

**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 Three Steps
Centre ID:	OSV-0001804
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Three Steps
Provider Nominee:	Eilis Cully
Lead inspector:	Bronagh Gibson
Support inspector(s):	Una Coloe
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	1

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From:

07 April 2015 09:30

To:

07 April 2015 16:30

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources

Summary of findings from this inspection

This was the third inspection of this centre by the Authority. As part of this monitoring inspection, inspectors met with one child, the centre manager, the deputy manager and three social care workers. Inspectors observed practice including staff interactions with five children, and reviewed documents including children's files, centre policies and procedures, medication records and health and fire safety records.

The centre provided full-time residential care for up to six children, boys and girls. There were five children living in the centre at the time of the inspection and there were no plans to admit another child so the needs of the current residents could be met. Inspectors found that two of the children living in the centre had recently turned 18 years of age, and plans for their transition to adult services were in progress.

Inspectors found that there were improvements to practice since the last inspection that included the removal of CCTV in private areas, improved criteria for admission to the centre and the development of a risk management policy. The centre had introduced a process of assessing the on-going suitability of children's placements in the centre, and the centre was allocated a budget that was managed by the centre

manager. However, inspectors found that there were restrictive practices in place that required review and some health and safety hazards were unidentified. The organisation had begun the process of carrying out an annual review of all its centres and this was awaited. The centre manager had carried out local review of the service, but this did not result in a report that was accessible to children and their representatives. The statement of purpose and function for the centre required amendment.

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

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

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

Findings:

Children's right to dignity and privacy was further promoted by the centre through the removal of CCTV. Inspectors walked around the centre and found that CCTV cameras and equipment had been removed. A review of centre policies showed that the policy on the use of CCTV was no longer in place. The centre manager said that the organisation had reviewed this practice following the last inspection and measured the use of CCTV against children's right to privacy. Parents were consulted on this issue and it resulted in removal of CCTV from the premises. The centre manager said that all digital recordings were wiped from the system on removal. Inspectors found that this was in accordance with the organisations previous policy on the use of CCTV.

Judgment:

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):

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

Findings:

There were improvements to the admission process to the centre. Since the last inspection, the organisation had revised and changed the process of admission to all of its centres. On review, inspectors found that this provided clarity on the role of the centre manager within this process. The centre manager described their role in the pre-admission assessment that included the determination of a child's compatibility with other children living in the centre. A risk impact assessment was designed for this purpose and the centre manager provided a copy of this to inspectors. However, there were no new admissions since the last inspection, and no current referrals. As such, inspectors could not assess the benefits of this improved process. This will be subject to on-going monitoring by the Authority.

Inspectors found that the centre was beginning to apply the recently developed risk impact assessment process to current children's placements to ensure they remained compatible. The centre manager told inspectors that one child displayed challenging behaviour that impacted on other children. Records showed that the on-going suitability of this placement was being reviewed in partnership with other agencies involved with this child. The centre manager said that a risk impact assessment was in the process of being carried out in relation to this child to determine if the placement remained a suitable one.

Inspectors found that care agreements were in place for children living in the centre. Those sampled by inspectors were adequate, signed and dated January 2015.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Planning for young people leaving the service required improvement.

There were two young people living in the centre who had turned 18 years of age just prior to inspection. There were aftercare plans in place for these young people but they were not adequate. Inspectors reviewed these plans and found that one young person was to remain in the centre until they finished their education. There was a possibility this young person would be discharged to their guardian, but meeting minutes showed there were concerns that the young person's needs may not be met there. This was being assessed at the time of the inspection. The centre manager told inspectors that the organisation planned to open an adult service in September 2015, and an onward placement was being offered to both of the young people due to leave the centre. This was the only option for one young person. There was no definitive date for the new adult centre to be open for admission, and no identified discharge date for the young people involved.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

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

Findings:

During the last inspection, inspectors queried whether a seat for one child was well maintained. Records showed that an occupational therapist visited the centre and assessed this equipment and found that it was in good working order.

Judgment:

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:

A risk management policy was in place since the last inspection but the management of risk required improvement.

The organisation had developed a risk management policy since the last inspection. Inspectors found that this policy contained all elements required by the regulations. There were systems in place to identify and assess risk but they were not always effective. This meant that some risks went unmanaged. For example, on a walk around the centre inspectors found that a swing on the occupational therapy room was not identified as a potential ligature point and was not assessed as a potential risk. Staff told inspectors that there was a system in place to carry out weekly site checks in order to identify risks in the centre. However, inspectors found that there was an unsecured window restrictor in the hallway of the centre. Although staff secured this immediately this went undetected during the weekly site check.

