

**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-0004477
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Three Steps
Provider Nominee:	Eilis Cully
Lead inspector:	Una Coloe
Support inspector(s):	
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 February 2015 09:30 To: 18 February 2015 13:00

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 was the second inspection of the centre by the Authority. The centre was inspected in October 2014 for the purpose of registration prior to it operating as a designated centre for children with a disability. The purpose of this inspection was to assess compliance with regulations and standards following submission of an action plan to the Authority after the last inspection.

As part of the inspection, the inspector met with the provider nominee and the centre manager and reviewed documentation. This inspection found that the necessary work was completed to ensure the centre could cater for all admissions as outlined in the statement of purpose and function. Management systems were in place to monitor practice when the centre opened. The centre's risk register and

health and safety statement required improvement. Additional mandatory training was required for some staff to ensure compliance.

These and other findings are set out in the body of the report. The compliance classifications used by the Authority have changed since the last inspection.

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:

Provisions were in place to promote children's rights and to consult with children regarding decisions that effect them.

A system was in place to ensure residents would be consulted with and participate in decision making at the centre. An activities folder was developed for the centre which the inspector found to be well researched and detailed a range of local activities and clubs that the children could avail of. The manager advised that s/he envisaged that the activity folder would be used during meetings with the children to obtain a collective decision on group activities and menu's for the week. There was a choice board displayed in the kitchen to visually document the children's choices regarding menus and activities. Play equipment was evident in the centre including board games, soft toys, a play tent and a chalk board. The manager advised that the prospective residents had been involved in choosing the soft furnishings for the centre. The inspector reviewed a young person's meeting book and the manager advised that this would be used to record minutes of meetings with the children. The template had a detailed agenda including activity and menu planning, key working, goals, community integration, grievances and group education.

There was a system in place to monitor complaints in the centre. A child friendly complaints procedure was displayed in the kitchen area. It described how to make a complaint and referred to an advocacy group to assist the child with the procedure if necessary. The inspector reviewed a register of complaints to record details of any complaints made when the centre opens. It included a section to record details of the complaint, whether it was formal or informal and also if the next of kin and advocate were informed. It also required a response from professionals if necessary and the

outcome of the complaint. The children's welcome booklet outlined the rights of the children however their rights were not displayed in the centre.

Judgment:

Compliant

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:

Arrangements were in place for the communication needs of children to be met.

The person in charge advised that an appropriate connection had been installed to ensure the children had internet access. S/he advised that a laptop will be transferred from another centre for the children to use. The person in charge described the intended use of online pictorial exchange to enhance communication with the children through the use of assistive technology.

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:

Adequate arrangements were in place for children to maintain their relationships and to develop links with the community.

The inspector reviewed a local activities folder that detailed ample activities in the

community for children to participate in. The inspector also reviewed a visitor's log book to document visitors to the centre. The inspector was provided with a copy of the parents/guardians/family members booklet which provided detailed information regarding the service and care provision. It also referred to the rights of the child and the rights of the parent.

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:

Appropriate adaptations had been made in the centre to ensure the admissions criteria was in accordance with the statement of purpose.

The necessary adjustments to the centre had been completed to ensure that children with a physical disability or mobility issue were not excluded from the service and this was in line with the admissions criteria as outlined in the statement of purpose. The inspector observed a wheelchair ramp at the front and back entrance to the house, with wire mesh affixed as an additional safety precaution. Handrails had been installed and the communal bathroom was adapted to ensure it was accessible for all potential users.

Contracts of care were being developed for the prospective residents. The inspector reviewed one contract and this was sufficiently detailed. It outlined a shared care arrangement between the organisation, the child's mother and the Health Service Executive. The contract detailed the arrangements and level of care the service intended to provide and how communication would be maintained with relevant parties. It also outlined the provisions in place for multidisciplinary involvement, school placements, external meetings, advocacy services and care planning.

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:

Systems were in place to ensure that each child's wellbeing and welfare was monitored and maintained to a high standard. Child friendly personal plans had been developed for the children.

Child friendly personal plans were of good quality. The inspector reviewed two of the plans and observed pictures and short phrases referring to the child's likes regarding community involvement and activities. There were photographs of the child's family, key workers and a food pyramid on the plan. There was guidance for brushing teeth in picture format and activities were outlined for managing emotional behaviour including social stories, singing and dancing. The manager advised that the framed personal plan for the children would be displayed in their bedrooms when the children move into the centre. The manager advised that the children were involved in developing the plans and were happy with the plans.

