

**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:	Paul Tierney
Support inspector(s):	Eva Boyle
Type of inspection	Announced
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 September 2014 09:00	18 September 2014 17:00
19 September 2014 08:00	19 September 2014 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This registration inspection took place over two days in September 2014 and involved two inspectors. During the inspection, inspectors met with and interviewed staff at the centre, reviewed documentation relating to the care of the children and the running of the centre, and assessed the fitness of the provider to become registered as the provider for this designated centre for children with disabilities. Inspectors also reviewed questionnaires completed by parents of two children at the centre.

There were five children living at the centre on the day of inspection. The centre had one vacancy but the manager told inspectors that there no plans to take in another

child at this time given the needs of the existing group. The centre was located in a three storey detached house on the outskirts of a large town and had a substantial garden with play facilities. There was also an adjacent building where occupational therapy services were provided to some of the children.

The quality of the care provided to children in the centre was good, however the inspection found that the use of closed circuit television cameras breached the privacy and dignity of residents at the centre. Children were supported by staff to maintain contact with their families and there were personal plans in place for children that involved their families and staff. There were no contracts in place for the provision of services to children at the centre.

While risk was well managed at the centre on a day to day basis by the provider there was no overall risk management policy in place. The systems in place to support the management of medication needed strengthening. There were measures in place to protect residents from abuse and neglect and the centre used resources in a flexible way to support children's education.

There was a clear system of management in place that promoted delivery of effective care to children at the centre. However there was insufficient transparency in how budgets were managed and how resources were deployed.

These and other findings will be discussed in more detail in the main body of the report.

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):

No actions were required from the previous inspection.

Findings:

The inspection found that the use of close circuit television cameras (CCTV) breached the privacy and dignity of residents at the centre. There were approximately 14 cameras in use throughout the centre and the screens from these cameras were all visible on a monitor in the centre's staff office on the day of inspection. During the visit, inspectors viewed the monitor along with the centre manager and the deputy manager to discuss the use of the cameras. While viewing the monitor it was evident that one of the residents was receiving intimate care from staff. Inspectors noted that it was possible for anyone coming into the centre office to be able to view this taking place at any time. The centre manager told inspectors that CCTV helped staff to know where to go in the event of a resident or staff member needing assistance and that a policy was in place for the use of the cameras. S/he said that staff did not view the material on cameras on their own and that a process was in place involving a second staff member being present. Following the inspection the centre manager told inspectors that s/he had taken steps to reduce the intrusive impact of the cameras by instructing staff to turn off the camera while intimate care was being delivered.

The centre manager told inspectors that one child had regular seizures and that CCTV assisted staff in supporting this child. Consent had also been obtained from a parent of the resident to allow for the use of cameras. The centre manager also confirmed to inspectors that a digital monitoring (baby monitor) device had previously been used to monitor night time waking of one of the residents and to prevent him/her from engaging in self injurious behaviour. This device was on a shelf in the centre office. The use of all the electronic monitoring equipment indicated an excessive reliance on these devices as opposed to the appropriate use of supervision by trained staff in the centre.

Children requiring intimate care routines were not accorded the appropriate levels of privacy at the centre. There were intimate care plans in place for four of the five children who required this support. The centre manager told inspectors that it was the intention of staff to support residents to develop and maintain their independence where possible and that any personal care routines would be delivered sensitively and in the least intrusive way possible.

Children resident at the centre were consulted about the running of the centre. Inspectors viewed sample records of weekly resident meetings in 2012, 2013 and 2014. Decisions made at these meetings related to activities engaged in by the children and the interior design and decoration of the centre. A visual meal planner was in place for children to express their preferences relating to food at the centre. The centre manager told inspectors that children at the centre were able to give their views on their preference in terms of whether a shower, bath or wet room was installed in their bathrooms during renovations that were due to take place at the centre in October 2014. The centre manager told inspectors that the children were able to choose the curtains for their own rooms.

Inspectors noted that children's meetings often took place on Saturday nights in a relaxed atmosphere after a takeaway meal and that these meetings were facilitated by staff. It was an opportunity for communication to take place between the children and for issues requiring to be communicated to be raised in a way that enabled all the children to be involved.

There was a system in place to manage complaints and parents confirmed that the system was responsive to their needs. Information on the management of complaints at the centre was contained in the welcome pack for residents and inspectors saw evidence of a complaints process being explained through the use of child-centred picture books. The centre manager told inspectors that the policy was both formal and informal and that staff logged all complaints. S/he said that parents were offered the option of a formal logging of a complaint if the matter cannot be resolved in an informal manner. Only one complaint was logged in the complaints log in the last three years and this related to a complaint made by a resident about the food at the centre. Two parents of children completed questionnaires and said that they were familiar with the process of making a complaint. One said that a complaint had been made about the clinical assessment of his/ her child and that this was discussed at the review meeting. This parent confirmed that the complaint had been dealt with to his/ her satisfaction. Another parent noted that if an issue could not be resolved with the centre manager that s/he would meet with the social worker from the HSE to further the complaint. One member of staff who was interviewed by inspectors was aware of the policy and procedures relating to making complaints and said that parents or children were entitled to make a complaint about the service or staff if they wished.

