

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Catherine's Association Limited
Centre ID:	OSV-0001846
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Catherine's Association Limited
Provider Nominee:	Catherine Byrne
Lead inspector:	Grace Lynam
Support inspector(s):	Erin Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, 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 inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:

04 July 2016 09:30

To:

04 July 2016 20:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the sixth inspection of the centre carried out by HIQA. Five previous monitoring inspections had been carried out in August and December of 2014 and July, September and December 2015 all identifying large numbers of deficits with the regulations. A notice of proposal to cancel the centre's registration had been issued by HIQA in July 2015. Representations were made by St. Catherine's Association which included a new management structure and an action plan to address the identified deficits. The inspections carried out in September and December 2015 found that progress was being made in many areas including improvement in the quality of life of the residents, the physical condition of the premises and the management of the centre. However, not all actions had been implemented in line with the planned timeframes set out in the action plan.

This was a follow up inspection and took place over one day. The centre had a new children's services manager who had been appointed on 20 June 2016 on a six-month contract. The previous children's service manager had put in place a number of management systems to ensure progress in addressing the deficits identified in the previous inspection. However, the board and managers within St. Catherine's

Association had not provided sufficient oversight of the requirements of the regulations as actions identified on previous action plans were not implemented in a timely manner. Inspectors found of 30 actions that should have been implemented at the time of inspection only 10 were completed and a further six had made some progress. This was not satisfactory.

The centre provided full-time care to one resident, and shared care and respite care to nine others. Children received from two to 20 nights care per month. According to the statement of purpose the centre provided respite care for children aged from eight to 17 years of age and residential care for children aged 12 to 17, with a diagnosis of mild to severe intellectual disability. The centre did not cater for children that required full time nursing support.

On the day of inspection there were four children receiving care in addition to the full time resident. As part of the inspection inspectors observed all the children as they went about their daily activities and spoke with two of the children with verbal communication skills. Inspectors also met with the children's services manager (who was the person in charge), staff members and the head of operations. Inspectors reviewed children's files and other documentation and observed care practices in the centre.

The centre was located in a large dormer style bungalow in its own grounds close to a small Co. Wicklow village. There was a fenced off play area containing outdoor play equipment in the large garden that surrounded the house. There was parking to the front of the premises. There was a separate apartment in the grounds which accommodated the full time resident.

This inspection found that children received good care and they presented as happy and content in their surroundings. Staff were knowledgeable about each child's individual needs and preferences and were appropriate in their interactions with the children.

Progress had been made in relation to comprehensive assessments and personal planning and further development was in progress. Supervision practice had improved. However, contracts of care were still not in place, practice and recording of complaints required improvement, not all staff had taken part in a fire drill and half the staff team did not have a qualification in social care. The review of some policies had not been completed.

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 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Findings:

The previous inspection had identified deficits in the complaints policy: Information on how to access advocacy services was not included in the policy and it was not clear from records if the complainant was informed promptly of the outcome of the complaint. Inspectors found that some progress had been made in relation to the management of complaints but further improvement was required.

Complaints were well managed. There had been five complaints since the last inspection and all of them had been resolved and brought to a satisfactory outcome. The complaints policy had been reviewed and amended to include information on how to access advocacy services. However, the policy did not clearly describe how, when and by whom the outcome of the investigation of the complaint would be communicated to the complainant.

Judgment:

Substantially Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

The previous inspection had identified that there were no written agreements of the terms and conditions on which the resident would reside in the centre. On the day of inspection contracts of care were not in place. Inspectors found that an agreement for the provision of care had been drafted but had not been circulated to the children's families.

Judgment:

Non Compliant - Major

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:

The last inspection had identified deficits in relation to comprehensive assessments and personal planning.

Assessments were comprehensive and reflected the needs of the children. Inspectors sampled children's files and found that all had comprehensive, multi-disciplinary assessments in place.

Good quality personal plans were in place which reflected the assessed needs of the children but the review meeting did not always include the relevant multi-disciplinary team. Personal plans sampled by inspectors reflected the needs of the children and outlined the supports required to maximise the child's development. Personal plans were up to date, outlined multi-disciplinary supports required for the child and reflected the comprehensive assessments. Records did not reflect that personal plan reviews were multi-disciplinary in nature.

Staff were beginning to include children in the planning process. A social story had been devised and was being used to support children's understanding of the planning process and the meetings and personnel involved. Staff had also begun to use a new tool to assist in ascertaining the children's needs, wishes and views.

