



Office of the Chief Inspector

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

Name of designated centre:	Ballylusk Cottage
Name of provider:	St Catherine's Association Company Limited By Guarantee
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	17 December 2018
Centre ID:	OSV-0001846
Fieldwork ID:	MON-0025103

About the designated centre

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

The centre provided respite and residential care for children with an intellectual disability. Respite care is provided for a total of nine children. Up to four children can be supported in the main property building at any one time. The centre also comprises of a stand-alone building referred to as an apartment. This residential unit can provide full time residential support for a child. Currently this property is unoccupied. The provider has identified upgrade works to the apartment premises are required. A number of children availing of respite services in this centre require autism specific supports and also supports in the management of behaviours that challenge. A high staff to child resource ratio is in place in this centre. Children are supported to attend school during their stay and engage in activities both in and out of the centre. The centre is also resourced with two transport vehicles.

The following information outlines some additional data on this centre.

Current registration end date:	23/09/2019
Number of residents on the date of inspection:	0

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
17 December 2018	10:30hrs to 16:00hrs	Ann-Marie O'Neill	Lead

Views of people who use the service

No residents were in attendance during this unannounced inspection.

Capacity and capability

The registered provider, the person in charge and persons participating in management of the centre had arrangements in place for the oversight and monitoring of the quality of care provision in this designated centre.

The person in charge facilitated the inspection. Governance and management systems for the centre were robust and the provider had ensured clear lines of authority and accountability were in place. The centre was managed by a full-time person in charge that met the requirements of regulation 14 and its sub-regulations. A deputy manager also provided day-to-day operational management of the centre in support of the person in charge. The person in charge reported to a person participating in management who had an operational management remit over respite and short break services within St. Catherine's Association.

Prior to the inspection a child had transitioned from the centre to adult service placement. This showed that the provider had adhered to an additional restrictive condition on their registration of Ballylusk Cottage. This was also evidence of appropriate transition planning and adherence to regulatory requirements by the provider.

The provider had also 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. Six monthly provider led audits for this centre carried out on behalf of the provider had identified a number of deficits in the quality of service. Since the most recent September 2018 audit the provider had addressed a number of outstanding issues for the service. While it was demonstrated on this inspection that there were still some improvements required there was evidence of the provider assessing and monitoring the service and taking actions were required.

A training plan for staff was in place and updated as required. The provider had put systems in place to drive a more consistent approach to training of staff by appointing a training coordinator within St. Catherine's Association. At the time of inspection, compliance in mandatory and assessed needs of residents' training was at self reported by the provider as 93%. Some improvement was required to ensure staff had appropriate training in areas to meet children's assessed and presenting needs, for example staff had not had training in autism supports. Seven of the nine

children using the respite service had assessed autism needs. Staff also required training in supporting adolescents' sexuality and relationship needs. This was a presenting feature in this designated centre.

The providing was offering staff support and supervision to carry out their work effectively. An effective supervision system was in place. Staff supervision meetings were ongoing and arranged to occur every eight weeks approximately. All staff had received a supervision meeting with their line manager.

The statement of purpose was found to meet the regulatory requirements of Schedule 1 of the regulations. Some small revisions were required to ensure an accurate description of the residential service was required. The provider was made aware of this by the inspector and made arrangements to review and update the document shortly following the inspection. Therefore, regulation 3 was found compliant.

Registration Regulation 8 (1)

Prior to the inspection the provider had applied to remove a restrictive condition on the registration of the designated centre. Information to support the provider's application was also submitted by the provider. The inspector reviewed the matters further on inspection and found the provider had adhered to their restrictive conditions. The application to remove the restrictive condition was therefore granted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of regulation 14 and it's associated sub-regulations. The person in charge had the required management experience and management qualification. At the time of inspection the person in charge was engaged in further study in the area of business management.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured staff working in the centre had received a supervision meeting with them on an eight weekly basis. Appropriate arrangements were in place for staff supervision and support in this centre. A staff line manager

worked in this centre alongside staff during respite opening times.

