be addressed in the projected time period. Following this inspection, an immediate action plan was issued to the provider and responses requested by the Authority in relation to three areas of significant risk and non compliance.

Inspectors found that the children living in the centre had complex needs and required significant staff support and input. Staff cared for the children with commitment and compassion. However, there were concerning restrictive practices frequently in use in the centre. There was a lack of multi disciplinary input for the children given their complex needs and disabilities and both assessments and personal planning to meet those needs was inadequate. Children were waiting for a

variety of services from the organisation, and despite urgent needs in some cases, services were not provided in a timely manner or had not been provided at all.

Some records and procedures required to manage and deliver the service were inadequate or not sufficiently robust, and some procedures were not fully implemented. There were deficits in staff training and staff's terms of employment and there was little evidence that these issues were being progressed in a timely way. There were safety concerns regarding the physical environment that had been identified, but not addressed, such as potential risks from potentially toxic plants in the garden of the centre. Overall, inspectors found there was inadequate governance and oversight by the provider organisation in relation to the centre, and the progress was not timely.

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:

Adults that had been living in the centre at the time of the previous inspection had moved on to different placements, and there were now two children living in the centre. The children's transitions to the centre had been planned and managed positively. However, the assessments of children's needs were inadequate and not sufficiently clear to inform a robust planning system. There was no one established planning process in the centre to identify and meet children's needs fully, and actions had not sufficiently progressed since the previous inspection. Children's needs in some areas had not been adequately identified and addressed, although staff met their daily needs in a warm and compassionate way.

At the time of this inspection, assessments of some health and behaviour needs had been completed for both children which were read by inspectors. However, inspectors found that the assessments of the children's needs in place were inadequate, and that those in place were not comprehensive. For example, there were no educational assessments in place, and there were no assessments or planning in relation to both children's cultural heritage and identity. Inspectors found that there was inadequate multi disciplinary involvement in place for the children, both of whom had complex needs. Records of the care provided to children, and of incident reports reflected that both children had identified needs in relation to areas such as speech therapy, sensory assessment and mental health assessment. However, these had not been provided, despite the fact that the majority of these services were available within the organisation. One child had been waiting for a significant period for assessments and therapeutic input that was urgently required.

Inspectors found that staff knew both children very well, and this meant that they could effectively deliver their care and meet many of their daily needs. However, without adequate assessments of need or personal plans, there was a significant risk that needs would remain unmet, and appropriate supports would not be put in place to meet children's needs. Inspectors found that this was the case and both children had not received vital and timely supports while living in the centre.

There was no established personal planning process in place in the centre and the care of the children was dependent on the long term knowledge of the staff team. At the time of the previous inspection, inspectors had found that what was considered to be residents' personal plans comprised of several separate assessments of activities of daily living, a personal plan assessment template and a behaviour support assessment and plan. The personal plan templates had not been fully completed for residents living in the centre at the time and the voice of the resident was not adequately reflected. During this inspection inspectors found that the personal planning system remained fragmented and comprised of several different templates and assessments some of which had not been completed. These had not been progressed since the previous inspection. Inspectors examined several records in children's care files and interviewed the social care leader and staff and it became clear that the staff team were waiting for a model of planning to be chosen and rolled out by the provider organisation. However, this had not yet been put in place. Inspectors saw evidence in children's care files of some work completed by staff to provide an interim planning system to guide them, but these remained fragmented and did not adequately address all areas of need and aspiration. Behaviour support plans were in place and these provided some strategies for staff to support residents in aspects of their daily lives. However, there was inadequate personal planning in place to support all aspects of the children's lives.

In contrast, inspectors found that the social care leader and staff team had developed an individual synopsis book of the support required by one child which was clear, written in the first person and instructed staff in the child's wishes, communication and support needed. This was a useful and child-centred tool to support staff to meet the child's needs consistently. The social care leader informed inspectors that this book was in the process of being developed for the other child in the centre. Inspectors also found that the social care leader had begun a process of consultation with the children's families to incorporate their views and wishes into a personal plan, once implemented.

The children had experienced a successful transition from other centres in the organisation to this centre in the two months prior to this follow up inspection. Both children had a transition plan to move to the centre which were examined by inspectors and found to be of a good quality. The pace and progress of the children's moves were different as both children had different needs. One child moved to the centre quickly as this was identified to be in their best interests, and the other child had a more gradual move which entailed visits and time spent in the centre. For both children, their staff team from their former homes moved to the new centre with them. Staff who spoke to inspectors felt strongly that they continue to support each child to ensure that the disruptive impact of a move was minimised. It was evident to inspectors that the transfer of these staff was a significant stabilising factor for the children during an unsettling time.