Judgment:
Substantially Compliant

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:

Each of the previous inspections had identified deficits in health and safety and risk management. The risk management policy was not in line with the requirements of the regulations. In addition, not all staff and children had participated in a fire drill and one staff member had not received fire training. Some progress had been made in addressing these deficits.

The risk management policy was compliant with the regulations. The risk management policy had been reviewed and included the arrangements for learning from serious incidents and adverse events. Training was planned in the week of the inspection for the children's services managers to ensure they could fully implement the new policy and procedures in risk management.

Fire safety measures were not sufficient. While all staff were trained in fire safety, not all had participated in a fire drill in line with the policy as inspectors found that the night staff had not been engaged in a fire drill. All children had participated in a fire drill and the centre had fire safety lighting installed on exit doors. However, plans for children's emergency evacuation were not all up-to-date. Inspectors found that learning from previous fire drills had not always led to changes being made in children's plans, where relevant.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The previous inspection had identified that not all staff had the knowledge or skills to respond to behaviour that challenges and had not all been trained in the management of behaviour that challenges or in the provision of intimate care needs. Inspectors found that progress had been made in relation to these deficits but some actions were completed outside the timeframe identified in the action plan.

Staff were competent in managing behaviour. All staff had received training in the management of behaviour that challenges. Inspectors observed staff managing the children's behaviour and the staff that inspectors spoke with were knowledgeable about the patterns of behaviour of the children and how to manage these behaviours. Inspectors observed staff closely supervising children in a manner which allowed them freedom but ensured their safety.

A proactive approach was taken to behaviour management. Incidents of individual behaviours that were challenging were reviewed and advice sought from the behaviour support specialist. Staff were informed about how to implement changes to behaviour support plans. Further development of this process was required to ensure that staff were supported to further develop their knowledge and skills in managing behaviours that challenge. The children's services manager told inspectors that the implementation of behaviour support plans was monitored through informal observations of staff and through audits of the actions identified in the children's behaviour support plans. There was evidence of these audits on files inspectors reviewed.

However, the action to address the deficit in relation to training in the provision of intimate care needs was outstanding as scheduled training had been cancelled.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i>
Theme: Safe Services
Findings: The previous inspection identified that not all three-day notifications were reported to HIQA in a timely manner. Since the last inspection all relevant notifications had been received.
Judgment: Compliant

Outcome 13: Statement of Purpose <i>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.</i>
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: The previous inspection had identified that the statement of purpose did not meet the requirements of Schedule 1. Inspectors found that the revised statement of purpose met the requirements of Schedule 1.
Judgment: Compliant

Outcome 14: Governance and Management <i>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.</i>

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:

The previous inspection had identified a number of deficits in relation to the leadership, governance and management of the centre. The person in charge was only contracted for a six month period and some management systems were still being developed. The annual review had not included consultation with the residents or their representatives, as appropriate, and it was not clear whether the annual report had been provided to the residents and their families. Inspectors found that progress had been made to address some of these deficits but they were not timely.

The management structure of the organisation had changed since the last inspection. A head of operations and an interim chief executive officer had been appointed. A new children's services manager had been appointed to the centre and had taken up the post on the morning of the inspection. Inspectors found that the new children's services manager had been provided with a good handover by the previous manager. Staff were clear on the management structure and on their roles and responsibilities. However, the board and managers within St. Catherine's Association had not provided sufficient oversight of the requirements of the regulations as actions identified on previous action plans were not implemented in a timely manner. Inspectors found of 30 actions that should have been implemented at the time of inspection only 10 were completed and a further six had made some progress. This was not satisfactory.

Management systems continued to develop and be implemented. Policies, procedures and guidelines required further work to ensure they provided sufficient guidance to staff. Some progress had been made in regard to performance management of the team. The previous children's services manager had received training in performance management but the roll out of the staff performance management process scheduled for April 2016 had not commenced.

The report of the annual review was comprehensive and identified similar deficits identified in inspections carried out by HIQA. The annual review had included consultation with representatives of the children and copies of the review had been sent to parents.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The previous inspection had identified that the lease for the premises expired in April 2016. Inspectors found that suitable arrangements were in place should the landlord give notice for the return of the premises.