Staff interviewed by inspectors noted the absence of an advocacy service for children with an intellectual disability who were in a "by agreement" arrangement with service providers. This meant that some children and their families did not have access to independent supports that would be able to promote and raise issues related to the quality of their care and life opportunities generally.

Children were supported to be involved in the local community and to maintain contact with their families. Two of the children at the centre were involved in the special olympics and had participated in various activities. Staff told inspectors that the children were able to choose the activities that they wanted to be involved with. There was evidence in the children's files that they were involved in a range of activities outside the centre including dance academy summer camps, hip hop, soccer, horse riding and swimming. Inspectors viewed documentation to show that the children went on outings to a Viking centre, a zoo as well as to the hill of Tara and Newgrange. Children were all given ten euro pocket money by the centre to spend each week as well as money (about one hundred euro per month per child) to be spent on outings to bowling, the cinema or play centre.

Judgment:

Non Compliant - Major

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Staff at the centre were knowledgeable about the communication needs of the children and they developed individual communication plans for children. Three children at the centre used verbal communication and were able to express their wishes to staff. Two children used a picture exchange system (PECS). The centre manager told inspectors that all of the children had access to a speech and language therapist and that three therapists in total worked with the five children. Inspectors viewed social stories developed by the children, staff and therapists that used a combination of pictures, photographs and written language to communicate about topics including the Special Olympics, going for visits home and some personal care routines such as brushing teeth. Staff interviewed by inspectors said that it was important that the children had ownership of the approach to developing the social story and that this was welcomed by children and their families.

There was a television available to children in the sitting room of the centre and there were books on display for children to use. This was evidence that staff were attentive to the need for children to be entertained and stimulated and inspectors saw staff playing outside with children during the inspection.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was good contact between staff and families and children were supported by staff at the centre to be involved in the local community and to maintain contact with their families. Inspectors saw access or contact plans with family members for one of the children dated 10.08.14 and plans for family contact involving a second child in July, August and September 2014. Staff told inspectors that some of the children used phones to maintain contact with their families. Key workers were responsible for supporting and developing activities for children and their families to maintain and strengthen relationships. One child had attended football matches with staff.

Staff informed inspectors that children had attended the local theatre, music concerts and pantomimes and that they had participated in St. Patrick's Day parades and been involved in the decoration of the centre for Christmas and Easter. Inspectors saw photographs of some of the children involved in activities and outings in the local community.

One parent responded in a questionnaire that his/her child was encouraged by staff to develop daily living skills, that they ensured s/he went out in the community and that the family were regularly kept updated on progress. Another parent said via a questionnaire that his/her child's developmental needs were sometimes being met at the centre and that staff did assist his/her child to be as independent as possible.

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):

No actions were required from the previous inspection.

Findings:

There were no contracts in place for the provision of services to residents at the centre. The centre manager told inspectors that they were beginning to put in place care agreement documents. S/he showed inspectors a document titled "contract of disability placement" which was in draft form and dated 08.09.14. The document was an agreement between the family, the Health Service Executive (HSE) and the service provider. The document outlined the care plan that was in place and covered a range of areas including contact with the family, communication needs, education, advocacy, personal plans, finances and onward placements.

Referrals were accepted from services across the country and a pre admission assessment and risk assessment form was completed with each child to establish suitability of placement. These were completed at a meeting involving the centre manager, the child's family / social worker, and a member of the multi disciplinary team.

One parent indicated in a questionnaire that it had been very helpful to have been able to have a visit to the centre to see the house, garden and bedroom and meet staff before his/her child moved to live there. S/he said that relevant information about the centre was provided in advance to the family and that all questions and queries were addressed by staff.

Admissions to the centre were sometimes made on an emergency basis. In such a situation a child may be placed before an admissions meeting takes place. In the case of one child placed at the centre between April and July 2014, there was insufficient time to assess the suitability of the placement for the child who was later moved to a more suitable placement. This resulted in further disruption for the child. The role of the centre manager is not clearly defined in the policy on unplanned admissions in terms of who actually makes the decision about whether it is appropriate to admit a child on that basis. The centre manager told inspectors that the request for a placement initially went to the director of social care and to the clinical team.

Judgment:

Non Compliant - Moderate

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:

The quality of the care provided to the children was good and there were personal plans in place that involved the children, their families and staff. Assessment of the children's needs was undertaken by members of the multi disciplinary team and centre staff. There was evidence of multi disciplinary supports being available to children at the centre. Inspectors saw minutes of multi disciplinary meetings dated 10.09.14, 27.08.14, 13.08.14. These meetings took place every two weeks and staff submitted a report on each of the children for this meeting to review developments and identify areas where support might be required. Actions were identified at these meetings and dates were set by which time the action was to be completed by an identified member of the team.

