



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

Name of designated centre:	Fair Winds
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Short Notice Announced
Date of inspection:	14 February 2018
Centre ID:	OSV-0005580
Fieldwork ID:	MON-0020830

## About the designated centre

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

In the statement of purpose the provider describes Fair Winds designated centre as a large residential home for children or young persons aged between 12 and 18 years of age. The centre is located in County Wicklow and provides residential services with a maximum capacity for three male or female residents at any one time. It operates on a 24 hour, seven day a week basis. The property provides children and young persons with spacious single bedrooms which are decorated in line with their personal tastes and interests. Throughout, the premises presents as a modern and tastefully decorated property which is well ventilated, bright and homely. Communal spaces in the property include two living room spaces, a kitchen and dining area and a utility room. A well maintained garden space is to the rear of the property that incorporates slides, trampolines and swings for children and young persons to use. Access and egress to the property is secure with electric gates and an intercom system provided. The centre also provides a staff office which also incorporates sleep over staff facilities. The person in charge works in a full time capacity and manages this designated centre and two other designated centres within St. Catherine's Association. A deputy manager also forms part of the management team of this centre and is also assigned responsibility of the two other designated centres. A staff team of social care workers and social care assistants work in the centre. The whole time equivalent for social care workers is six and the whole time equivalent for social care assistants is also six. There is a high resident to staff ratio in this centre. The centre is resourced with two transport vehicles to support residents' participation in activities and school runs.

**The following information outlines some additional data on this centre.**

Current registration end date:	29/08/2020
Number of residents on the date of inspection:	3

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
14 February 2018	10:00hrs to 19:00hrs	Ann-Marie O'Neill	Lead
14 February 2018	10:00hrs to 19:00hrs	Laura O'Sullivan	Support

## Views of people who use the service

Inspectors met with all three young persons living in the centre on the day of inspection and throughout different times during the day. As part of the inspection inspectors also observed each young person's daily routine.

Each young person had their own individual way of communicating their needs and choices which was supported by communication methods such as picture exchange, objects of reference, gestures and prompts.

Young persons living in this centre appeared content, relaxed and happy and interacted with inspectors on their own terms throughout the inspection.

## Capacity and capability

The registered provider, the person in charge and persons participating in management of the centre had effectively ensured young persons' received a good quality service in this designated centre. This inspection found evidence across all regulations reviewed of a service that supported and promoted each person's care and welfare, family relationships, independence and development of skills.

The provider had appointed a person in charge for the centre. The person in charge presented as a competent, pleasant and effective manager who understood their regulatory role and responsibilities to a high standard this included knowledge of notifications to the Chief Inspector required by the regulations. The person in charge had maintained their continuous professional development and at the time of inspection were in the process of completing a Masters degree in business management. High levels of compliance with the regulations and standards were found on this inspection. Good governance and management systems and oversight by the provider and person in charge had ensured these findings which in turn were having positive impacts for young persons and their families.

Prior to each young person's admission to the centre a contract of care had been issued to their families. Contracts of care were of a good quality and provided transparent and comprehensive detail of the service provided in the centre. Some improvement was required in relation to the level of breakdown detail to describe how each young person's funding was utilised and an explanation of what type of fees (if any) may be payable was also required.

The provider had ensured robust governance arrangements for this centre. Provisions were in place for a six monthly provider led audit to take place and also

the provider had identified persons to carry out the annual review of the centre. Ongoing operational management audits were in place and there was evidence that staff were encouraged to take responsibility and be accountable through governance arrangements in the centre.

Quality systems in place included an electronic tracking system whereby the person in charge and deputy manager reviewed, updated and discussed actions and 'to do' items each week. This ensured effective management of the centre and completion of tasks within time lines. A similar system was also in place for the tracking of Health Information and Quality Authority (HIQA) inspection action plans. This tracking system was regularly reviewed by the quality and compliance team for St. Catherine's Association and updated by the person in charge and provider as items were completed, for example.

The provider had ensured there were sufficient numbers of staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. Each staff member was assigned roles and responsibilities to ensure the effective delivery of a child-centred service.

All staff had completed necessary mandatory training in management of behaviours that challenge, child protection and fire safety. Staff had also completed training in other areas such as first aid and safe administration of medication. A training plan was in place and maintained. Refresher training was also available and scheduled for staff.