All staff had received mandatory training in children's first, fire safety and manual handling. However, staff had not received training the areas of autism, sexuality and relationships. Training in these areas were required to ensure staff were appropriately knowledgeable and skilled to support children's assessed and presenting needs.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had met their regulatory requirements in relation to six monthly unannounced audits and had also produced an annual statement for the service which incorporated the feedback of residents and families as required by the regulations.

Clear lines of responsibility and accountability were present in the centre. A full time person in charge was assigned to the centre, they were supported by a deputy manager who was also responsible for the supervision of staff and operational management of the centre. The person in charge reported to a person participating in management who had overall operational management oversight of respite and short break services within St. Catherine's Association.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that occurred in the centre were notified as required.

Judgment: Compliant

Quality and safety

The provider had ensured, in the main, that children residing in Ballylusk Cottage were provided with good standard of child centred care with some improvements required to improve the quality and safety of care provided.

Some improvements were required to review and improve the support plans which related to residents' assessed needs. Some aspects of risk management required improvement in relation to the analysis of incidents. The provider was also required to upgrade fire containment measures for both residential units that made up the designated centre.

Each resident had received a comprehensive assessment of need with evidence of allied health professional assessment and recommendations prescribed and documented where required. While assessments of children's needs, by allied health professionals had taken place, they had mostly occurred in the child's school setting and therefore were not always reflective of children's presenting needs during their stays in respite, for example in relation to sensory processing and presentations of children during their stay in respite.

Improvement was also required to ensure a corresponding support plan was in place for all identified assessed needs for residents. At the time of inspection it was noted residents' personal plans repeated the findings of the comprehensive assessment of need and did not provide guidance, information and direction to staff in how to implement each child's identified assessed support need. They did not therefore provide sufficient detail to guide and help staff to provide the best possible individual care for each child.

The provider had ensured all staff had received mandatory training in Children's First. Appropriate policies and procedures were in place. There was evidence of appropriate reporting procedures in place if and when a concern arose. Contact details of the designated person were present in the centre. Some personal risks for residents presented also as potential safeguarding risks for residents peers. While it was demonstrated measures were in place to mitigate and manage potential safeguarding risks, safeguarding support plans were not in place.

While there were documented intimate care plans in place, they were not developed in an evidence based way and required review to ensure they incorporated staff guidance on the types of support to be given, for example gestures, verbal prompts or full assistance and skill teaching guidance for staff on how to enhance children's self help and independence in personal care.

A restrictive practice register was maintained for the centre. Some restrictive practices were utilised in the centre. In relation to one restrictive practice regarding restricted access to food and areas that stored food, it was not clear if this practice had been recently reviewed by a clinician or allied health professional with expertise and knowledge of nutrition and health support needs. This was necessary to ensure

the practice was still required and in line with the resident's most up-to-date assessed health care needs.

Comprehensive behaviour support planning was in place and incidents of behaviours that challenge were reviewed by a qualified allied health professional. Detailed and descriptive behaviour support planning arrangements were in place. Staff working in the centre had received training in management of behaviours that challenge.

Fire safety equipment was serviced as required. A fire alarm system was in place in the main respite designated centre which met the requirements of the fire safety standards for residential and community dwellings. Daily fire safety checks were recorded and up-to-date. Emergency lighting was also present. Regular fire evacuation drills took place and it was demonstrated that residents could be evacuated from the premises in a timely way.

However, the provider had not ensured appropriate fire containment requirements were in place for all residential units that comprised the designated centre. The provider was also required to review all fire safety systems for the residential apartment, through a qualified fire safety engineer, and to address any fire safety upgrades necessary following this review. At the time of inspection the apartment residential unit was unoccupied and therefore an urgent action was not required of the provider.

The provider had created a risk management policy in line with their regulatory responsibilities. Risks assessments pertaining to the centre had been carried out and were located in a risk register for the centre. Residents' personal risks had also been assessed and were maintained in their personal plans. Incidents and accidents were also recorded and reviewed by a manager following each entry. While there was evidence of implementation of the risk management policy, improvement was required in relation to the assessment and analysis of incidents as they occurred and to incorporate this aspect of risk management into risk policies and procedures for the organisation.