Judgment:

Non Compliant - Major

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:

Some improvements were noted by inspectors in relation to risk management since the previous inspection, as some systems had been put in place to identify and manage risk, but these required development and some hazards were not identified by the staff team. Fire safety measures had not progressed sufficiently and were inadequate. An immediate action plan was issued to the provider in relation to these issues following the inspection.

The health and safety policies and procedures were in place and were up to date, and some progress had been made in implementing risk management procedures. Some formal risk assessments had been carried out on the environment and this was being progressed by the social care leader. Inspectors examined these assessments and found that they were adequate. At the time of the previous inspection policies regarding risk management in relation to the environment and residents' safety had recently been introduced but had not been implemented. Inspectors found that the procedures had now been implemented and there was a system for the identification of hazards. A risk register had been compiled by managers in the service that was specific to the centre and was in the early stages of development. Inspectors found that several hazards had been identified, as had potential risks associated with the environment and the care of young people, and measures were put in place to mitigate some risks.

However, inspectors found that the risk management system needed further ongoing development. The risk management policy remained non-compliant with the regulations and not all hazards had been identified. For example, two significant hazards were identified by inspectors during this inspection which had not been attended to. One hazard involved children from time to time ingesting plants and other items in the garden of the property. This had been identified as a hazard by the social care leader and an assessment of the toxicity of the plants in the garden had been requested. The organisation had not yet acted upon this and in the interim, the potential risk of these plants had not been ascertained. Another hazard involved a tear in the safety netting surrounding a trampoline which children used frequently, and this had been identified but not been repaired. As a result, while risk management procedures had improved in some respects, they were not fully effective and did not comply with regulations. An

immediate action plan was issued in respect of the hazards identified.

Inspectors reviewed the centre's risk management policy, which identified the operation of a risk management committee for the organisation. This committee was supposed to meet frequently and consider hazards, risks and the impact of these on children in the centre. However, inspectors were advised that this committee was not yet operational and there had been no interaction with the centre by this committee. Inspectors found that the social care leader and staff, when interviewed, had implemented daily practices to protect residents in the centre and staff demonstrated an awareness of risk management. Staff also had preventative practices in place for each child with regard to anticipation of incidents and determining triggers that escalated certain situations. However, there was very little oversight by senior managers in relation to risk and its impact on children, and this meant that concerns were not attended to in a timely way and placed children at ongoing risk.

Overall, inspectors found there was very little improvement in fire safety and little progress in respect of assessing fire compliance in the centre. At the time of this inspection, the centre did not have a certificate of compliance with fire safety regulations. At the last inspection there were some systems and procedures in place in relation to fire precautions such as alarms, a sprinkler system and fire fighting equipment. However, this was not robust, as a qualified engineer had not assessed the centre to determine compliance with fire regulations, and as such the organisation could not be assured that the fire safety in the centre was effective. There was no fire risk assessment in place at that time and not all staff were up-to-date in their fire training. Inspectors found that the risk assessment and that staff training was due to be completed in the two weeks following the inspection.

Inspectors were advised that the health and safety manager of the organisation had carried out a fire safety assessment since the last inspection by the Authority, but inspectors found this had instigated only minimal changes to practice, and no formal report regarding this was available in the centre. Internal doors in the centre were not fire doors, and no formal assessment on the risk this posed had been produced.

Records were maintained of tests of equipment, lighting and alarms, and these were periodically carried out by an external contractor. Inspectors found that there had been inadequate progress in this area, as there was no evidence that frequent tests were carried out by staff on the alarm system. Some visual checks were carried out by staff but given that the provider could not be assured of the safety of the centre in the event of a fire, these offered only limited protection. Records showed that staff had held one fire drill since the previous inspection which involved staff and children, and this evacuation was effective. The social care leader informed inspectors if there were any concerns arising during drills, such as evacuation concerns or equipment malfunction, then these would be recorded, evaluated and addressed and a reported to the health and safety manager in the organisation. S/he also stated that records of tests and drills were now routinely sent to the health and safety manager once they were completed.