The centre manager told inspectors that two of the residents had individual assessment and support plans in place and that these incorporated the individual care planning process and the child's person centred plan. They were signed off by the parents of the child, the social worker from the HSE and the centre manager.

Inspectors viewed personal plans for children that covered a range of issues across key areas of life including health, education relationships behaviours and emotional needs. The centre manager told inspectors that personal plans were monitored to ensure that plans were actually implemented and to ensure that the goals of the plans remained relevant. The plans contained preferences expressed by the children in relation to friendships, connecting with the community and their needs in terms of skills and any assistance required in carrying out certain activities.

Some of the plans seen by the inspectors contained photographs of people who were important in the lives of the children. One plan reviewed on 15.09.14 covered headings including self care, identity, emotions and behaviour, social presentation and family contact. The parents of one of the children indicated via questionnaire that they were very involved in the formation of their child's personal plan.

While it was clear to inspectors that staff appreciated the importance of transition planning, no onward placements had been agreed and finalised for the two children due to move on to adult placements when they were eighteen. Options had been discussed but staff were not in a position to provide solid information to young people and their families. A review meeting was due to take place on 25.09.14 was to consider the issue of an adult placement for one of the children. The centre manager told inspectors that it was the responsibility of the HSE disability service to identify and provide the suitable adult placement for the young person. S/he said that ideally there would be a lead-in time of six months following the identification of a suitable service so that information would be shared with relevant personnel and that relationship-building could begin to take place with the young person, his/her family and staff. However, this did not always

happen and the process for identification of suitable adult placements for young people required refining.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The premises was spacious, well maintained and appropriate to the needs of the children. It was decorated in a homely way with posters of bands and personal photographs decorating some of the rooms. The downstairs living area had a lot of natural light and the building was warm on the day of the inspection.

Safety measures were in place to restrict access to the building and the electronic gate to access the centre was fitted with a keypad to ensure that access was only available through use of a code. The rear of the centre could not be accessed by children and staff cars were parked in an area only accessible by a locked gate.

The bedrooms were located upstairs on the first floor of the building and they were of a generous size with ample space for storage of personal items. Each bedroom had shower and en suite toilet facilities and the rooms were clean. The children's bedrooms were located in three separate sections and each section also had a staff bedroom.

There was evidence of the staff being mindful of the need for children to be stimulated. The living areas for the children were clean and there were toys available to the children for play purposes. The centre had an extensive garden with play equipment including swings, a slide and a sandbox with a cover.

There was a building located on the same site, adjacent to the centre that was used by occupational therapists used to deliver services to children. The facility was well equipped and inspectors saw that equipment and materials used there were maintained to a high standard. This included space for arts and crafts activities. Some children from other centres run by the provider also received services there.

There were measures in place to protect children from accidents. Inspectors found that

cleaning materials and disposal bins for sharp objects were stored in a locked press in the utility room. The bathroom contained hand cleaning gel and paper towels and a pedal bin for the disposal of waste. The laundry room contained a washing machine and dryer and each child had an area for drying their clothes. The windows had restrictors in place to prevent them being opened by a child.

Assistive equipment in the form of a seat that supported one resident at meal times was in need of repair. There was no service record available for the equipment and the resident had only recently moved to live in the centre.

Judgment:

Non Compliant - Minor

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:

Inspectors found that risk was being managed by the provider, and by centre staff on a day to day basis, but that systems needed to be enhanced. There was no risk management policy in place. While there was evidence that the provider and staff were aware of the need to manage risk, this was not clearly articulated in the form of an overall risk management policy. This was previously identified by inspectors during the monitoring inspection of the centre in April 2014. Inspectors viewed a corporate risk register dated July 2014. The register contained five corporate objectives under which specific risks were outlined. They listed the principle risks, mitigations, controls, management of the risk, ranked in terms of likelihood and consequences and additional actions required.

A health and safety statement for the centre had been completed in March 2014 by an external agency and there was a dedicated health and safety officer at the centre. There was a plan in place to respond to an emergency at the centre. Inspectors saw an emergency action plan dated 03.03.14 that was to be initiated in the event of a fire, a gas leak or the loss of electricity. However, there were no details contained in the plan for where the children would be evacuated to when they had to leave the centre.

There were systems in place to assess risk at the centre. Inspectors saw documents outlining risk assessment procedures, the identification of hazards and how to assess risk. There was a focus on employee safety as well as an appreciation of the legal responsibilities on the provider and how hazards were defined. A risk matrix was in use

that considered the likelihood and the consequences of events taking place.

There were comprehensive risk assessments undertaken with residents at the centre. These covered areas including physical aggression, risk of the use of weapons, children self medicating, and accessing the door keypad system. Measures to reduce and eliminate risk were outlined and there was an emphasis on supervision of residents and not leaving any dangerous objects unattended. There were policies in place to address the unexpected absence of a child as well as how to deal with children who may self harm and these were seen by inspectors.