Some improvement was required in relation to privacy arrangements for residents around options to lock their bedroom doors and also toilets.

Regulation 26: Risk management procedures

The provider had produced a risk management policy that met the requirements of the regulations.

The provider was required to review some aspects of risk management for St. Catherine's Association. Incidents occurring in the centre were not risk assessed when documented and therefore, contemporary risk analysis data for the centre was not being captured in the most effective way.

A comprehensive risk register was maintained in the designated centre. Personal

risks for residents were also assessed and a copy of those assessments maintained in residents' personal plans.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had ensured a fire alarm that met fire safety standards for community dwellings, was in place in the main respite building of the designated centre. Emergency lighting was also in place and fire safety equipment for the centre had been serviced and checked at appropriate times.

Fire evacuation drills had occurred regularly and demonstrated timely evacuation times.

Fire containment measures in this centre however, were not adequate. There was an absence of fire doors throughout the designated centre, which included the residential apartment that was included in the centre.

It was not demonstrated that appropriate fire safety and fire containment arrangements were in place in the apartment which was intended for full-time residential accommodation. This apartment was not occupied at the time of inspection. The provider was required to review fire safety systems for the residential apartment, through a qualified fire safety engineer, and to address any fire safety upgrades necessary following this review.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

While assessments of children's needs, by allied health professionals had taken place, they had mostly occurred in the child's school setting and therefore were not always reflective of children's presenting needs during their stays in respite.

Improvement was also required to ensure a corresponding support plan was in place for all identified assessed needs for residents.

While it was demonstrated measures were in place to mitigate and manage potential safeguarding risks, safeguarding support plans were not in place.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

In relation to one restrictive practice regarding restricted access to food and areas that stored food, it was not clear if this practice had been recently reviewed by a clinician or allied health professional with expertise and knowledge of nutrition and health support needs.

Judgment: Substantially compliant

Regulation 8: Protection

While there were documented intimate care plans in place, they were not comprehensive or informative enough and required some further review to ensure they incorporated aspects of self help and independence skill teaching for children.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Natural privacy systems were not in place in some parts of the centre. For example, residents bedrooms did not provide children with an option to lock their bedrooms. A privacy lock was not in place for some toilet doors. Incident reports reviewed indicated some children accessed other children's bedrooms on occasion.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Registration Regulation 8 (1)	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Ballylusk Cottage OSV-0001846

Inspection ID: MON-0025103

Date of inspection: 17/12/2018

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"> 1. St. Catherine’s Association are providing Autism specific training on 3rd April 2019 to 50 staff members within the organisation; representing approx. 40% of frontline staff working in an SCA designated centre. A second session will be provided at a later date. Six to eight staff members from the Ballylusk team will be in attendance ensuring an adequate skill mix is maintained across the organisation. 2. Currently St. Catherine’s Association, through its dedicated Positive Behaviour Support Team, provides sexuality and relationship support to children in the form of behaviour support plans. Positive Behaviour Support provide bespoke training, as required, to the relevant staff teams to ensure Support Plans are applied in a consistent manner. All staff members are encouraged to highlight deficits or areas of misunderstanding in relation to behaviour support plans, and the relevant Positive Behaviour Support Specialist provides additional support / training, as required. 3. An appropriately qualified external agency will provide age appropriate training to staff on support children with intellectual disabilities in relation to Sexuality and Relationships, as and when required, to best support the developing needs of children supported in Ballylusk. Individual consent of the individual’s parent(s) / guardian(s) will be sought in advance of any programmes being implemented. Deadline for delivery; 26th April 2019. 4. The person-in-charge of designated centre Ballylusk is responsible for ensuring that there is sufficient staffing available, with an appropriate skill mix, to meet the needs of children attending Ballylusk. The Ballylusk roster and Whole Time Equivalent (WTE) will continue to be amended as necessary by the PIC in order to support the changing needs of children residing in the centre. 5. All staff training requirements are coordinated by the organisational Training Development Officer (TDO) & training records stored centrally. Regular communication between the PIC and TDO ensure staff members receive appropriate training in line with regulations 16. (1)(a). <p>Proposed Timescale:</p>	