Overall, inspectors found that the lack of compliance with fire regulations and identified risks meant that while some checks and oversight had improved, progress in fire safety was inadequate and the service could not be assured that the centre itself was

compliant with fire safety requirements. As a result, the possibility that there were significant deficits that would pose a risk to children and staff in the event of a fire continued to escalate. An immediate action plan was issued by the Authority in respect of the significant risks identified in fire safety systems and procedures.

The systems in place to help children understand fire safety procedures was good. Both children used a communication tool called social stories to support them to understand events and situations. Inspectors found that staff had developed a very appropriate social story in a picture book format, to explain fire procedures such as drills, alarms and evacuations. This social story was available in the centre in an accessible format for the children.

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 systems in place in relation to safeguarding children from harm. The centre had a child protection policy document that was in line with Children First: National Guidelines for the Protection and Welfare of Children (2011). There was a centre specific policy on positive behavioural support in place and children had behaviour support plans. However, restrictive practices had been used frequently within the centre, which impacted on children's freedom and wellbeing and were not sufficiently effective in improving outcomes for children.

There were adequate policies in place in relation to the prevention, identification and response to concerns of child protection within the centre. All staff who were interviewed knew who the designated and deputy designated liaison person was within the organisation and had good awareness of this role. Staff were knowledgeable about the identification of abuse. No reports of a child protection concern were made to the Child and Family Agency since the time of the previous inspection.

Children living in the centre had limited capacity to protect themselves due to their nature of their disability. Both children's understanding and ability to communicate if they felt unsafe was affected by their individual needs and their ability to express themselves and was further impacted by their complex needs. Staff interviewed had worked with the children for a significant time, and they demonstrated a very good knowledge of the more subtle indicators of the children's wellbeing. The synopsis book for one child which described what their gestures, phrases and behaviour meant and how staff should respond. Inspectors found that this was an effective tool to help staff supporting this child.

The centre had a policy on positive behavioural support and staff placed an emphasis on reinforcing positive behaviour. Both children had behaviour support plans, which were examined by inspectors and found to be reviewed and amended regularly. Staff had received training in a model of behavioural management. The staff team had access to a behavioural support specialist who drew up, and reviewed behavioural support plans along with the staff team. This included the decision to use and implement restrictive practices in response to significant behaviour that challenged the team.

Inspectors found that restrictive practices had been used frequently within the centre in the three months previously, and there were significant restrictions of the liberty of one child as a result. The centre had a policy on restrictive practices which stated that all such practices had to be approved by the director of services. The manager identified that a number of restrictive practices, such as physical interventions and time outs had been utilised within the centre. A log of restrictive practices was maintained within the centre and the organisation was submitting records of all restrictive practices to the Authority on a weekly basis due to the high number of practices being instigated. Both children's behaviour support plans identified the use of a calm room as an area to ask a child to go to, to help them relax and take some 'time out'. One child had been subject to frequent and prolonged episodes of time out and seclusion in an effort to de-escalate behaviour that significantly challenged the staff team. Staff and the social care leader informed inspectors that this child sometimes was accompanied by staff into the calm room and the door was not locked. Inspectors observed staff carrying out relaxation sessions with children during the inspection, and children responded very positively to this.

However, inspectors identified that if the child's behaviour escalated to be persistently violent or self injurious, staff withdrew and the door was held shut. The child was then monitored by a non recording camera (live feed) in the room and staff used a monitor to supervise the child. Inspectors found for this child some separations in the designated calm room exceeded 500 minutes, or eight hours. These events varied in timescales, but many events meant the child was secluded for times spanning 20 minutes to two hours throughout June and July of 2014. The practice was excessive and had a significant impact on the liberty and rights of a child. In addition these behaviour support interventions were not effective in impacting upon behaviour and in reducing restrictive practices to a minimum. The support plan had also not been informed by a multi disciplinary team assessment. Inspectors examined the data collected regarding time out and separation episodes which were analysed by behavioural support specialists, but this was not always completed, and did not seem to inform changes in practices or significantly reduce seclusion practices for this child. An immediate action plan was

issued to the provider in respect of this issue and this has been responded to, however the response did not adequately address the concern and a further response has been sought by the Authority.

The inspectors found that the director of services and the behavioural support specialist had signed the records of these events and practice as part of the child's behaviour support plan. However, the practices did not result in tangible improvements to the child's wellbeing and the rights of the child and the imposed deprivation of liberty was not adequately considered by the service. For example, there was no multi disciplinary team overseeing the child's care in the centre, and no independent oversight of the use of these restrictive practices.