The provider had measures in place to guard against the risk of fire. Inspectors also saw records of daily inspections of the means of escape routes in the centre as well as monthly inspections of the fire alarms. The fire alarm had been activated and doors were released during the inspection at the request of inspectors. The fire alarm had been activated on 30.08.14 but no fire was found. The centre manager told inspectors that it was likely to have been a possible fault to a new keypad . This was repaired on 01.09.14. There was evidence that fire drills took place on 18.02.14, 22.02.14, 25.08.14 and 30.08.14 and that all of the children had participated in these.

Fire equipment had been serviced on 11.03.14 and mobile fire extinguishers and "break glass" points were installed on 20.05.14. There was a fire blanket available in the kitchen and fire extinguishers were serviced in March 2014. Personal evacuation plans were in place on each resident's file. These outlined the assistance required by each resident and detailed the step by step procedure to be followed in the event of a evacuation to an assembly point in the front garden. One staff member interviewed by inspectors described how they attended fire training and in preparation for a hotel stay along with one of the children, a fire plan was developed so that the child would know what to do in the event of a fire.

The centre had policies and systems in place for infection control and the management of waste. A recording system for cleaning duties was in place and this was signed off by the shift leader and assistant manager at the centre. A colour coded system for the use of floor mops was also used. The kitchen in the centre was well equipped and contained sufficient storage space. Inspectors observed the cleaning of floors by staff during the inspection. There were colour coded chopping boards evident in the kitchen. There were several hand gel dispensers located throughout the centre and clinical waste bins were available at two locations. Rubber gloves for use during personal care were stored in a locked cabinet. They were disposed of in clinical waste bins.

Inspectors saw documentation outlining arrangements for motor fleet insurance (renewal due 14.11.14) as well as employer's liability insurance (renewal due 13.10.14) and public liability insurance (renewal due 13.10.14).The centre had the use of a vehicle for taking children on outings and this had a weekly vehicle checklist completed. It was recorded that the vehicle was due for servicing on 15.09.14.

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:

There were effective measures in place to protect residents from abuse and neglect. There was a policy in place on the management of child abuse and reference was made to Children First (2011). Inspectors viewed a policy on allegations of abuse against social care workers within the organisation and how these would be managed. There was a policy on the designated liaison officer and child protection officers but it was not made clear in the policy who the named designated liaison person was. This meant that staff may not know who to contact in the event of an issue arising. Inspectors observed staff engaging with children in a respectful and friendly way during the inspection. Staff played with the children in the garden and helped them to prepare for their after school activities.

Notifications of appropriate child protection issues were made to the Child and Family Agency (CFA). The centre manager told inspectors that child protection notifications in respect of one child were made during the period of March to May 2014 and that the provider had engaged with staff in the CFA to review these notifications and to assess how best to deal with the issues raised. The clinical team wrote to the CFA requesting that the assessment be re-opened on foot of new concerns.

There were effective measures in place to safeguard children at the centre. There was a whistleblowing policy in place that gave specific guidance to staff on approaching line managers or others if they were uncomfortable about how a particular child was being treated or if they had issues in relation to the care of children. Staff interviewed by inspectors indicated that they knew about and understood the concept of protected disclosure or "whistleblowing" as a measure to protect children. A notification had been made to the Health Information and Quality Authority regarding a child who alleged that s/he had been hit by a member of staff. Inspectors saw evidence that the social worker involved with the child had been notified and that an internal investigation took place following a strategy meeting.

There was proactive guidance available to staff at the centre on the management of behaviours that challenge. Inspectors found that behaviour support plans were clear and comprehensive and that they gave information on what may trigger behaviours that

challenge, early warning signs, preventable strategies, and how best to interact with a child during an aggressive outburst. Behaviour support plans were reviewed on a weekly basis. There was a commitment to training staff to manage behaviours that challenge and there was a preferred model in use at the centre. Staff interviewed by inspectors said that they received training on a yearly basis and that refresher training was available.

Staff at the centre considered alternative measures before using restrictive practices. Restrictive practices in use included the transport technique, blocking techniques, physical interventions and PRN medication and these were in line with notifications made to the Authority. Alternative behaviours were reinforced and staff used physical guidance and redirection where necessary if children were distressed. There was access for children to a quiet room in the centre, classical music was used if appropriate and water was splashed on windows to assist in reducing distress for children.

Inspectors saw evidence of interventions being reviewed at the centre. A rights review committee made up of a clinical neuropsychologist, a consultant psychiatrist, a child's keyworker, unit manager, assistant manager as well as external professionals from support organisations including Empowering People In Care (EPIC) and the National Youth Diversion Project (NYDP) met with members of the clinical team. Post incident review forms were completed and there were follow-up reviews with the staff involved. However there were gaps in the completion of review forms between 15.05.14 and 14.09.14 and this meant that some children did not have interventions reviewed as frequently as may have been necessary. This meant that some practices that impacted on the rights of children that may have required amending, may have continued for longer that was appropriate.