Staff supervision meetings were ongoing and of those reviewed a good quality. However, a record of supervision meetings, for one recently recruited member of staff, were not available.

Inspectors reviewed the statement of purpose during the course of the inspection. Inspection findings and observations made during the course of the inspection indicated the service was being operated in line with the matters set out in the statement of purpose. However, some review was required in relation to the recent appointment of a deputy manager for the centre and information set out regarding additional training for staff.

## Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre.

The person in charge presented as a fit and competent person to carry on the role of person in charge of the centre. They met the requirements of regulation 14 and its sub-regulations. A good level of compliance was found on this inspection.

The registered provider had obtained all information and documentation required under Schedule 2 of the regulations in relation to the person in charge.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured there were sufficient numbers of staff with appropriate qualifications, experience and skill mix to meet the assessed needs of residents. A planned and actual staff rota was in place which was developed by the person in charge and deputy manager and reviewed and revised regularly. The rota identified staffing on duty for day and night time.

The provider had implemented an organised and effective electronic system for the maintaining of staff files. All information required under Schedule 2 was in place and updated as required from the sample reviewed.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed necessary mandatory training.

A copy of the Act and Standards was made available to staff.

Staff supervision meetings were ongoing and of those reviewed a good quality. However, a record of supervision meetings, for one recently recruited member of staff, were not available.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider had ensured robust governance arrangements for this centre. Provisions were in place for a six monthly provider led audit to take place and also the provider had identified persons to carry out the annual review of the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

A Statement of Purpose was available within the centre. It required some amendments in the areas of the organisational governance structure and staff training to ensure it was compliant with the requirements set out under Regulation 3

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The Person in Charge was aware of her regulatory responsibilities in relation to notifications. All notifications required had been submitted to the Chief inspector as required.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Each young person's family had been issued a contract of care following admission to the centre. Each contract had been signed and agreed. Contracts of care were comprehensive and detailed and set out in a clear and transparent way the services and supports the centre would provide for each young person. However, some further detail was required in relation to any fees that could be applicable to residents and a breakdown of how their funding was assigned, for example the cost of rent, utility bills and transport costs.

Judgment: Substantially compliant

### Quality and safety

Inspectors noted there was a child centred culture within the centre whereby each young person's dignity and welfare were front and centre to all aspects of the service provided.

An action from the last inspection had been implemented. All young persons had received a comprehensive assessment of need prior to admission to the centre and a personal plan that had been completed in full within 28 days following admission in line with the regulations.

The personal plans were developed and reviewed in consultation with the young person, their family, key workers and a multidisciplinary allied health professional team process which was referred to as the 'Team around the Child'. This ensured



each young person was central to the process. Goals set out as part of their personal plan were skills based encouraging educational pursuits, personal independence and communication skills, for example. Within a comprehensive individual assessment each young person's interests, likes and hobbies were identified. Improvement was required however, in relation to child centred planning and social care goal setting to ensure each young person's plan also included goals based on their interests, hobbies, hopes and wishes and incorporated an associated action plan to achieve them.

All young persons were due to commence transition planning to adult services. This process started from the age of 15 years and was in line with the centre's statement of purpose. The aim of the process was to ensure a smooth and positive transition for children and families. Inspectors reviewed a template of the transition plan which showed consultation with the child, family and their multidisciplinary team as a central theme. The person in charge informed inspectors that 'Team around the Child' meetings had been organised and the process was due to commence for two young persons within the centre. The person in charge engaged with families regularly to offer support and guidance around this process. Families were encouraged to develop a support network with each other with regards to this process and this had already been initiated by family members.

The premises was homely, child friendly and comfortable throughout. Each person had a private bedroom that was decorated in line with their personal preferences, assessed needs and interests. Inspectors observed family photographs and personal items throughout the centre supporting each young person's links with their families and friends. The centre was tastefully decorated, warm and well ventilated. Young persons had access to a large garden space to the rear of the property which was equipped with play equipment suited to the abilities each young person living there. Sensory integration equipment was also available within the centre and used as they wished. Bathing and toileting facilities were accessible and ensured privacy arrangements. Specific flooring had been installed by the provider which looked homely and modern also providing non slip risk measures. This was a subtle but considered action taken by the provider to ensure the care and welfare of young persons living in the centre.