Judgment:

Non Compliant - Major

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:

The centre had a policy for the management, prescription and administration of medication, but this was not implemented fully. Staff had not received training in the safe administration of medication.

The centre had a service wide policy for the management, prescription and administration of medication. There was a procedure in place for the safekeeping of medication and for the disposal of medication. The centre used a combined prescription and administration sheet.

The prescription and administration sheets recorded the name and date of birth of the child and there was a photo of each child. Inspectors found that the prescribing general practitioner (GP) was named on the prescription sheet, but had signed one section of the sheet only and had not signed all prescriptions. Where changes were made to medication the amendments were not always signed by the GP. The route of administration of the medication was not recorded on the prescription sheets. However, there was written direction from one child's GP separately to the prescription sheet. The maximum dosage of as required (PRN) medications was recorded and separate guidance was in place for its use for one child. However, this guidance was over seven months in place and had not been reviewed which meant that the guidance may not have been up to date.

The social care leader told inspectors that prescriptions were routinely transcribed by one nurse within the organisation and signed by the children's GP. The policy stated that "only nursing staff may transcribe prescriptions if deemed necessary under their own professional accountability". The practice of transcribing was not subject to audit.

The social care leader advised that a minimum of two staff administered medication to children. There were no recorded medication errors and on review of administration sheets, inspectors did not observe any medication errors. Inspectors examined medication administration records and found there were two staff signatures for each administration. However, inspectors observed staff signing the administration record prior to the administration of medication to a child. This is not good practice and is not in line with the organisation's policy. This practice meant that errors could occur in the administration of medication as medication may not be administered but the record reflected that it had. This observed practice highlighted the risks to children where staff were not adequately trained to safely administer medication.

Staff were not trained in the safe administration of medication. The Authority sought assurances and received confirmation from the director of services following this inspection that all staff were in the process of receiving accredited training in the administration of medicines, and this would be completed in the three weeks following the inspection. Documents reviewed by inspectors identified that staff had received training in the administration of emergency medications, such as those to treat prolonged seizures.

Medication was stored securely in the centre. Inspectors found that medication was stored in a locked medication cabinet inside a locked area. Keys were securely held in the centre. The contents of the cabinet were examined and the medication in the cabinet was found to be appropriately labelled and in date. Excessive stocks of medication were not retained and medication was collected from the pharmacy frequently.

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):

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

Findings:

There was a statement of purpose and function for the centre which had been reviewed since the previous inspection, but still did not contain all of the information required by regulations.

The statement of purpose did not comply with the information described in the regulations. The statement of purpose examined by inspectors had been reviewed and progressed from the time of the previous inspection. It reflected that the centre accommodated children only and described the ethos of the centre, the model of care, and the facilities and service available in the centre. The facilities, the building, services, some care arrangements and key relevant policies and procedures of the centre were also described. However, information regarding complaints processes, consultation, educational and activity arrangements and the support provided by the staff team were not sufficiently detailed.

Inspectors found that staff interviewed were aware of the purpose of the service and the children it catered for. However, the statement was still not in a format accessible to children. The social care leader informed inspectors that a children's version of the statement was in the process of being drawn up but was not yet in place. Inspectors found that the version in place was more colourful, easier to read and had pictures within it, and this demonstrated some progress in relation to the accessibility of the document.

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:

At the time of the previous inspection, there were inadequate management systems in place to ensure the service provided was safe, effective and appropriate to the needs of residents, as there was a lack of clarity in relation to manager's roles, responsibilities

and lines of accountability. There had been some development of the management systems in the centre. However, inspectors found there was insufficient progress in the overall deficits identified at the last inspection.

The social care leader was the person in charge of the centre at the time of this inspection and this had changed since the previous inspection. S/he managed the centre on a day-to-day basis. The social care leader reported to the director of services. In turn, the director of services reported into the board of management. Other managers were in place in the wider organisation to manage areas such as staff training, nursing care and health and safety. Inspectors found that the social care leader had a good understanding of the regulations and the findings and actions from the previous inspection report. They had begun to address some actions from the previous inspection and inspectors saw evidence of this during the inspection.