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):

No actions were required from the previous inspection.

Findings:

This inspection found that some restrictive practices in the centre required review and that their use was not guided by centre policy.

Records showed that since being admitted to the centre in August 2014, one child's bedroom door was locked on a 24 hour basis with a keypad. This meant that once the child entered their room, day or night, they could not exit unless a staff member opened the door. The centre manager said that this practice was in place on request by the child's parents and not based on imminent risk as identified and assessed by the centre. The centre manager said that they had reduced locking this child's door to night time

only and if the child accessed their room during the day, they were accompanied by a member of staff. Records showed, that although the number of incidences had reduced, this child was prone to seizures. The centre manager said that there was no system in place to monitor this child at night once s/he was locked in their room. The centre was in the process of reviewing restrictive practices in relation to this child with their parents and an external agency involved with this case.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

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

Findings:

This inspection found that the centre had improved practice on medication management by the introduction of a register of controlled drugs. Inspectors were provided with a copy of the centre's register of controlled drugs. This was found to be up-to-date. Inspectors found that this register was kept in the medication room and was accessible to staff. The centre had also introduced a bound booklet of all drugs in use in the centre with a photograph of each type to assist staff in their identification. Centre records showed that there was a safe system in place to administer medication and these records demonstrated oversight by the centre manager.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose and function for the centre required amendment.

The centre had a statement of purpose and function. This stated that the centre catered for children between the ages of nine and 18 years. However, two young people were residing in the centre who had turned 18. The centre manager said that they may remain in the centre until they had completed their education in June 2015. The facility for all children to remain in the centre over 18 years of age for the purpose of completing their education was not included in the centre's statement of purpose and function.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had begun the process of carrying out an annual review of the quality and safety of care and support in the centre but it was not completed.

The centre manager provided inspectors with a copy of a local end of year review for 2015. Inspectors found that this was carried out in consultation with children, staff and managers but children's representatives were not consulted. This review report was not in a format that was accessible to children.

The centre manager told inspectors that a review of the quality and safety of the service was being carried out at an organisational level, and that the local annual review would contribute to the final report. This was awaited.

Judgment:

Non Compliant - Moderate

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Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>

Theme: Use of Resources

Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented. Findings: Inspectors found that there was improved transparency in the way the budget for the centre was developed and managed. Since the last inspection, the centre was allocated a budget that was managed by the centre manager. Inspectors were provided with documentation that demonstrated the projected and actual expenditure in the centre on a quarterly basis. There were systems in place to monitor expenditure. The centre manager told inspectors that this had increased the decision-making capacity of the centre manager in relation to expenditure and although this was a newly introduced system, it was working well currently.

Judgment: Compliant

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:

Bronagh Gibson
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 Three Steps
Centre ID:	OSV-0001804
Date of Inspection:	07 April 2015
Date of response:	

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Onward placements for young people over the age of 18 years required improvement.

Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

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

The centre has now put in place a system whereby planning transition plans for resident's turning 18 will start when the resident is 16 years of age.

On ward placements have been identified for 2 residents over 18. Discharge dates will be confirmed by 03.06.15

Proposed Timescale: 03/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Weekly site checks did not identify an unsecured window restrictor in the hallway of the centre.

A potential ligature point was not identified or risk assessed by the centre.

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

On the 18.05.15 a daily site check was put in place to check window restrictors are secure. Staff will immediately secure window restrictors if they are unsecure.

On the 24.04.15 a risk assessment was completed in relation to the potential ligature point

Proposed Timescale: 18/05/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Restrictive practices in the centre required review to ensure they were proportionate and safe.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in

accordance with national policy and evidence based practice.

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

Formal review of all restrictive practices has been scheduled to take place on 22.05.15.

Proposed Timescale: 22/05/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The centre's statement of purpose and function did not include the facility for children to remain in the centre over 18 years of age for the purpose of completing their education.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

A date has been set for the 22.05.15 to review and update the statement of purpose and function.

Proposed Timescale: 22/05/2015

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:

The process of formally reviewing the service had begun but was not completed and did not result in an annual report that was accessible to children.

Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

Annual review of quality and safety of care has been completed in a report.

Proposed Timescale: 15/05/2015