Risk was well managed in the centre. A risk assessment and analysis framework was implemented effectively which assessed environmental hazards and personal risks for residents. Risk assessments were up-to-date and reviewed regularly and updated if and when required.

Where supports in relation to the management of behaviours that challenge were required, comprehensive and evidence based support planning was in place. Each support plan was developed by an allied health professional with skills and knowledge relevant to the area. Young persons were supported by allied health professionals in the areas of psychiatry, psychology and behaviour support specialists. Restrictive practices where required were implemented in line with National policy and best practice guidelines. Detailed logs were maintained and a quality overview of restrictive practices for the centre ensured the provider's oversight and practices within the centre. Overall, inspectors noted a restraint free

environment was encouraged and promoted in the centre.

The provider had ensured a robust child protection and safeguarding framework in the centre. An open and transparent reporting culture was evident and staff were knowledgeable and trained in child protection and Children First legislation. A photograph of the designated liaison person was on display in the centre with contact details provided. Evidence indicated timely and effective response to safeguarding concerns if and when they arose.

Intimate care practices were also well managed in this centre. Detailed and child specific documentation provided good practice guidelines for staff while ensuring the privacy, dignity and personal integrity of the young person at all times.

Young persons' rights were upheld and respected. Inspectors observed and noted a culture of rights promotion within the centre in all aspects observed, documented and communicated by staff, the person in charge and CEO. Natural privacy arrangements were in place throughout the centre. Staff and management spoke about each young person in a respectful way and it was clearly demonstrated each young person was front and central to the services provided.

Each young person's choice, self-determination and feedback was sought on a daily basis and more specifically at times through resident meetings which incorporated the use of visual aids and social stories to explain and inform them about up and coming events, aspects about personal safety and choices and options available to them. Staff used communication styles and words that were meaningful for residents and allowed each young person time and support to convey their feedback and wishes in their daily lives.

The person in charge and staff advocated on behalf of each young person at all times to ensure the best possible outcomes for them. Some examples noted had brought about positive outcomes for residents. Advocacy and promotion of each young person's rights and dignity was evident throughout all documentation reviewed, practices in the centre and interactions between staff and residents.

Family relations and personal friendships were encouraged and respected. An open visiting culture was evident and family members were made feel welcome and visits were observed to be relaxed, supportive and enjoyable experiences.

## Regulation 17: Premises

The centre was clean, warm and tastefully decorated. The design and lay-out met the needs of the children. An outdoor recreational area was provided for children to play in a safe environment. Aids and sensory equipment were available throughout the centre.

An action from the previous inspection had been addressed. The provider had

installed a modern, functional shower in the communal bathroom area.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Comprehensive and child centred supports were in place to support young persons during their transition to adult services. In line with national policy and the regulations each young person received assessments, support and transition planning from the age of 15 in preparation for transfer to adult services. There was evidence that this process had been implemented for some young persons living in the centre. Families of residents were consulted with throughout each step of the process.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had ensured the risk management policy for the centre met the regulations.

Appropriate systems were in place for the identification and assessment of risks throughout the designated centre and specific to residents. Risk assessments and the centre based risk register were regularly reviewed and up-to-date. Control measures in place for each risk were appropriate to the level of risk identified, specific to the risk and implemented within the centre.

Where required personal risk assessments for each young person were in place also.

Vehicles used to transport residents were maintained in a roadworthy condition and serviced as required. Weekly checks were maintained also and each vehicle was appropriately taxed and insured.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All residents had an up-to-date personal plan in place which had been updated and finalised within 28 days of admission to the centre. Each child had received a comprehensive assessment of needs. Personal plans were regularly reviewed and evidenced multidisciplinary allied health professional assessment and review. Where

needs were identified goals were established and support planning in place. Goals set for each child focused on skill teaching, healthcare, independence training and education, for example.

Improvement was required however, in relation to child centred planning and social care goal setting to ensure each young person's plan also included goals based on their interests, hobbies, hopes and wishes and incorporated an associated action plan to achieve them.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

Behaviour support planning was in place for each young person where required and followed a positive behaviour support framework. Efforts were made through observational and documented assessments to identify the causes of behaviours that challenge and support planning focused on proactively preventing incidents of behaviours that challenge occurring and response strategies when if and when they did.