Rights review meetings took place every six months. Inspectors saw minutes from the rights review committee meeting which took place on 15.08.13. It contained specific recommendations and reviewed significant events and restrictive practices. These included a PRN administration and protocol review and safety issues. Minutes from another rights committee meeting on 27.06.14 analysed significant events that occurred at the centre between November 2013 and May 2014.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

There was a system in place to maintain records of all incidents at the centre and appropriate reporting to the Chief Inspector of social services took place.

Inspectors saw records of notifiable events that were maintained at the centre and discussed some of these with the centre manager. These notifications to the Chief Inspector of social services included one dated 04.04.14 in relation to suspected or confirmed abuse of a resident. Others dated 08.07.14 related to the use of restrictive procedures and physical interventions and 01.05.14 and 15.05.14 related to PRN administration. A log of significant incidents was maintained by the centre manager and the assistant manager. A total of forty significant incidents were logged between 23.04.14 and 14.09.14. Examples of incidents logged included physical aggression and self injurious behaviours. There were notifications of six physical interventions under restrictive practices submitted on 08.07.14.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The centre facilitated children to experience educational opportunities inside and outside the centre and used resources in a flexible way to support their education. Inspectors saw evidence on files of different school placements and home tuition arrangements being available to all of the children. One placement was due to be reviewed.

The centre manager told inspectors that the staff team along with the multidisciplinary support team attempted to provide a range of enriching experiences to the children at the centre depending on their individual needs and preferences. S/he pointed to the flexible use of staff resources in deploying staff to attend school with two children who needed additional supports to allow them to participate in school placements.

The centre manager acknowledged that there were some risks attached to enabling children to participate in school placements but argued that it was important to stretch children, staff and the school systems in order to allow the children to experience new opportunities. These arrangements were reviewed on a regular basis.

The centre staff indicated an awareness of the importance of children being able to participate as fully as possible in all kinds of activities. Inspectors viewed plans on file in relation to one of the children who enjoyed dancing and s/he was supported to take some responsibility for making choices about the development of the activity along with the keyworker involved. A key outcome for staff, according to the centre manager was to give the child some independent living skills like preparing food for themselves or participating in community activities. Inspectors saw photographic evidence of children on outings in a variety of locations and information contained in the personal plans of children suggested that they did have opportunities to participate in new experiences.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The health needs of children were assessed and met at the centre. The centre had a policy on access to medical services and medical histories of children were gathered as part of the pre admission assessment.

Inspectors saw records of health-related appointments on the files of the children. Details of relevant general practitioners and medical cards as well as information on the individual medical and health needs of the children were maintained. There was evidence of children being facilitated to attend screening for particular illnesses and conditions. Records showed that children attended appointments for dental, optical and mental health appointments at locations outside the centre.

There was evidence of awareness among staff of anticipating the emerging health promotion needs of children. The centre manager told inspectors that sex education sessions were being planned in the near future for children at the centre but that no dates had been decided for these. The centre had a personal care programme in place for children and a young person was involved in developing his/her own programme. The focus included dental care, bathing and menstruation as well as the taking of medication under supervision.

The centre manager told inspectors that the food cooked at the centre was nutritious and that residents were involved in making choices about what they eat. Inspectors saw

fresh food in the fridge and homemade soup was being prepared for children during the inspection. A meal planner was in place to allow for variety and children were able to express their food preferences.

Judgment:
Compliant

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:

There were systems in place to support the management of medication at the centre.

Medications were kept in a locked room that was accessed by use of a keypad and code. There was a locked medication cabinet in this room which also contained a computer as well as a wash basin and a separate toilet. The centre used an organisation-wide policy on the management of medication. The centre had a medication officer but he was on leave on the day of the inspection. Medication officers had specific training for the management of medication. Each of the children had a shelf in the locked medication cabinet with their medication supplies.

All of the medications were in blister packs from the pharmacist. Medication was collected by staff once a fortnight. The blister packs contained two weeks of medication for each child. One set of medication for use during the week was kept on the individual child's shelf while the second blister pack was stored in a second locked cabinet inside the main cabinet. Inspectors found that the address on the blister packs for one of the children was not the centre address but an old address where s/he had lived. Staff noted the mistake and undertook to alert the pharmacist of the child's correct address.

The centre manager told inspectors that two staff were involved in administering medication. One staff member dispensed the medication while the other staff member signed the administration sheet as a safeguarding measure. Only one kardex was in use at any time for each child. A psychiatrist employed by the provider signed the prescriptions for medications.

The centre manager told inspectors that all staff at the centre were trained in the administration of medication and that s/he believed that the staff were competent to administer medication. Refresher training took place on 30.07.14. However, it was not clear how the competence of the medication officers or staff was being assessed.

Inspectors found that there were medication audit systems in place since the last inspection in April 2014. The centre manager told inspectors that medication was discussed at team meetings and at induction training. S/he said that there were management systems in place to check that the administration sheet was signed by two staff and that audits were also in place. Inspectors reviewed management checklists in the form of a self assessment tool designed to provide support, guidance and evidence towards compliance with medication regulations. These had been completed in May, June, July and August 2014 by the medication officer. Inspectors saw a letter from the pharmacy used by the centre in reference to the audit done in August suggesting that photographs be used to help identify residents while administering medication to them.