Inspectors were informed that the social care leaders from several centres met with the director of services weekly to examine practice issues, significant events and operational issues in the centres. The minutes of these meetings were examined by inspectors as part of this follow up inspection. Other senior managers attended for parts of these meetings to address specific issues such as training or safety. The minutes examined reflected that meetings were held weekly and a range of operational issues were discussed. However, inspectors found that the minutes did not clearly reflect the actions needed to address issues of concern, or who was responsible for these actions. In addition, the minutes did not reflect that there was adequate direction given by senior managers in relation to concerns or events in centres. The standard of recording in these minutes was poor, and did not provide adequate accountability for attendees or reflect guidance given regarding the care and responses relating to children in the centres. In addition, inspectors found references to practices in the minutes which breached the organisations own policies and procedures. However, these were not adequately accounted for or addressed in the meeting records.

There had been some improvements in the structure of the management of the service, and the accountability of roles within that. However, progress was slow, and at times regressed. A more cohesive and accountable management structure had been devised since the previous inspection and the director of services and social care leader had access to the operations of other departments within the organisation such as training and health and safety. However, there were still difficulties in this regard. The social care leader in the centre could not access staff files for example at the time of this follow up inspection. Inspectors examined evidence of correspondence regarding this issue, and there remained a resistance elsewhere in the organisation to ensuring the line management of the centre could meet their legal obligations as set out in the regulations. Inspectors found there was protracted correspondence between the social care leader and human resources and the director of services regarding accessing staff vetting and staff contracts for assurance purposes. However, this had no impact, as the records could not be accessed, and the provider had not ensured the the manager could fulfil his/her statutory obligations. As a result, the ability of the centre to meet regulations continued to be hampered as described in the previous inspection report.

Quality assurance of records and care practices was in its infancy, and inspectors found that there was some improved formal oversight by the social care leader of care files,

risk management, significant event reviews and practices in the centre which meant they had begun to assess the safety and quality of care. However, a number of initiatives described in the action plan, such as the establishment of the risk management committee and a continuing professional development programme were not in place. No six monthly visits to review the quality and safety of care in the centre had been undertaken by the provider as required by the regulations. This meant there was not sufficient oversight of the quality and safety of the care provided in the centre. This meant that overall, inspectors found the managerial oversight of the service was insufficient and inspectors found that progress in this regard was inadequate.

There was a system of performance appraisal in use in the centre but it was not informed by regular supervision and this diminished its value. Inspectors examined two annual performance appraisal records for staff in the centre during this inspection. The records reflected that areas covered included training and development, care practices, skills in areas such as recording, IT skills, interaction with children and values. The outcomes and actions within the appraisal records were not sufficiently detailed. In addition, because there was no formal supervision carried out in the centre; it was only the social care leader's knowledge of staff that informed the appraisal. There were not sufficiently detailed records in place to adequately identify what areas staff performed well in and needed to develop.

Staff meetings were held in the centre, and minutes of these showed that there had been good progress by the social care leader in providing clear and relevant information to the staff team. The social care leader had started to introduce a selection of key policies to staff meetings, to explain these in detail to staff and examine how these policies would be implemented in practice in the centre. Practice issues were also examined by the social care leader, and in depth support discussions were had regarding the children and their needs and activities of daily living. The social care leader worked on shift in the centre and informed inspectors that they guided staff practice and mentored staff in their roles. Staff who spoke to the inspectors said they felt well supported and guided by the social care leader, and that the social care leader provided strong leadership and made staff accountable for their work and standards of care practices.

There was a whistle blowing procedure in place in the centre and this was seen by inspectors. The procedure had recently been introduced in the days prior to the follow up inspection. The social care leader advised inspectors that no briefings or staff training had yet been held to ensure staff were aware of the procedure. Inspectors found upon speaking to staff that they were unsure of the exact procedure to follow if they wished to raise concerns about the centre.

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 an adequate number of staff available to meet the needs of the children and to deliver a safe service in the centre. Staff retention measures and access to vetting records were not robust and this impacted upon the staff team and the centre management.

Inspectors found that the progress of actions in relation to staff vetting could not be assessed, as the social care leader in charge of the centre could not be assured that all appropriate checks and documentation were in place for all staff. At the time of the last inspection, inspectors found that historical recruitment processes and procedures were not robust and therefore did not promote the safety of children in receipt of a service. However, inspectors found that steps were being taken at that time to address deficiencies in the vetting of staff. A revised and satisfactory recruitment policy and procedure had been in place since March 2014.

During this follow up inspection inspectors did not request to access staff files, but expected that progress in this area would have been monitored by the social care leader (the person in charge), in line with regulations. However, inspectors were informed that the social care leader had been denied access to staff files to assure themselves that all required information and vetting was in place. Inspectors examined correspondence that confirmed that the social care leader was denied access to these files on the grounds that it breached data protection legislation. The person in charge is responsible for ensuring that all staff files contain the information and checks outlined in Schedule 2 of the regulations and this was not effectively facilitated within this centre.

