Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Haughton House
Name of provider:	St Catherine's Association CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	28 February 2024
Centre ID:	OSV-0001850
Fieldwork ID:	MON-0039387

About the designated centre

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

Haughton House is a children's respite service operated by St. Catherine's Association in County Wicklow for children with an intellectual disability. The centre has a capacity for up to four children at any one time from six to 18 years of age. The centre is managed by a person in charge. The person in charge is supported by a deputy manager who also engages in the day-to-day management and operation of the centre. Staffing resources are allocated to meet the needs of children attending the centre at any given time and short stay breaks for children are managed taking into consideration children's ages, friendships and the needs of families. The premises consist of a single storey building which provides a sensory room and recreation spaces inside. Each child is provided a single bedroom during their stay. There is a garden to the rear of the centre with plenty of sensory and play equipment for children to play with.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

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 (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
Wednesday 28 February 2024	11:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection carried out to monitor ongoing regulatory compliance in the designated centre. The inspector used observations, in addition to a review of documentation, and conversations with staff to form judgements on the residents' quality of life.

The centre comprised a large purpose built bungalow located beside two of the provider's other centres in Co. Wicklow. The centre was close to local towns, and there was a dedicated vehicle available to facilitate residents to engage in activities outside of the centre.

The designated centre operates a respite service seven days of the week. The centre offered respite services for up to 22 children, they will be referred to as residents for the remainder of the report. The duration of the residents' stay varied from resident to resident. Some residents used the service on a very regular basis. Some residents stayed longer, for example, to facilitate family breaks or on specific request.

Each group's compatibility is assessed to ensure each resident fully benefits from their stay to reduce the likelihood of potential peer to peer safeguarding concerns. There were three residents availing of the service at the time of the inspection.

On arrival to the designated centre, the inspector was greeted by the person in charge. The inspector then met with staff members on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

The person in charge accompanied the inspector on an observational walk around of the centre. Overall, the centre was found to be clean, bright, homely, nicely furnished, and the lay out was appropriate to the needs of residents living there. There was adequate communal space including a kitchen, dining room, sensory room, family room, and living rooms. The bathroom and shower rooms were spacious, and there was adequate storage facilities. Each resident had their own bedroom,with adequate storage for their belongings for the duration of their stay and their bedrooms were fully equipped to meet their needs.

There was a large back garden and outside space for the children to enjoy. The outdoor facilities included goal posts, trampolines, play houses, swings, a zip line, and sensory aids such as musical instruments.

Residents were observed receiving a good quality person-centred service that was meeting their needs. They had choice and control in their daily lives and were supported by a familiar staff team who knew them well and understood their communication styles and behaviour support needs. The inspector saw that staff

and resident communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. Staff were observed to interact warmly with residents. Staff and residents were observed talking and sharing jovial interactions throughout the inspection.

The inspector had the opportunity to briefly meet and engage with two residents when they returned to the centre in the afternoon. One resident took the inspector by the hand and walked to the kitchen and another resident said hello before going out for the evening. Both residents appeared comfortable in the environment and were engaging in their preferred activities.

Activities were based on what residents wanted to do during their stay. Residents and staff members completed an activity planner as part of the admission process. Easy-to-read versions and visual aids had been created to support some residents to express their views.

The residents overall well-being and welfare was provided to a reasonably good standard and supported by a staff team in line with their assessed needs. However, the premises required some upgrading. This was a regulatory finding from the previous inspection and will be discussed later in the report under Regulation 17: Premises.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care in the centre.

Capacity and capability

The purpose of this inspection was to monitor levels of compliance with the regulations. This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

Overall, it was found during this inspection that the provider's management arrangements ensured that a good quality and safe service was provided for the residents living in this centre.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated, they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of responsibility, authority and accountability.

The centre was managed by a suitably qualified and experienced person in charge who was employed on a full-time basis, with responsibility for this designated centre

only.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents including annual reviews and six-monthly reports, plus a suite of audits had been carried out in the centre.

However, this inspection found that the provider had not sufficiently addressed issues identified on the previous inspection particularly in relation to premises and infection prevention and control.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a transport vehicle which was assigned for the centre's use only.

There was a planned and actual roster maintained for the designated centre. Staff rosters were maintained in a clear. legible format and showed the full name of each staff member, their role and their shift allocation.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The inspector found that staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre.

The person in charge had submitted all required notifications of incidents to the Chief Inspector of Social Services within the expected time frame.

Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents. The staffing resources in the designated centre were well managed to suit the needs and number of residents. Staffing levels were in line with the centre's statement of purpose and the needs of its residents.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed or were scheduled to complete mandatory training including fire safety, safeguarding and and manual handling.