Judgment:

Compliant

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:

The previous inspection had identified deficits in relation to Schedule 2 documentation required on staff files. In addition, only half the staff team had the appropriate qualifications and, in addition, some staff required core training. Supervision practice required improvement and the large number of staff on the team was impacting on the children's continuity of care. Inspectors found that progress had been made in addressing some of the deficits.

Supervision practice had improved within the agreed timeframe in the action plan. The quality and recording of supervision had improved and supervision occurred in line with the new policy. The children's services manager and her deputy supervised the staff team. The supervision policy had been amended and improved to include a more comprehensive template which was in use in supervision sessions. There were schedules

of supervision on the staff files inspectors sampled and contracts were in place on supervision files. All staff had been supervised at least once since the last inspection and further sessions were planned. Records of supervision sessions identified decisions made and required actions and assisted the supervisor to track progress and ensure accountability of staff. The newly appointed children's services manager was trained in the supervision of staff.

Arrangements for provision of staff training had improved but required further improvement. Progress had been made in relation to ensuring that staff had all received core training. The training analysis had been reviewed and updated and staff had been scheduled to attend refresher training where necessary. However, some training was cancelled and this impacted on the organisation's ability to ensure staff received training required in a timely manner.

Recruitment practices did not ensure appropriate safeguarding. While staff files sampled by inspectors contained evidence of identity and qualifications of staff, job descriptions for all grades of staff and employment histories, some contracts were not signed and some documents were not completed with information required under schedule 2 such as dates of birth and addresses. While references were on file for ten staff they had been completed by the previous centre manager and not the individual staff member's previous employer.

Not all staff were qualified but the roster was planned in such a way as to ensure there was a mix of qualified and unqualified staff on duty.

Children's continuity of care was affected by the numbers of staff working in the centre. Plans were progressing to reduce the number of staff on the team and core teams had been identified for both the residential and respite aspects of the service.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The previous inspection identified deficits with policies and access to records for parents and children needed to be clearer.

Not all policies required under Schedule 5 were completed. The admissions and discharge policy and the communication and information policy had not been finalised. Therefore, it was still not clear to parents and children how they could access their records. The complaints policy did not provide sufficient guidance for staff.

In addition, the serious incidents and adverse events policy was not finalised and the timeframe for completion of the personal planning policy had been extended to August 2016.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Grace Lynam
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-0001846
Date of Inspection:	04 July 2016
Date of response:	29 July 2016

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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The complaints policy did not clearly outline the process for informing the complainant of the outcome of the complaint.

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

1. Action Required:

Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

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

The complaints policy will be revised to clearly outline the process for informing complainant of the outcome of the complaint.

Proposed Timescale: 30/09/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There was no agreement in writing on the terms and conditions on which the resident would reside in the centre.

2. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

1) Agreements for the Provision of Care in line with Regulation 24 (3) and 24 (4) were approved by the Board of Directors as of 5th April 2016. These agreements have been populated by the Finance Department as of 25th July 2016.

2) Agreements for the Provision of care were circulated to resident's representatives on 26th July 2016 with a request to review the agreement and revert with a signed copy by 12th August 2016.

3) New admissions to the designated will be requested to review and sign an agreement for the provision of care prior to commencing respite in the designated centre.

Proposed Timescale: 12/08/2016

Theme: Effective Services

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

There was no agreement outlining the support, care and welfare of the resident and details of the service to be provided.

3. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details

of the services to be provided for that resident and where appropriate, the fees to be charged.

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

- 1) Agreements for the Provision of Care in line with Regulation 24 (4) (a) were approved by the Board of Directors as of 5th April 2016. These agreements have been populated by the Finance Department as of 25th July 2016.
- 2) The Children's Services Manager will circulate the Agreements for the Provision of Care to resident's representatives with a request to review the agreement and revert with a signed copy by 12th August 2016.
- 3) New admissions to the designated will be requested to review and sign an agreement for the provision of care prior to commencing respite in the designated centre.

Proposed Timescale: 12/08/2016

Theme: Effective Services

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

The agreement did not include the fees to be charged for the service provided.

4. Action Required:

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

- 1) Agreements for the Provision of Care in line with Regulation 24 (4) (b) were approved by the Board of Directors as of 5th April 2016. These agreements have been populated by the Finance Department as of 25th July 2016.
- 2) The Children's Services Manager will circulate the Agreements for the Provision of Care to resident's representatives with a request to review the agreement and revert with a signed copy by 12th August 2016.
- 3) New admissions to the designated will be requested to review and sign an agreement for the provision of care prior to commencing respite in the designated centre.