Each of the children had a medication folder with their details and this also contained a photograph of the child. The folder contained medication profiles and protocols as well as a signature sheet and PRN (emergency) medication guide, consent forms, vaccination records and pathology records. There was no register of controlled medications kept at the centre and the centre manager confirmed to inspectors that controlled drugs were not being used at this time.

Inspectors asked the centre manager about any drug errors that had been recorded at the centre. S/he said that an error had recently been discovered and that medication protocols had not been followed by staff on that occasion. An investigation was initiated and statements were taken from staff. The error related to a resident not receiving a medication. Staff contacted the psychiatrist who confirmed that the resident was not likely to have any negative reaction. The guardian of the child involved was also informed. Following the incident the staff members involved underwent additional medication supervision.

The centre manager told inspectors that out of date medication was returned to the pharmacy by the medication officer for disposal. The centre manager was unsure if the centre kept a record of what was returned. None of the residents self administered medication and risk assessments had been undertaken in this regard. One resident used crushed medication and an appliance was available to facilitate this. There was emergency resuscitation equipment kept in the medication room for a child who had recently moved to live in the centre. However the equipment, an oxygen cylinder, was not in use as the centre were waiting for the suppliers to service the equipment and to train staff how to use it correctly. There was an interim policy in place to call an ambulance if required by the child.

Judgment:

Non Compliant - Moderate

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.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was being run in line with the statement of purpose. There was a statement of purpose in place for the centre that contained information required under regulations. The statement outlined the objectives and ethos of the service as well as describing arrangements for children to engage in social activities, hobbies and leisure interests. The statement noted the importance of children maintaining contact with families, friends and the local community. The document outlined the complaints process within the centre as well as the staffing complement and other information.</p>
<p>Judgment: Compliant</p>

<p>Outcome 14: Governance and Management <i>The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings: There was a clear system of management in place that promoted delivery of effective care to children.</p> <p>The centre was managed by the centre manager who was the person in charge who had worked with the provider since 2010. S/he had a degree in social care as well as experience in advocacy work and had been manager at the centre since January 2012. Inspectors were told that s/he received formal supervision every six to eight weeks from his/her line manager, the alternative care manager and that these meetings were recorded on files. S/he in turn reported to the head of social care. These supervision notes were seen by inspectors. Informal supervision was also available to the centre manager and s/he told inspectors that s/he felt supported in his/her role. The centre</p>

manager told inspectors that s/he had attended training in supervision in January 2014 and also recently participated in management, leadership and conflict training. This was confirmed on review of staffing records. S/he told inspectors that the organisation promoted a reflective culture to help empower the staff in their work with children and pointed to the use of role plays during training sessions which contributed to strengthening relationships between those staff who participated.

The assistant manager had worked in the centre since it opened in 2011. S/he recently completed a degree in applied social care and was due to graduate in October 2014. The centre manager told inspectors that s/he discussed centre policies and procedures with staff during supervision sessions and that s/he assigned areas of responsibility to staff to help them to retain information about specific areas of work. This approach helped to ensure accountability between staff and management at the centre.

There was evidence of internal audits being undertaken by senior management within the provider organisation. Inspectors saw internal senior management audit documents dated 11.04.14 detailing improvements that were needed at the centre. Some of the actions involved the devising of an internal audit form aimed at ensuring a safe service and this had been put in place. However no date was given for the annual review of safety and quality of the service as required in the Regulations.

A centre management checklist dated August 2014 was used by the centre manager each day to promote effective and accountable management at the centre. The checklist covered the handover book and communication book, daily logs, medication and event recording, use of the centre credit card, and significant events. The previous monitoring inspection in April 2014 identified actions required to strengthen management oversight in relation to safety and quality at the centre.

Inspectors found that there was a culture of supporting staff in the organisation to take on new responsibilities. The provider nominee, who is the organisation's training and development officer, told inspectors that performance reviews were used to try to develop staff. S/he said that the organisation identified staff from within the organisation who may be suitable to work as centre managers and then support them to take on new roles and that this initially involved the shadowing of more experienced staff. S/he said that they generally looked for staff to have two years of experience and a degree. There was also a system in place for staff to be given loans to enable them to avail of further study. This was confirmed by the assistant manager at the centre who participated in such an opportunity.

Inspectors discussed the use of CCTV in the centre with the provider nominee who was also the designated liaison person on child protection matters. S/he told inspectors that the provider no longer used CCTV in their non-disability services and that the management team had considered whether to continue its use in disability services. S/he indicated that the organisation was constantly reviewing its position on the use of CCTV and said that parents had requested cameras as a safety measure. S/he also suggested that cameras provided assistance in the protection of residents insofar as additional clarity may be available through the use of cameras.