Supervision records reviewed were in line with organisation policy. The inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

The provider had put in place good oversight and management arrangements for the centre.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The provider had completed an annual review of the quality and safety of the service and a series of audits to review the quality and safety of care in the designated centre, these audits identified any areas for service improvement.

The person in charge had a maintenance procedure in place with a comprehensive list of outstanding actions and actions completed.

However not all actions identified were progressed in a timely manner particularly in relation to to Regulation 17: Premises.

For example, the upgrading of one bathroom, replacement of flooring which was damaged in areas and some painting in the communal areas was noted in several audits prior to the centre's last inspection in October 2022. At the time, the person in charge had escalated the matter to senior management, and they were in the process of securing sufficient funding to renovate the centre. The provider was

intending to address these issues as part of an overall upgrade of the premises. On this inspection, quotes had been obtained for new flooring and a plan in place to upgrade the bathroom but no further progress had occurred.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a written statement of purpose containing the information set out in Schedule 1 of the regulations. The statement of purpose outlined sufficiently the services and facilities provided in the designated centre, its staffing complement and the organisational structure of the centre and clearly outlined information pertaining to the residents' well-being and safety.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frame.

The inspector reviewed a sample of incident logs during the course of the inspection, and found that they corresponded to the notifications received by the Chief Inspector.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre. This inspection found that systems and arrangements were in place to ensure that residents received care and support that was safe, person-centred and of good quality. The inspector found the governance and management systems in place had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored. Residents were receiving appropriate care and support that was

individualised and focused on their needs. The provider and person in charge were endeavouring to ensure that residents living in the centre were safe at all times.

The designated centre was found to be clean, tidy, well maintained and nicely decorated. There was sufficient communal space, and a nice garden for residents to enjoy. The provider had taken some measures to improve the premises and facilities in response to the findings from the last inspection. However, while some premises issues were identified they had not been progressed in a timely manner.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

There were comprehensive communication plans in place that gave clear guidance and set out how each person communicated their needs and preferences.

The registered provider had ensured that residents were free to receive visitors to their home in accordance with each resident's wishes.

Positive behaviour support plans were developed for residents where required. The plans were up to date and readily available for staff to follow. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern.

The registered provider had safeguarding policies and procedures in place including guidance to ensure all residents were protected and safeguarded from all forms of abuse.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

Regulation 10: Communication

The inspector saw that residents in this designated centre were supported to communicate in line with their assessed needs and wishes. All residents' had communication care plans in place which detailed that they required additional support to communicate. The inspector saw that staff were familiar with residents' communication needs and care plans.

Staff were observed to be respectful of the individual communication style and

preferences of the residents as detailed in their personal plans.

Staff were aware of how residents communicated through alternative methods, and were seen to understand residents' expressions and respond to them using Lamh sign language to help them to understand.

All residents had access to appropriate media including; the Internet and television.

Visual communication arrangements for residents were observed during the walk around of the centre. The inspector also observed a communication board in the kitchen. There was a visuals audit noted in the centre's governance and management folder.

Additional training was provided in autism awareness and communication skills.

Judgment: Compliant

Regulation 11: Visits

The inspector saw that there were supports in place to assist residents to develop and maintain links with their friends and family.

There were no visiting restrictions in the centre. Residents were free to receive visitors in line with their wishes.

Additionally, there was a quiet room to the side of the premises which was used for residents recreation and set up to receive visitors.

Judgment: Compliant

Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs but improvements were required.

The centre had been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life within the designated centre. For example, some of the bedrooms had been designed with specific respite users in mind and contained equipment they might need during their stay, such as hoists and mobility equipment.

There was adequate private and communal spaces, including spacious and

personalised living, dining and bedroom areas and large safe internal garden grounds.

However, previous inspections identified that the provider needed to carry out upgrade work to ensure that it was in a good state of repair.

These matters were found to have not been suitably addressed on this inspection.

For example:

- A bathroom needed painting, this was identified during the previous 2022 inspection. On day of inspection the inspector was informed this would be completed by the end of April 2024;
- A substantially sized leak stain was observed on the ceiling in the medication room;
- The sitting room required painting since the last inspection. The inspector was told that painting of communal areas were due to be completed by end June 2024;
- Replacement floors were required for three areas of the premises in order to promote good infection prevention and control arrangements including the office, a bathroom and a nursery room.

These issues had been already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department, and had been prioritised on the provider's wait list.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each residents files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes. A sample of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

Support plans included communication needs, social and emotional well being, safety, general health, personal care needs and transition planning.

All residents had access to transport and the community when they wanted.They were supported to access activities pertaining to their own likes and dislikes such as arts and crafts, trips out to the park and playground.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge had ensured, where residents required positive behaviour support, appropriate and comprehensive arrangements were in place. Clearly documented de-escalation strategies were incorporated as part of residents' behaviour support planning.