Proposed Timescale: 12/08/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Records did not reflect that personal plan reviews were multi-disciplinary in nature.

5. 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:

- 1) Where members of the Team Around the Child (TAC) are unavailable to attend the TAC Meeting, keyworkers will request a report in advance to be presented at the meeting. This process will ensure that personal plan reviews include the relevant multidisciplinary input required, and will commence on the next round of TAC meetings.
- 2) The Personal Plan template includes a page titled 'My Personal Plan Review'. The keyworker will now use this template to record key points from the Team Around the Child (TAC) meeting including multidisciplinary input. The name and role of multidisciplinary team members involved will also be recorded. As individuals assessed needs change throughout the year, their personal plans will be updated on this template. These changes will reflect the input from relevant members of the multidisciplinary team.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Participation of children in their own planning processes was in the early stages of development.

6. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, 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:

All children will be supported to participate in their personal planning process to the best of their ability through continued development and implementation of social stories and tools to meet their individual needs. This process will be rolled out and recorded through children's meetings in preparation for the next scheduled round of Team Around the Child (TAC) meetings.

Proposed Timescale: 29/07/2016

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:

Not all children had up-to-date personal emergency evacuation plans.

7. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

- 1) The Personal Emergency Evacuation Plans (PEEPS) have been reviewed and updated where required. All children have an updated Personal Emergency Evacuation Plan as of 25th July 2016.
- 2) A checklist of relevant plans requiring review will be placed at the front of each child's folder which will record the review date for each plan which each keyworker is required to sign when reviewed.
- 3) The Children's Services Manager and their Deputy will conduct a monthly audit in the designated centre to ensure all plans are updated within agreed timeframes.
- 4) The Head of Operations will conduct spot checks of the audit for all plans during visits to the location to monitor and be assured that all plans are being reviewed within agreed timeframes.

Proposed Timescale: 05/09/2016

Theme: Effective Services

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

Night staff had not participated in a fire drill.

8. Action Required:

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

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

- 1) All staff will have participated in a fire drill by 14th August 2016. In the interim, all night shifts will have a minimum of one staff who have completed a fire drill.
- 2) All new staff will participate in a fire drill within two weeks of commencing on the roster within the designated centre

Proposed Timescale: 14/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all staff had been trained in the provision of intimate care.

9. Action Required:

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

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

- 1) The organisation has identified a new trainer to deliver training in Intimate Care from September 2016.
- 2) All outstanding staff will receive training in Intimate Care by 1st December 2016 In the interim a minimum of two staff who has completed the intimate care training will be rostered on each shift to ensure all children are supported with intimate care in line with their personal plans.
- 3) When new staff commence on the roster in the designated centre they will be scheduled for Intimate Care Training for the next available training date.

Proposed Timescale: 01/12/2016

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:

There were no effective arrangements in place to performance manage the staff team.

10. 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:

- 1) The new Children's Services Manager will receive training in performance management from the Human Resources Department by 12th August 2016.
- 2) The Children's Services Manager will develop a schedule for performance management meetings with staff and will commence the roll-out of performance management in the designated centre by 30th September 2016.

Proposed Timescale: 30/09/2016

Theme: Leadership, Governance and Management

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

Management systems were not effective as previously identified breaches in regulations had not been actioned in a timely manner.

Policies, procedures and guidelines did not provide sufficient guidance for staff.

11. 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:

- 1) The Senior Management Team (SMT) attended a policy review day on the 30th March 2016. Policy owners were clearly identified and key policies prioritised for review. A Policy Framework for the development and review of policies is currently being drafted. In the Interim, existing policies remain active and as policies are revised and approved by the Board of Directors, they are communicated to staff.
- 2) The Children's Services Managers completed a Risk Management Policy Workshop with the Quality and Compliance Team on 7th July 2016.
- 3) The Children's Services Manager will discuss the revised policy and practical requirements outlined in the Risk Management Workshop at the next staff meeting 19th August 2016. The Quality, Compliance and Training team will provide additional support for the team if required.
- 4) The Quality Compliance and Training Manager has developed an Action Plan Tracker to monitor both HIQA and Provider audits. These tracker record identified deficits following HIQA inspections / Provider Audits. As of 1st July 2016, the Children's Services Manager will use the tracker to document progress towards, and completion of actions on at least a fortnightly basis. A 7 weekly rolling schedule has been established where the Children Service Manager will present an update on progress at the Children Service Managers Meeting. This review is attended by Head of Operations. Quality Compliance & Training Manager & HR Director for oversight.
- 5) The Head of Operation has developed a template for oversight of the designated centre which includes progress on actions from the HIQA / Internal Action Plan Tracker. Progress will be discussed with the Children Service Manager when visiting the designated centre on at least a bimonthly basis. Any concerns in relation to timeframes will be discussed and solutions agreed.
- 6) The Head of Operations and Quality Compliance & Training Department will provide update to the Senior Management Team on a monthly basis on the progress of actions/ any issues arising and recommendations to address any issues.
- 7) The Acting CEO reports to the Board of Directors on a quarterly basis, the progress of Actions for HIQA inspections/Internal Audits. This include : No of actions identified, No of actions completed, No of actions open, No of actions open but outside agreed timescales.
- 8) The schedule of audits has been revised to include six monthly provider visits and an annual review of the quality and safety of care at the end of each calendar year.
- 9) The Children's Services Manager will discuss actions identified following provider

audits and HIQA inspections at each team meeting. Where appropriate, actions will be assigned to members of the team, completion dates agreed and documented.

Proposed Timescale: 13/09/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

Children's continuity of care was affected by the numbers of staff on duty.

12. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

- 1) Auditing of the planned vs. actual roster on a quarterly basis has commenced as of 30th June 2016, by the Children's Service Manager to review the continuity of care and address any concerns with the continuity of care at local level and notify concerns to the Head Of Operations and HR Department where concerns cannot be resolved.
- 2) The organisation has recruited two qualified social care workers since inspection and An Garda Síochána vetting is currently pending. This will reduce the numbers of relief staff working minimal hours on the roster, thus improving the continuity of care provided to children in the designated centre.

Proposed Timescale: 30/08/2016

Theme: Responsive Workforce

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

Not all staff files contained all the information required under Schedule 2.

13. 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:

- 1) The Children Service Manager has liaised with the Human Resource Department and has audited all staff files to identify the deficits in information and documents specified in Schedule 2.
- 2) The Children Service Manager will send a final email on the 29th of July 2016 to relevant staff where deficits are identified with a deadline of 5th of August for information and documentation to be returned.

3) New staff for the designated centre are now required to have all information and documentation as specified in Schedule 2 in place prior to commencing work.

Proposed Timescale: 05/08/2016

Theme: Responsive Workforce

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

The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents.

14. 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:

1) The organisation has recruited two qualified social care workers since inspection and An Garda Síochána vetting is currently pending. This will reduce the numbers of relief staff working minimal hours on the roster, thus improving the continuity of care provided to children in the designated centre.

2) The organisation has identified a trainer to deliver training in Intimate Care and Infection Control from September 2016. All outstanding staff will receive this training by 1st of December 2016 in order to ensure they have the appropriate knowledge and skills in these areas to meet the assessed need of residents. In the interim a minimum of two staff who has completed the intimate care training will be rostered on each shift to ensure all children are supported with intimate care in line with their personal plans. The Children's Services Manager has re-circulated the infection control policy and guidelines to staff as of 11th August 2016 for discussion at the team meetings scheduled for 19th and 26th August.

Proposed Timescale: 30/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

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

The review of the admissions and discharge policy was not completed.

The review of the communication and information policy was not completed.

15. Action Required:

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The Referrals and Discharge Policy has been revised and been replaced by two policies which are in line with Regulation 24 (1) (a). Both policies were forwarded for approval Board of Directors meeting on 25th July 2016. The Board have requested additional information prior to approval due to a proposed fundamental change in policy. It will be reviewed at the next Board of Directors meeting.

The Communication and Information policy is currently under external review. The revised policy will provide sufficient guidance to staff under regulation 04 (1).

Proposed Timescale: 23/09/2016

Theme: Use of Information

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

The complaints policy did not provide sufficient guidance to staff.

16. Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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 complaints policy will be revised to clearly outline the process for informing a complainant of the outcome of the complaint. The Children Service Manager will discuss the revised policy with all staff at a staff meeting and ensure all future complaints are managed accordingly.

Proposed Timescale: 30/09/2016