Judgment:

Non Compliant - Minor

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The centre had arrangements in place for the management of the centre in the absence of the person in charge.

The centre was managed by the centre manager (PIC) and assistant manager on a daily basis. They were in turn supervised by the alternative care manager / deputy head of social care. Rosters for the running of the centre required annual leave to be managed so as to ensure that either the manager or the assistant manager were available at all times. If one of the managers were on sick leave for longer than a few days the alternative care manager informed inspectors that s/he would assess what cover would be required and this may involve other appropriate staff members taking on additional or new responsibilities. The centre manager/alternative care manager were aware that they needed to notify the Health Information and Quality Authority if the centre manager (PIC) was unavailable for more than twenty eight days.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were enough resources available to provide effective care to children at the

centre but there was insufficient transparency in the planning and deployment of these resources.

Inspectors asked for copies of the most recently audited accounts for the providers. The centre manager gave inspectors documentation confirming that prior to the end of 2013 The provider did not have a requirement to have an audit as they availed of the small companies exemption under the Companies Act. The company is obliged to have an audit for 2013, auditors had been appointed and fieldwork had been completed. It was expected that finalised accounts would be available at the end of September 2014 and a copy of the audit report would be made available to HIQA.

There was evidence of a renewal of service arrangements between the provider and the Health Service Executive at the end of 2013. Inspectors viewed a letter dated 23.12.13 from the national director of social care regarding continuity and renewal of the arrangements of the provision of services into 2014 for section 38/39 agencies.

It was not clear to inspectors what the role of the centre manager was in the development of a budget. The centre manager told inspectors that there was no designated budget for the centre. S/he was able to provide inspectors with evidence of what the centre spent for the month of August 2014 on groceries, house furnishing, repairs and maintenance, clothing, medical needs and activities for residents but s/he was not in control of the pay budget or of staffing resources.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

There were robust processes in place to recruit and support staff in the centre. The centre had adequate numbers of staff available to provide effective care to the children. There were a total of 16 social care workers employed to work at the centre alongside the manager and assistant manager. The team worked a twenty four hour shift system with adequate numbers to ensure that the appropriate staff to child ratio was maintained. The provider nominee told inspectors that monthly rota meetings took place

where managers identified any deficits within the rota. This allowed for a proactive approach to staffing rather than having to react to situations and needing to use agency staff that were not known to the children or other staff.

Staff files viewed by inspectors contained evidence of staff attending induction training and other training. These events covered child protection, challenging behaviour, supervision, management and leadership, medication, manual handling and emergency first aid. The centre manager told inspectors that all staff were trained in child protection, behaviour management, manual handling and fire prevention. This was confirmed in the staff files sampled by inspectors. The provider nominee indicated to inspectors that a training needs analysis had recently been completed by the organisation and that this would be available in October 2014. Evidence of the completion of a training needs analysis was found on two staff files seen by inspectors.

Inspectors found that staff interviewed during the inspection were knowledgeable about policies and procedures at the centre. There was also evidence that they were familiar with Regulations and Standards in disability services and childcare. Staff at the centre received formal supervision but there were gaps in the length of time between sessions in some of the files seen by inspectors. Supervision contracts were not in place on some of the files.

There was a recruitment policy in use by the provider. The staffing records viewed by inspectors contained details of staff as required under Schedule 2 of the disability Regulations including the vetting of staff by An Garda Síochána.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

There were policies in place on report writing and record keeping at the centre but

arrangements for the storage of files relating to former residents and service users were inappropriate and needed review. The provider had developed comprehensive suite of policies and procedures dated 2014 to enable a safe and effective service to be delivered. The documents seen by inspectors covered policies across a range of domains including staff code of practice, care planning, child protection, behaviour support, health and wellbeing, recruitment and training, risk and report writing. The provider nominee told inspectors that a review process for policies and procedures was in place within the organisation.

The centre was the storage facility for all files relating to former residents and service users. Files relating to children who no longer received a service were stored in plastic boxes in the attic of the building where the occupational therapy service was provided. This was located in a building adjacent to the centre where the children lived. The files are not kept in fire proof cabinets. Each box was labelled on the outside for coding purposes. There were some boxes with files that had not been stored away and the deputy manager confirmed to inspectors that the files were stored there for all of the centres run by the provider. Inspectors were told by the deputy manager that all files were kept indefinitely.

Current files were held in the main office and working files were kept in a locked press. Medication records were kept in the locked medication room inside a locked storage unit. Staff files were kept in a locked storage room on the third floor and access was available through use of a keypad and code. Files were well maintained and it was possible to access information with ease. CCTV records were retained at the centre and there was a policy in place regarding the use of this method of surveillance.

All staff working at the centre had access to two computers through the use of a password and they were able to access information relating to their own centre. The manager and deputy manager had work laptop computers and any information not available to staff was stored on these. There was a register in place of children living at the centre.