<ol style="list-style-type: none"> 1. 3rd April 2019 2. Complete 3. 26th April 2019 4. Complete 5. Complete 	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> 1. A review and revision of the Quality, Safety and Risk Management Policy to be undertaken by the Quality, Compliance and Training department with a view to introducing a comprehensive Issues and Risks Register; pending Board approval & in line with previous commitments made to the Regulator; 26th July 2019. 2. The Serious Incidents & Adverse Events Policy has been updated and recommended for approval by the Senior Management Team of St. Catherine's Association on 15th January 2019. The revised policy was put to the Board of Directors at their meeting on 21st January 2019, and pending queries or revisions, a commitment to approve no later than 18th February 2019. The new policy introduces a procedure for risk rating Incident Report Forms and categorising them as Low, Moderate, or High. The new policy also introduces defined time-scales for response by the relevant Positive Behaviour Support Specialist; including the update / revision of associated Positive Behaviour Support plans through the relevant allied health professional. 3. All Incident Report Forms (IRFs) for behavioural incidents are tracked and trended the by the Quality, Compliance and Training department on a monthly basis. Information is considered from both a location and individual based perspective. Where trends are identified, they are addressed directly by the Quality, Compliance and Training Manager to the relevant Person-In-Charge for corrective action to be applied. As of January 2019, this cotemporaneous analysis is also being utilised to provide an accurate representation on the risk profile of an individual and a location. <p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1. 26th July 2019 2. 18th February 2019 3. Complete 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. St. Catherine's Association engaged a qualified fire safety consultant and architect who conducted a site inspection of Ballylusk Cottage and Apartment on 8th January 2019. The following recommendations were made following the site inspection; <ol style="list-style-type: none"> a. Upgrade to emergency lighting in hall & corridor b. Installation of additional smoke detectors in bathrooms and attic space, compatible with previously installed L1 fire detection system 	

- c. Fire rated doors required throughout the property; Consultant to produce specification drawings by (date)
 - d. Replacing vision panels in hall / dining room, and glass above bedroom door with toughened fire rated fittings
 - e. Installation of replacement recessed lighting in ceiling space with fire rated fittings
 - f. Installation of 30 minutes fire resistant slabbing at stairs
 - g. Installation of fire resistant slabbing in upstairs bathroom
 - h. Installation of 30 minute fire resistant attic hatch in current office
2. Upon receipt of final report and design specifications, St. Catherine's Association to seek three competitive quotes in line with national procurement policy; 1st March 2019.
3. Upon choosing of preferred contractor, St. Catherine's Association to proceed with recommendations as outlined in the final report from the qualified fire safety consultant and architect. Proposed timescale for full works being completed; 26th April 2019 (dependant on receipt of final report / design spec.)
4. As per the location's Safety Statement, St. Catherine's Association take a comprehensive and co-ordinated approach to Fire Safety. Line Managers will be responsible for the day to day implementation of this Fire Safety Statement within their area, this includes ensuring:
- a. Fire safety checks are carried out as required.
 - b. Fire hazards are identified and action taken as appropriate to address these hazards.
 - c. Fire drills are carried out at least 2 times a year and a fire evacuation report is submitted on each fire drill. Ballylusk Cottage conduct monthly fire drills to ensure all staff members participate in at least one drill per annum.
 - d. The effectiveness of fire drill is reviewed and improvements are put in place as necessary.
 - e. Staff working in their area have up to date fire safety training as required.
 - f. New staff receive training with regard to fire safety particularly with regard to the location of firefighting equipment, call points, exit routes, assembly points and evacuation procedures.
 - g. Visitors to their area and contractors are made aware of fire safety procedures as relevant
- Staff will be responsible for adhering to this Fire Safety Statement, this includes:
- a. Promoting fire safety and prevention at all times
 - b. Being vigilant with regard to fire safety and prevention including:
 - c. Good housekeeping.
 - d. Keeping fire doors and exits free of obstruction.
 - e. Ensuring electrical equipment is in good repair.
 - f. Removing fire hazards e.g. faulty electrical equipment, flammable materials.
 - g. Being familiar with the Fire Risk Assessment in their area and implementing the associated controls as appropriate.
 - h. Knowing what to do in the event of fire to ensure their own safety, the safety of people who use the service, their colleagues and visitors.
 - i. Participating in Fire Drills.
 - j. Attending Fire Safety Training as required.
 - k. Reporting fire hazards and instances where fire precautions are not being observed.
 - l. Requesting visitors to sign in and out of building as appropriate.
 - m. Informing visitors of the fire safety procedures as appropriate.