An effective system was in place to monitor the support offered to children by their keyworkers. The manager devised a form to support the staff in their role of key working children to ensure the work was recorded and monitored. The manager advised that the key worker had responsibility to develop goals and outcomes for the children in relation to health, life skills and developing independence. The manager stated that specific supervision in relation to key working was planned to occur every quarter in addition to the general supervision provided to the staff team. The manager advised that s/he intended to monitor the key working process closely to ensure that planned outcomes for the children were achieved.

Provisions were in place to ensure children were supported in preparing for adulthood. The manager advised that a set budget had been agreed for each child. S/he also stated that the centre will use cash instead of cards to allow the children to engage in life skills work to promote their independence by assisting with shopping.

The provider nominee advised that s/he delivered training to the prospective staff team on person centred planning and also advised that an agreement was in place with an advocacy organisation to provide advocacy support to the children.

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):

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

Findings:

The design and layout of the centre was suitable for the provision of residential care to children.

The centre was adequately furnished and decorated since the last inspection. Wooden fences were fully installed around the perimeter of the premises. There was play equipment in the garden including a trampoline, slide and a swinging chair. One potential hazard in the garden area was observed by the inspector. Access steps to the trampoline were not affixed and could potentially cause an injury to a child.

The centre was safe and accessible. The required work was completed to ensure there was suitable access for children with mobility issues. Access ramps to the building were installed with handrails. The bathroom on the ground floor was renovated and there was adequate showering facilities for children with a physical disability. Hazards identified during the previous inspection had been rectified including unsecured wiring and sharp edges on counters. The centre was decorated to a high standard and was child friendly with many pictures, murals and a map of the world displayed. The centre had an under floor heating system and was sufficiently warm on the day of the inspection. The water temperature tested by the inspector was within the recommended range. The manager advised that no assistive equipment was required for the potential residents.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

There were measures in place to promote the health and safety of children, visitors and staff. Comprehensive risk assessments were completed and improvements had been made in relation to fire safety management systems. The centre's risk register was not adequate.

Comprehensive risk assessments had been completed but the centre's risk register was not an effective working document. The inspector reviewed a large number of risk assessments which were carried out by an external service. A risk matrix system was employed to identify the level of risk posed. The manager advised that the document containing the risk assessments was the centre's risk register. This was not clearly documented. It was not evident that this was a risk register as it was not sufficiently detailed and there had been no amendments to reflect changes in the prioritisation of risks identified.

The risk assessments reviewed by the inspector were detailed. A large range of potential risks were identified relating to the house, transport, general risks and the external area. They were sufficiently detailed and listed arrangements and controls in place regarding the risk and also documented recommendations. The person responsible and the target date was not identified and it was not evident that the assessments had been reviewed or actions taken to rectify the risk. The manager advised that many of the recommendations had been implemented however acknowledged that documentation had not been updated to reflect the changes. S/he advised that the external company was due to return to review the register when the centre opened. The centre manager had also completed a number of comprehensive external risk assessments in February 2015. Risks assessed included fire, traffic management, manual handling, office medication room, security, kitchen, garden, chemical agents, waste storage and slips/trips/falls. The assessments documented the nature and level of the risk, measures to control risk and the outcome.

A detailed emergency action plan was in place, dated October 2014. The plan contained a number of actions to follow should specific events occur including medical or a fire emergency, gas leak or occasions of extended power loss. It outlined numbers to call in an emergency situation and displayed diagrams of evacuation routes. A contingency plan was also in place in the event that a full evacuation of the centre was required but this plan required additional information. The plan detailed the recommended actions for absences of various time frames including a vacation of 2 – 6 hours, 6 – 12 hours and 12 – 24 hours. It identified a centre for children to be brought too for a short time frame however the procedure for an extended absence was not specific and lacked clear guidance should such a situation arise. The guidance documented for extended absences referred to management arranging temporary accommodation such as a holiday home if the need presented and the inspector found that this was insufficiently detailed.

The health and safety statement provided to the inspector was not adequate. It was dated March 2014 and was titled the occupational health and safety policy. This gave a brief outline of the commitment to the continual improvement of health and safety management and the prevention of injury in line with legal requirements. It also set out the requirements of employees to report any defects to management. It was not specific to the centre and did not reference the general work practices of the centre. The safety statement provided to the inspector did not refer to the risk assessment of the hazards that may affect the employees, visitors or residents.