The centre had insurance arrangements in place to protect residents, staff and the general public. Inspectors saw evidence of letters from insurance brokers for the provider confirming that employers liability insurance was in place and the renewal date was 13.10.14. Public liability insurance was also in place and this was also due to be renewed on 13.10.14. Another document was seen by inspectors that confirmed that a motor fleet insurance policy was in place for vehicles owned and used by the provider. This was due for renewal on 12.12.14.

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:

Paul Tierney
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:	18 September 2014
Date of response:	01 December 2014

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The use of CCTV breached the privacy and dignity of children at the centre.

Action Required:

Under Regulation 09 (3) you are required to: 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

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

consultations and personal information.

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

The centre PIC responded immediately to this issue following feedback from the inspection and amended the protocol to ensure that the monitor was switched off during times where personal care was being completed. This was communicated to the team through supervision, team meetings and a written protocol.

It was agreed by the PIC, parents and social worker that a plan to look at the possible removal of the CCTV would take place following an assessment taking place, which includes a period of observations by staff at night to record any possible seizure activity experienced at night. Following the results from the scheduled observations a further meeting will be held with all relevant parties to review the use of CCTV for this resident. In the meantime the CCTV is only switched on during periods where the resident is sleeping for safety and seizure monitoring purposes.

An Organisational decision to discontinue the use or remove the CCTV from all houses has been made. The organisation are currently informing relevant professionals and families of the decision and following this process plan to remove CCTV by the 01.03.15.

Proposed Timescale:

Amended Protocol completed

Removal of use of CCTV across the organisation 01.03.15

Proposed Timescale: 01/03/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Criteria for admission to the centre needed to be more transparent.

Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Training and Development Manager scheduled a full review of all policies for January 2015. The centres admission policy was afforded priority and criteria for admissions, role and involvement in this process by the PIC and responsibilities of decisions in this process have been amended and clearly outlined in the devising of the new policy by the policy review committee.

The Alternative Care Manager and PIC are organising meetings with the specific HSE professionals for each individual young person residing at the centre to ensure that the contracts are approved and signed off by all relevant parties. This process will be completed in the admissions stage for all residents and will be accounted for in the criteria of the centre's policies on admissions.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Admission practices did not have due regard for the compatibility of children living at the centre.

Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

The centres admission policy has been amended and criteria for admissions, role and involvement in this process by the PIC and responsibilities of decisions in this process have been amended and clearly outlined in the devising of the new policy by the policy review committee.

The centre have now introduced an impact risk assessment that will be completed as part of any possible admission process to risk assess the possible impact any new resident may have on the other residents and risk assess if the impact could be managed safely or conclude that the admission is unsuitable for the centre. The PIC will be responsible for completing this assessment in conjunction with the referring professional.

Proposed Timescale: 30/01/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

A seat used by a child, to support him/her at mealtimes was in need of repair.

Action Required:

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The Occupational Therapist is the person responsible for this resident for assessing all such equipment and referring them for repair, it is the PIC responsibility to inform them of any damage or repair issues that fall outside of their visiting schedule. The PIC has scheduled for the residents Occupational Therapist to review all assisting equipment. The Occupational Therapist in consultation with the PIC will organise any further actions/repairs required. The PIC will ensure that all recommendations are completed. The PIC will keep a log of any such repairs made going forward.

Proposed Timescale: 16/12/2014

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:

There was no overarching risk management policy in place at the centre to guide the management of risk.

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:

The Organisation Training and Development Manager drafted a risk management policy based on the feedback from the inspection process and items required as outlined under the regulations. This policy has been reviewed by the organisation Policy Review Committee and approved to include in the centres policies and Procedures. The policy is now included in the centres policies and procedures. The centre PIC has discussed the new policy during a team meeting with the staff team in the centre.

Proposed Timescale: 30/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

The centre do not have a register of controlled drugs available.

Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or

unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The centre currently does not administer or store any controlled medication in the centre as there are no residents prescribed any controlled medication at present. However, the centre has the appropriate medication cabinets for storage should any control medication be prescribed or required by any resident.

The centre PIC has devised and implemented a register for controlled drugs in accordance with the relevant provisions in the misuse of drugs regulations 1988, as amended. This will be included in the medication audit system of the centre as part of good practice guidelines.

Proposed Timescale: 30/10/2015

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:

No date was available for the formal review of quality and safety at the centre.

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:

A date has been set to commence the formal review of quality and safety at the centre in January 2015. The first phase includes the devising information gathering format and approval of the audit tool. The review will include consultation with residents and family members. Following the information gathering processes, a formal report will be devised and available for review by all residents, relevant professionals including HIQA and family members.

Proposed Timescale: 05/03/2015

Outcome 16: Use of Resources

Theme: Use of Resources

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

There was insufficient transparency in the way that the budget for the centre was developed and managed.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

Unit specific budgets will be rolled out in consultation with all managers (PIC) in early January 2015 for the year. The PIC will be responsible for the implementation and monitoring and recording aspects of the house budget. Going forward each month, the PIC will have an accounts review with the Financial Controller against the budget specific to their centre.

Proposed Timescale: 20/01/2015