Fire Safety within designated centre Ballylusk has been appropriated risk assessed by St.

Catherine's Association Environmental Health & Safety Officer ensuring a comprehensive Fire Risk Assessment and ensuring robust Emergency Response Plan for Fire are in place.

All children attending designated centre Ballylusk has individual PEEPs (Personal Emergency Evacuation Plans) in place and the staff team are knowledgeable on individual evacuation needs.

Proposed Timescale:

1. 8th January 2019 – Complete
2. 1st March 2019
3. 26th April 2019 (dependant on receipt of final report / design spec.)
4. Complete

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. The Person-In-Charge will advocate for observation, assessment or otherwise, in the designated centre where appropriate, to ensure presenting needs are met in the provision of safe and effective respite supports. This will be achieved through existing internal mechanism; i.e. TAC meetings, parental engagement / request, etc.
2. The CEO attended the next Personal Planning Development Group (PPDG) meeting to discuss the feedback received in relation to Personal Plans and associated support plans received during HIQA inspections of St. Catherine's Association in 2018 and define a consensus for future development of support plans in line with HIQA feedback; PPDG meeting was conducted on 22nd January 2019.
3. Outcome from the PPDG meeting was that revised support plan documentation would be developed by the PPDG by 5th February 2019, and a one-month trial would be undertaken in a limited number of designated centers commencing 12th February 2019.
4. Following the trial period, in which new documentation would be tested, finalised support plan documentation to be presented to the Senior Management Team for consideration and / or approval no later than 12th March 2019.
5. Roll-out of new support plan documentation following SMT approval. Review of current support plans across the organisation will be completed within 6 months. Proposed time-scale: 26th July 2019.
6. A full review of the support needs of all children supported by Ballylusk Cottage to be completed by the PIC with relevant allied health professional, where appropriate. A comprehensive report on current individual support needs to be produced and audited against current individual support plans. Deficits noted and an associated action plan to be developed detailing appropriate corrective action(s). Support plan report audit report to be completed no later than 27th February 2019.
7. Safeguarding support plans, based on individual need, to be developed and implemented by 27th February 2019.
8. Individual comprehensive assessments and associated personal plans are updated by the relevant individuals key-worker, as required, but no less frequently than annually.

The management team within designated centre review and monitor the process of updating individual documentation; with identified deficits directed to the relevant key-worker through supervision or informally, as required. A sample of documentation required under Regulation 05(1)(b) is regularly reviewed by the Quality Compliance Officer through the internal provider audit process also.

Proposed Timescale:

1. As required
2. 22nd January 2019
3. 12th February 2019
4. 12th March 2019
5. 6 months post-trial; 26th July 2019 (provisional)
6. 27th February 2019
7. 27th February 2019

Regulation 7: Positive behavioural support	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. All individual's availing of respite care in designated centre Ballylusk have a personal plan in place no later than 28 days after admission to the designated centre in line with Regulation 05(4)(b).
2. Referral in relation to food restriction to the relevant allied health professional (child's GP) to be made ASAP. The Person-In-Charge began discussions with the child's parent on 21st January 2019 and encouraged the parent to make request the referral as primary care giver / legal guardian.
3. St. Catherine's Association monitors all identified restrictive practices used with designated centre Ballylusk on a quarterly basis and submit the required notifications to the Regulator in a timely manner. Usage of restrictive practices is tracked and trended by the QCT department. Through a constructive review process, any areas of possible concern are discussed, solutions / improvements are found, where possible and/or feasible, and the QCT department requests and monitors that corrective measures are implemented by the management team within the centre. All restrictive measures are reviewed by the Right Review Committee (RRC) to determine if due process has been applied in the application of the practice. A function of the RRC is to regularly challenge the application, rationale & duration of restrictive interventions. During 2018, St. Catherine's Association introduced a location specific Restrictive Measures Register which details all restrictive measures that have been used in the centre; ensuring that the application of certain restrictive practices does not become common-place.
4. A full review of current nutritional support plans to be undertaken by CNM3 pre & post evaluation by allied health professional (child's GP) to ensure individual needs are met.
 - a. Initial review will be conducted no later than 8th February 2019.
 - b. Following review and feedback by an allied health professional, revision and update, as required, of associated support plans will be conducted by the key-worker of the individual in designated centre Ballylusk. New support plan(s) will be reviewed by the organisation's CNM3 prior to implementation.