All staff had completed positive behaviour support training.

Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

.A review of safeguarding arrangements noted, for the most part, residents were protected from the risk of abuse by the provider's implementation of National safeguarding policies and procedures in the centre.

The registered provider had implemented measures and systems to protect residents from abuse. There was a policy on the safeguarding of residents that outlined the governance arrangements and procedures in place for responding to

safeguarding concerns.

Safeguarding plans were reviewed regularly in line with organisational policy. Safeguarding incidents were notified to the safeguarding team and to the Chief Inspector in line with regulations.

Staff spoken to on the day of inspection reported they had no current safeguarding concerns and training in Children First, national guidance for the protection and welfare of children had been completed by all staff.

Judgment: 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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Haughton House OSV-0001850

Inspection ID: MON-0039387

Date of inspection: 28/02/2024

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: It is acknowledged that the premises issues identified through internal provider audits and regulatory inspections were not responded to within a reasonable timeframe while the Provider progressed long term property developments for respite services, as previously outlined to the Regulator, in circumstances where funding was not available to address these issues and external processes outside of provider control have been considerably delayed. Notwithstanding the aforementioned, this compliance plan sets out St Catherine's Association commitment to remedy the identified issues within the premises in coming months, while also reviewing our processes and systems to ensure they are robust and that such issues do not arise again. 1. The opening of Kilcoole, an alternative bespoke respite hub, remains the organisation's long term objective and while major refurbishment works within Haughton House DCD have been identified by the Regulator and by the Provider Audits, these require substantial additional funding not allocated under our Service Level Agreement. However, SCA are committed to carrying out interim works and a minor capital funding submission to the funder was made on the 29th January 2024 to achieve this. 2. While approval for the minor capital funding has not been received to date, SCA will carry out a schedule of works within existing resources such as the upgrade of one bathroom, the replacement of flooring, and the painting of communal areas as outlined under Regulation 17.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. St Catherine's Association are committed to carrying out necessary interim works to the property and a minor capital funding submission to the funder was made on the 29th	

January 2024 to achieve this. While approval for the minor capital funding has not been received to date, SCA will carry out a schedule of works within existing resources such as;

a) Repair of ceiling damage caused by potential leak in the medication room; a specialist contractor was onsite to review and works on the 25th March, from that visit the contractor determined that further investigation is required. That investigation will commence w/c 8th April with a report and quotation of works due by 30th April. Works will then be completed no later than 31st October 2024
b) Painting of the bathroom; upon further investigation and consultation with specialist contractor, it has been determined that painting of the bathroom is insufficient to meet the specialist needs of some of the residents. Therefore SCA have approved for the bathroom walls to be covered with a hospital grade PVC cladding. This work is due to be completed no later than 30th June 2024
c) Painting of sitting room; due to be completed no later than 30th June 2024
d) Replacement flooring in four areas; specifically office, bathroom, sitting room & bedroom 1; commencing on 9th April, and due to be completed no later than 30th June 2024.

2. St Catherine's Association commit to implementing time-bound, SMART actions on all premises matters as identified during internal provider-led audits, infection protection control audits, etc. SMART goals will form an integral part of weekly reviews between the Person-In-Charge and the Head of Operations, while also being agenda-ed for discussion between the Person-In-Charge and the Senior Management Team as part of monthly Service Review Meetings. Complete as of 19th April 2024. The following works, additional to point 1 above, have been approved and scheduled in line with the above mentioned audits etc.;
a) Sitting room units – furniture specialist onsite 2nd April to remeasure and design required media unit. Approval for works given on 4th April and scheduled for completion by 31st May 2024.
b) External fencing replacement – Approval given on 21st March, Contractor onsite on 27th March to finalise works schedule. Scheduled for completion by 31st May 2024.
c) Fire Door Closers – during the review of flooring by specialist contractor on 26th February, it was identified that existing in-floor fire door closers need replacement to prevent damage to the new floor. Specialist fire equipment installation contractor reviewed onsite on 19th March, installation of new door closers will commence on the 9th April 2024.
d) Energy Audit completed on 8th March 2024. Report expected w/c 22nd April and further actions will be determined upon receipt.
e) External Fire Safety Consultant onsite on 29th February, awaiting report to determine any further works required.
f) HOO and QCTM to review all other outstanding works identified through internal and external audits in order to determine a priority schedule of works. Schedule to be completed and presented to SMT by 31st May 2024.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/10/2024
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	19/04/2024
Regulation 23(2)(a)	The registered provider, or a person nominated by the registered provider, shall carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and shall prepare a written report on	Substantially Compliant	Yellow	30/06/2024

	the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.			