CCTV was no longer in use at the centre and the cameras had been removed. The manager advised that the organisation had made a collective decision regarding the use of CCTV and a policy in relation to this no longer existed. The inspector was informed that all relevant stakeholders were informed of this change and no issues were highlighted.

There was a pest control service agreement in place and four services a year was agreed for the centre. The inspector reviewed two service report forms and there were no recommendations arising from this. There were colour coded mops and disposable handtowels in communal areas including the kitchen and bathroom. Antibacterial hand sanitizers were not in place at the centre.

There were improvements in fire safety management systems since the last inspection. An emergency evacuation procedure was displayed throughout the building however a child friendly version was not evident. Fire extinguishers were in place throughout the building and had been serviced in October 2014. A fire blanket was also in place. A fire alarm panel user guide was available for information purposes. The inspector was advised that the prospective staff had completed centre specific fire training and this was confirmed by training records.

There was no vehicle in place for the transportation of the children at the time of inspection. The inspector was informed that two vehicles from another centre were allocated to the centre and a contract was in place with a local garage for servicing and maintenance of the vehicles.

A maintenance log was in place. It required specific information regarding the issue, including the area requiring attention, the level of urgency and whom it was completed by. The inspector observed that a number of maintenance issues on the grounds of the centre had been completed including the securing of wires and pipes. There were no window restrictors in the building. The manager advised that restrictors were not necessary and stated that a risk assessment would be completed for each child's file. A significant event log was present in the centre and the template required information on the details of an event and if a behaviour management technique was applied. It also required to note if a restrictive practice was used, professionals response to the event and if a review is necessary.

The soft furnishings in the building were not fire retardant. The manager and the provider nominee were not aware of this requirement under the regulations and therefore had not considered this when furnishing the building.

Judgment:

Substantially Compliant

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:

Additional safeguards had been implemented since the last inspection.

The inspector reviewed a child protection and welfare notification log that allowed for an adequate summary of such issues. It included a section for details of the child protection notification, the social worker involved and their response. It also had a space to record if the required documents were submitted to the Authority if necessary.

A rigorous training programme was in place regarding safeguarding and safety. Children First (2011) training was provided to eight members of the prospective staff team in 2014. The remaining 3 staff members were trained in 2011, 2012, and 2013. One staff member was not trained in a recognised behaviour management programme however the training records detailed that this was due to take place in February 2015. The provider nominee advised that refresher training in behaviour management programme will be delivered on an annual basis and additional sessions could be facilitated at intervals throughout the year if necessary.

The manager advised that the use of restrictive practices would be minimal in the centre. Window restrictors were not in place and the manager advised that there was no safety concerns for the prospective children and therefore restrictors were not necessary. The inspector observed a key pad system for the main door. The manager advised that this would not be viewed as a restrictive practice as all children residing at the centre would have access to the code. S/he advised that individual risk assessments would be completed regarding any possible safety issues.

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:

A system was in place to record all notifiable events. The inspector observed a notifiable events register, the aim of which was to record any events that required submission to the Authority. There was a space for the description of the event and the type of form forwarded. This system allowed for an adequate summary of notifiable events.

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:

Social activities were well researched for the children and an activities folder was available in the centre with sufficient examples of activities in the area.

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
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Additional information was available at the centre regarding the promotion of general health for the children.</p> <p>There was a folder on display to promote healthy eating for the children. It included child friendly information on the food pyramid, healthy plates and healthy lunches. It also had sample nutrition award certificates and puzzles to complete in relation to meals.</p>
<p>Judgment: Compliant</p>

<p>Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A controlled drugs register was implemented since the last inspection which included a guide on controlled drugs. The manager advised that the prospective residents were not prescribed controlled drugs however the register was devised due to the potential need for this in the future.</p>
<p>Judgment: Compliant</p>

<p>Outcome 13: Statement of Purpose <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i></p>
<p>Theme: Leadership, Governance and Management</p>

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The statement of purpose had been reviewed since the last inspection and was in compliance with the Regulations. The necessary adjustments were completed at the centre to ensure it was accessible for children with mobility difficulties. The size of the rooms in the building had been included. The manager advised that the updated statement of purpose was reviewed shortly after the last inspection and was submitted to the Authority.</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): No actions were required from the previous inspection.</p> <p>Findings: Additional systems were put in place since the last inspection to ensure the effective management of the service.</p> <p>A number of registers were devised by the manager including a register for child protection and welfare, significant events and complaints which required a review and signature of the manager.</p>
<p>Judgment: Compliant</p>

<p>Outcome 15: Absence of the person in charge <i>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</i></p>
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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:

There was no change since the last inspection.