Inspectors found that some staff remained unqualified, and those staff and the social care leader could not advise inspectors when efforts would be put in place to rectify this, as the training manager was on leave for the summer period. The social care leader worked on shift alongside staff, supervising them directly. However, concern remained that not all staff had sufficient knowledge and skills to provide the identified care to the children. This issue had not been adequately progressed by the provider. One member of staff on duty on the day of the follow up inspection informed inspectors that they had a range of specialised qualifications in the field of the management of behaviour which were appropriate and beneficial to the needs of children in the centre. Two other staff on duty on that day did not have any relevant qualifications to their role. All staff interviewed by inspectors presented as committed, caring and knowledgeable regarding the needs of both children in the centre.

There was a training programme in place that endeavoured to ensure all staff had standard core training and refresher training. The social care leader informed inspectors that a training needs analysis had commenced and was progressing. However, this would not be completed until the return of the training manager from leave. At the time of the previous inspection, there were gaps in core training for some staff in relation to fire safety. The staff group in place in the centre during this inspection had moved from other centres in the organisation. These staff also had gaps in their core training in fire safety, child protection and medication administration. There was no specific training provided in children's rights, advocacy or restrictive practices, which was especially pertinent given the complex needs and behaviours presented by children in the centre.

The centre had a supervision policy. However, as at the time of the last inspection it was not implemented. An external body had been identified to provide training to line managers in supervision skills, but this training had not yet been commissioned at the time of this inspection. Staff were not provided with formal supervision but staff informed inspectors that the social care leader directly supervised care practices and that they provided clear direction at all times regarding care practices.

Employment practices were not sufficiently robust, and the retention of staff was at risk in this regard. Inspectors identified that not all staff had up to date contracts of employment. The three staff on duty on the day of the inspection reported that all of their contracts of employment had expired and had not been reissued. The social care leader confirmed that this issue had been raised at residential management meetings but had not yet been resolved. The social care leader was not assured that this issue did not affect more than the three staff on duty at the time of the inspection, but as described previously, had been unable to access staff files to ascertain the status of all staff in the centre. The lack of current contracts meant that staff security of employment was poor, and this meant that the continuity of staff in the centre may be affected if staff moved elsewhere without notice. This in turn, would have an impact on the wellbeing of the children who had significant attachments to the staff group.

Judgment:

Non Compliant - Major

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:

Orla Murphy
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 Catherine's Association Limited |
| Centre ID: | OSV-0003409 |
| Date of Inspection: | 07 August 2014 |
| Date of response: | |

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

Arrangements were not in place to meet the assessed needs of each child.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

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.

Individual Comprehensive Assessments 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. All PIC's will be made aware of the arrangements which will be implemented to meet the assessed needs of each child.

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.

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.

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

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

There were no effective personal plans in place for children in the centre.

Action Required:

Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

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

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:

5. Epilepsy Management;
6. Absconding;
7. Behaviours that Challenge and
8. Medication Management.

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

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

No comprehensive assessments of need were in place for residents.

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:

Individual Comprehensive Assessments 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. All PIC's will be made aware of the arrangements which will be implemented to meet the assessed needs of each child.

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: 30/11/2014

Theme: Effective Services

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

There had been no review of assessments of need.

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:

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

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Personal plans were not in formats accessible to residents.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

All personal plans will be made available in an accessible format to the residents and their representatives.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Plans for residents were not multidisciplinary.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

A Multi disciplinary assessment will be prioritised for the 2 children. The outcome of this assessment will inform each child's Personal Plan. Each plan will be reviewed by a multi-disciplinary team. Under the new governing structure, multi-disciplinary teams will be required to work together to inform and review each resident's care plan.

Proposed Timescale: 28/02/2015

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:

Measures and controls were not described in sufficient detail in the risk management policy.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

External agency to be drafted in to deliver training on risk management to 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 were no assessments of the identified risks posed to children in the centre by vegetation and by surfaces in the grounds of the centre. There were inadequate measures in place to mitigate these risks. (immediate action plan)

Risk management practices in the centre, including risk registers were not fully developed.

The emergency procedures were not sufficiently detailed.

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.