Some restrictive practices in place were required to manage and mitigate personal risks for residents. It was demonstrated that restrictive practices were used as a last resort and for the least amount of time where possible. Comprehensive logs, tracking systems and quality management oversight was in place for the monitoring of their use. Restrictive practices were managed in line with national policy, best practice guidelines and the provider's own organisational policies and procedures.

Judgment: Compliant

### Regulation 8: Protection

The provider had implemented robust and comprehensive child protection policies and procedures within St Catherine's Association and evidence was found that these systems were implemented in the centre to a good standard.

There was also evidence that safeguarding concerns were managed in a timely way and in line with children's first procedures. All staff had received training in child protection. Staff were observed to interact in a caring and positive way with young persons throughout the course of the inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

The centre was operated in a manner that was respectful to the needs of each young person taking into account their gender and age. There was evidence that the person in charge actively promoted the rights and dignity of each young person living in the centre. Communication systems were used to support each young person to make choices during their day. Residents and their families had access to a liaison officer and an external advocate if and when required. Personal plans, emails from the person in charge, staff meeting minutes and practices observed throughout the inspection demonstrated respectful language used at all times and the promotion of each young person's rights and dignity.

Natural privacy arrangements were evident throughout the centre and residents' private information was securely stored.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Fair Winds OSV-0005580

Inspection ID: MON-0020830

Date of inspection: 14/02/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. The staff member in question was being informally supervised by the Children Services Manager (CSM) at the time of inspection. The individual was also being supervised by the CSM as part of their college placement. A formal supervision session was undertaken with the individual on the 24<sup>th</sup> April 2018. The individual has been added to the formal supervision calendar and is in receipt of regular supervision sessions as of 24<sup>th</sup> April 2018.</li> <li>2. Cancellations of any supervisions session, plus rationale for cancellation, to be documented going forward</li> <li>3. During the initial induction period for new recruits (first two / three weeks) there may be frequent informal check-ins and meetings between the supervisee and supervisor.</li> <li>4. During the probationary period supervision meetings may start out weekly, move to two weekly and then onto monthly depending on how the supervisee is progressing</li> <li>5. For longer term employees supervision meetings may only take place once every calendar month/6 weeks but at a minimum at least quarterly, depending on the circumstances</li> <li>6. The date for the next supervision meeting will be provisionally agreed at the end of each supervision session</li> </ol>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> <li>1. The Statement of Purpose for the designated centre will be reviewed. During the review the following will be addressed;               <ol style="list-style-type: none"> <li>a) Update of the organisational governance structure to include the Deputy Children Services Manager</li> <li>b) Staff training updated to reflect the mandatory training required by Deputy Children Services Manager</li> </ol> </li> </ol>	
Regulation 24: Admissions and	Substantially Compliant



contract for the provision of services	
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> <li>1. The Person-In-Charge will meet with the Financial Controller and discuss a breakdown of costs and expenses residents might incur. A description or examples of such expenses will be included in future Agreements for the Provision of Care</li> <li>2. An estimated percentage breakdown of expected costs will be provided as an Appendix to future SCA Agreements for the Provision of Care as discussed and agreed with the funding agency, parent or guardian, prior to admission  </li> </ol>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> <li>1. Goals to be devised in line with a resident's interest, hobbies, hopes and aspirations</li> <li>2. Step-by-step action plans, incorporating milestones against which progress can be measured, will be devised by key-workers to accompany all new goals. Milestones will be reviewed on a monthly basis by the key-worker, in conjunction with Children Services Manager, and steps towards completion of the goal revised to best meet the needs of the resident.</li> <li>3. All goals implemented will be agreed with the resident, resident's parents or representatives through the Team Around the Child meeting process.</li> </ol>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	24/04/18
Regulation 24(4)(a)	The agreement referred to in paragraph (3) shall include the support, care and welfare of the resident in the designated centre and details of the services to be provided for that resident and, where appropriate, the fees to be charged.	Substantially Compliant	Yellow	18/05/18
Regulation 03(2)	The registered provider shall review and, where necessary, revise the statement of purpose at intervals of not less than one year.	Substantially Compliant	Yellow	04/05/18
Regulation 05(4)(b)	The person in charge shall, no	Substantially Compliant	Yellow	11/05/18

	later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.			
--	---	--	--	--