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:

The centre was sufficiently resourced to deliver effective care and to support children in line with the statement of purpose.

The centre was fully furnished on the day of the inspection and there outdoor play equipment including a slide, trampoline and swinging chair present in the garden. The manager advised that a budget plan had been put in place for the centre and this is due to be reviewed on a quarterly basis. The manager advised that s/he will have full responsibility for this budget and an allowance will be allocated for each child for activities and pocket money.

Judgment:

Compliant

Outcome 17: Workforce

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

recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

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

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

Findings:

A comprehensive training needs analysis was completed and additional training was provided to the team however, gaps remained in the mandatory training of staff.

A comprehensive training needs analysis was completed for the organisation including the staff team that was proposed to transfer to the centre when it opened. This included an overview of the teams qualifications which outlined that the majority of the staff team were qualified to degree level. One staff member was in third year of a degree course and another staff member had completed a course in social care and had commenced another course in disability studies. The effectiveness of the induction process was assessed with recommendations from staff for future induction programmes. A graph depicting the training completed by the staff team highlighted that the core training needs of the staff team had not been met in full.

There was evidence that training had been provided to staff since the last inspection and some core training pieces had been scheduled for 2015. The training records reviewed by the inspector outlined that eight members of the prospective staff team were trained in Children's First (2011) in 2014, with the remaining three staff members trained in 2011, 2012 and 2013. There was evidence that child protection training was attended in the sample of staff files reviewed. The inspector reviewed five staff files and it was noted in four files that centre specific fire training was completed. The inspector was advised that the remaining staff member who had not received this training was recently employed by the service. Fire training was outstanding in one file reviewed and the inspector was advised that this was scheduled for March 2015. The training record overview provided to the inspector highlighted that three staff members required fire training.

A training programme in relation to behaviour management was delivered to the majority of the team. The training record overview outlined that one staff member required this training and another was due refresher training. The person in charge advised that external training has been sourced for all staff in manual handling on the 20 & 21 of February 2015. Medication management training had also been scheduled for the 6 & 9 of March 2015 and the inspector reviewed an email to confirm this. The inspector advised that a competency assessment was also be included as part of this training course.

Judgment:

Substantially Compliant

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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:
No further change since the last inspection.

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:

Una Coloe
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-0004477
Date of Inspection:	18 February 2015
Date of response:	07 April 2015

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 06: Safe and suitable premises

Theme: Effective Services

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

Access to the trampoline was not appropriate.

Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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:

Trampoline Ladder has been purchased and was fitted to the trampoline on the 25.03.2015.

Proposed Timescale: 25/03/2015

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:

The contingency plan did not outline a specific plan for the evacuation of the building for periods of 12 hours or more. The on-going review of risk was not evident and an effective risk register was not in place. The health and safety statement provided to the inspector was not adequate.

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 contingency plan in place outlines the emergency evacuation of the building for periods of 12 hours or more. Please see attached plan.

The service acknowledges that the risk register is a working document and was not reflected during the inspection. This document has since been updated to reflect the changes made. Please see attached updated document.

The service has since liaised with the HSA (Health & Safety Authority) and sought guidance on the service safety statement. The safety statement is currently being amended across the service.

Proposed Timescale: 11/04/2015

Theme: Effective Services

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

Soft furnishings were not fire retardant.

Action Required:

Under Regulation 28 (2) (a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, building services, bedding and furnishings.

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

All soft furnishings have been purchased from IKEA, Primark and Heatons which have confirmed that they manufacture their soft furnishings to British Standards Furniture & Furniture (Fire Safety) Regulations –BS5852 Schedule 2 Part 1.

All of the standard bed bases and mattresses are purchased from Respa Beds, Kelletts of Oldcastle Ltd who are members of NBF (National Bed Federation) who ensure annually that all members comply with the appropriate regulations.

This action has been completed.

Proposed Timescale: 30/04/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Training in medication management and manual handling was outstanding and some staff members required fire training and refresher training in behaviour management.

Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff completed training in medication management on the 06.03.2015 and the 09.03.2015 with an external trainer in medication management.

All staff received training in manual handling on the 20.02.15.

Staff members requiring fire training received training on the 09.03.15.

Staff member requiring refresher training in behaviour management is attending a course on the 02.04.15.

Please see attached updated training log.

Proposed Timescale: 02/04/2015