Immediate action plan response:

Action 1: Full assessment of all garden vegetation by qualified horticulturalist to identify plants/vegetation with possible negative health consequences by touch and eating - Completed 14 August 2014

Action 2: Implementation of recommendations of assessment - Completed 15 August 2014

Action 3: Removal of all items on outdoor surfaces with possible negative health consequences as a result of placing in mouth. - Completed 14 August 2014

Action 4: Fencing off area of garden where there is a concentration of items which may pose health consequences if placed in mouth.

- 18 August 2014

Action 5: 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. 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 resident will have an individual emergency evacuation plan to be implemented in the event of a total evacuation being required.

External agency to be drafted in to deliver training on risk management to 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:

The policy did not outline measures and actions in place to control accidental injury to residents, visitors or staff.

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

Action 1: The risk policy will be reviewed and updated in its entirety to incorporate methods for the identification and management of risks and hazards in relation to accidental injury to residents, visitors and staff.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

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

Action 1: The risk policy will be reviewed and updated in its entirety to incorporate methods for the identification and management of risks and hazards in relation to aggression and violence.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

the following respect:

The risk management policy did not include the measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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.

Action 1: The risk policy will be reviewed and updated in its entirety incorporate methods for the identification and management of risks and hazards in relation to self-harm.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Procedures for identifying hazards and measures to address associated risks were not described in detail in the risk management policy.

Identified hazards, such as the hazard noted on play equipment, had not been repaired in a timely way, and children continued to use the equipment.

Action Required:

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

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

Action 1: A health and safety staff member from Sunbeam House Services will be seconded to support the existing Health and Safety Officer in St. Catherine's to develop a hazard and risk identification system.

Action 2: The Health and Safety Officer, with support from Sunbeam House Services will put in place a management system for identifying and responding to hazards in a timely manner.

Provider's Timescale:

Action 1: 30/11/2014

Action 2: 30/11/2014

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 no evidence of progress in the review of the effectiveness of the fire safety systems in the centre.

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:

Immediate Action Plan

Action 1: Creation of written procedure for conducting daily, weekly and monthly checks for fire detection equipment and fire prevention/safety equipment.

Action 2: Dissemination and training of procedure to all PIC's.

The location will be assessed for Fire Compliance by a Health & Safety professional and all fire equipment will be reviewed by a fire compliance professional. Emergency procedures will be reviewed and all staff will attend fire training.

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.

Risk Assessments will be carried out by a qualified fire officer in relation to the adequacy and impact of the fire systems in the location.

All staff will receive up to date fire training.

Proposed Timescale: 30/11/2014

Theme: Effective Services

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

Not all daily, weekly and monthly checks were being undertaken in the centre to ensure fire detection equipment was working effectively.

Action Required:

Under Regulation 28 (2) (b)(iii) you are required to: Make adequate arrangements for testing fire equipment.

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

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.

Proposed Timescale: 15/08/2014

Theme: Effective Services

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

Immediate Action Plan

There was no evidence of adequate risk assessments by a qualified fire officer in relation to the adequacy and impact of the fire systems in the centre, such as the lack of automatic door closures on internal doors and whether internal doors would provide protection in the event of an outbreak of fire.

Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The location will be assessed for Fire Compliance by a Health & Safety professional and all fire equipment will be reviewed by a fire compliance professional. Emergency procedures will be reviewed and all staff will attend fire training.

Proposed Timescale: 30/11/2014

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:

The behaviour support interventions in place for an identified child were not effective in impacting upon behaviour and in reducing restrictive practices to a minimum. The plan had not been informed by a multi disciplinary team assessment.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Immediate Action Plan response:

Action 1: Conduct Speech and language therapy assessment and incorporate recommendations from same into intervention plan. - 15 August 2014

Action 2: Conduct Occupational therapy assessment and incorporate recommendations

from same into intervention plan. - 15 August 2014

Action 3: Contact disability manager in HSE with respect to sourcing appropriate child psychiatry services. All such service provision requires sanction from HSE.- 14 August 2014

Action 4: Review of Positive Behavioural Support Interventions/Input every 48 hours. - 14 August 2014

The frequency of the use of seclusion has reduced to on average one per week for a duration of between 35 and 40 minutes. This is attributable to the implementation of a multi-element intervention plan based on evidence based practice in the intervention for challenging behaviour.

A Multi disciplinary assessment will be prioritised for the 2 children. The outcome of this assessment will inform each child's Personal Plan. Every effort to identify and alleviate the cause of 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.