5. The St. Catherine's Association Food and Nutrition policy has been scheduled for review by end Quarter 3 of 2019 by the Quality, Compliance and Training department, with document lead CNM3; and in line with previous commitments made to the Regulator regarding a full review of organisational Schedule 5 policies in 2019. This specific policy has been scheduled for completion by 30th September 2019.

6. Currently the staff team in designated centre Ballylusk is in receipt of bespoke training provided by the relevant PBS specialist prior to the introduction of any new or revised support plan / intervention programme. Staff are encouraged to clarify any concerns or issues they have through this process.

7. St. Catherine's Association's will be providing general Positive Behaviour Support training on strategies & interventions quarterly throughout 2019. Training dates for the year ahead are as follows; 21st February 2019, 16th May 2019, 12th September 2019, and 28th November 2019. Training will be delivered by a St. Catherine's Association qualified Positive Behaviour Support Specialist. Supplementary training on the completion of Incident Report Forms has also been scheduled. Training dates for the year ahead thus far are: 14th March 2019 and 2nd May 2019. Additional course will be scheduled as required. All training is coordinated by the St. Catherine's Association Training Development Officer.

Proposed Timescales:

1. Complete
2. Complete – 21st January 2019
3. Complete
4. (a) 8th February 2019 & (b) Post review by Allied Health Professional
5. 30th September 2019
6. As required
7. Continuous

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1. The Quality, Compliance and Training department in quarter 3 of 2018 began a process of review for the organisational Intimate Care policy. The recommendation from St. Catherine's Association's CNM3 (document lead for the policy) was that St. Catherine's Association formally adopt the HSE Guidance for Designated Centres on Intimate Care (October 2014) which remains in line with best practice in the provision of intimate care. The Senior Management Team approved the revised draft at a meeting of the SMT on 15th January 2019.
2. The revised Intimate Care policy was tabled for approval by the St. Catherine's Association Board of Directors at the Board meeting no later than 18th February 2019.
3. St. Catherine's Association CNM3 will provide support to frontline staff, through the relevant Line Manager, in completion of new support plans in the interim period.

Proposed Timescale:

1. 15th January 2019 – Complete
2. 18th February 2019

3. As required	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ol style="list-style-type: none"> 1. St. Catherine's Association will install privacy thumb locks on all bedrooms and bathroom doors. Locks will be installed by 22nd February 2019. 2. Key-workers will produce bespoke social stories on the use of privacy locks appropriate to the capacity and need of individual children supported in Ballylusk. Supporting social stories to be completed in advance of thumbs locks being installed; 15th February 2019. <p>Proposed Timescale:</p> <ol style="list-style-type: none"> 1. 22nd February 2019 2. 15th February 2019 	

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)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	26/04/2019
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	26/07/2019
Regulation 28(1)	The registered provider shall ensure that effective fire safety management systems are in	Substantially Compliant	Yellow	26/04/2019

	place.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	26/04/2019
Regulation 05(1)(b)	The person in charge shall 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 subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	26/07/2019
Regulation 05(4)(b)	The person in charge shall, no 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.	Substantially Compliant	Yellow	26/07/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates	Substantially Compliant	Yellow	08/02/2019

	intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 08(1)	The registered provider shall ensure that each resident is assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.	Substantially Compliant	Yellow	18/02/2019
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	22/02/2019