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

With respect to the use of seclusion for one child:

A full and comprehensive review will be undertaken by a psychiatric team to include review of the use of PRN medication.

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: 30/11/2014

Theme: Safe Services

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

The length and frequency off the restrictive practices in use in the centre did not conform to national policy or evidence based 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:

As above, the use of restrictive practices will be reviewed and national best practice guidelines will be put in place as a matter of priority. All restrictive practices will be reviewed by the MDT team monthly. A committee will be set up to review current use of restrictive practices.

Proposed Timescale: 30/11/2014

Theme: Safe Services

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

Personal plans were not in place and as a result the ability to incorporate the use of therapeutic interventions as part of the review of the plan was limited.

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:

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: 30/11/2014

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:

Staff were not trained in the safe administration of medicines.

Prescription sheets were not fully robust and some practices such as routes of administration and PRN guidance in relation to one child had not been reviewed.

Staff practice, of signing for medication prior to administration was not in line with the centre's policy or good practice.

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.

All medication practices will be reviewed. Additional training will be provided to all staff

in appropriate Medication procedures. Individual Medication Plans will be developed for each resident and will be sufficiently detailed so as to guide staff as to route and PRN administration.

Proposed Timescale: 31/10/2014

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:

The statement of purpose and function did not contain the information required in Schedule 1 of the regulations in sufficient detail.

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

Proposed Timescale: 15/10/2014

Theme: Leadership, Governance and Management

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

The statement of purpose and function was not available in an accessible format for residents.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

The statement of purpose and function will be made available to all residents, their families and/or representatives.

Proposed Timescale: 15/10/2014

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:

An unannounced visit had not been undertaken to the centre by the provider nominee , nor had a plan been put in place to address any concerns regarding the standard of care and support.

Action Required:

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

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

Under Regulation 23 (2) (a) 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.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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:

Staff were unaware of the procedure to raise concerns regarding the quality and safety of the care provided in the centre.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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 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.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Proposed Timescale: 02/02/2015

Theme: Leadership, Governance and Management

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

No written report on the safety and quality of care and support provided in the centre was in place in the centre.

Action Required:

Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

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 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: 02/01/2015

Theme: Leadership, Governance and Management

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

Inadequate progress or improvement had been made in personal planning, restrictive practices, safety, workforce and oversight in the centre.

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.

A new Head of Operations will be put in place immediately.

New Management Structures will be put in place as per a new organisational chart which sets out a clearly defined management structure that identifies lines of authority and accountability. Sunbeam House Services will second Senior Management Staff to carry out an investigative process in terms of ascertaining a base level of operation from a Quality and Compliance perspective, Health and Safety perspective, Finance perspective and Human Resources Perspective. Ms. Bernadette Forde will also be seconded from Sunbeam House Services to act as a senior manager over the residential and respite services within St. Catherine's. All PICS will initially report into Bernadette.

A clearly defined procedure will be put in place in order to facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

Systems will be developed to support staff to provide a safe and quality service. 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.

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.

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:

Systems to support staff to provide a safe, good quality service were not adequately developed.

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:

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

Supervision Training will be provided to all PIC's and to the Director of Nursing, and all members of the Senior Management Team and any other relevant staff members so as to ensure that staff are appropriately supervised.

Proposed Timescale: 30/11/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some staff did not have the necessary or appropriate qualifications and experience to work in the centre.

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:

A Human Resources Team will conduct an audit of all professional and mandatory Training that is required for each staff member. The new management team will 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 as per regulation 15. The new management team will conduct a review of all rosters so as to ensure that unqualified staff are supported by qualified staff.

Proposed Timescale: 30/10/2014

Theme: Responsive Workforce

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

The person in charge could not access staff files and could not be assured that all documents and checks were in place for all staff.

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:

All PIC's and relevant staff will have access to the contents of any relevant staff files, thus ensuring that PIC's are knowledgeable regarding the content of staff files. Information and documentation pertaining to each staff member as per Schedule 2 will be obtained for all staff. All PIC's will be supported to access relevant information pertaining to staff in the location.

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 trained in core areas such as fire safety, medication management and child protection.

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: 20/12/2014

Theme: Responsive Workforce

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

There was inadequate progress in the provision of formal supervision to all 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:

All relevant staff will receive formal training in supervision.

Training will be provided to all PIC's and to the Director of Nursing and any other relevant staff members so as to ensure that Supervision staff are appropriately supervised.

Proposed Timescale: 30/11/2014

