

**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
Centre ID:	OSV-0005280
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):	Caroline Browne; Conan O'Hara
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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: 17 September 2015 09:00 To: 17 September 2015 17:00

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 first inspection of the centre by the Authority as it was a new application to register a designated centre for children with a disability. The purpose of this inspection was to inform a decision to register the centre. The inspection was announced and carried out over one day. As part of the inspection, the inspectors met with the social care manager (person in charge) and the training and development manager (provider nominee). The inspectors reviewed the premises, policies and procedures, staff files, and a number of templates that had been designed for use in the centre. There were no children resident in the centre at the time of the inspection.

According to the statement of purpose the centre intended to provide care to four children, both male and female, between the ages of 10 to 18 years old diagnosed with a mild or moderate range intellectual disability. It also stated that the service would not exclude children with disabilities who have a physical disability or mobility issue. The centre aimed to provide care for up to four children at one time. The services to be provided included residential care with the option of shared care, where a child may reside at home for consecutive nights, depending on their situation and care arrangement. The statement of purpose outlined that children would have their own room which would not be used to accommodate other children if they were absent from the centre. The centre was located near a small village in county Meath. It comprised of a dormer bungalow which was set on its own grounds with a secure garden and play area.

Inspectors found that the management team in the centre had completed significant work on templates and systems to ensure compliance with the Regulations. Inspectors found that there were satisfactory processes in place to guide the care planning of the children and to promote the rights of children with regard to their relationships, communication, health care and education. The admissions policy was comprehensive and outlined sufficient guidance to guide the process from referral stage through to admission. The centre had developed a system to assess risk and the dependency of children referred to the service.

Inspectors found that the premises was fit for purpose however, there was a risk identified in one bathroom which was intended for use by a child. The temperature of the water was not within an acceptable range. The social care manager contacted the necessary professionals to address this issue during the inspection. Some improvements were required regarding the management of medication. There was a comprehensive system in place to manage risk with risk assessments, a risk register and a system to review significant events. Inspectors found that there were management systems in place to monitor the service in terms of safety and quality of care but the social care manager needed to enhance his knowledge of the regulations. Some staff members had been identified for the centre. Minor improvements were required to the staff files and training needs to ensure compliance.

These and other findings are contained within 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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to allow for consultation with children about how care was provided.

The training and development manager advised that there would be a weekly children's meeting to provide children with the opportunity to express their wishes and views. During the pre admission assessment process, residents would be provided with the opportunity to discuss their likes, dislikes, interests and hobbies which suited their needs and preferences. Inspectors saw a person centred planning template on children's files which would include the child's wishes and views. There was a resident's guide which informed children about the centre and their rights. Inspectors also saw a poster relating to the rights of the child in a child friendly format on the wall. Inspectors saw daily log books which provided space for children to include their views and sign. There was a children's rights policy which specified that weekly plans were completed in collaboration with the services users and respected their wishes.

There was an intimate care policy which provided good guidance in relation to respecting privacy and dignity. Personal plans included a section relating to the child's self care. The training and development manager advised that children would be consulted about personal care practices in a child friendly way.

It was envisaged that the centre would be managed in a way which maximised resident's capacity to exercise personal independence and choice in their lives. The training and development manager advised that resident's independence and preferences would be promoted and if children were involved in hobbies, the centre management would continue to facilitate such hobbies in their routines. Residents would

have opportunities to have private contact with friends and family. There was a trampoline and slide in the garden for children to play.

There was a comprehensive complaints policy in place which met the requirements of the regulations. Inspectors saw a child friendly version of the complaints policy. The complaints policy included an effective appeals process if this was required. There were two complaints officers identified for the centre including the social care manager and the assistant manager. The training and development manager was nominated to monitor and oversee all complaints. The training and development manager advised that the advocacy service Empowering People in Care (EPIC), would be available to advocate for children. The complaints policy provided contact details for EPIC and the Ombudsman for Children. The social care manager indicated that children and families would be made aware of the complaints procedure on admission to the centre.

There was a complaints register in the centre which required details of the complaint, the outcome and follow up actions required in relation to the complaint. Inspectors were provided with a copy of the complaints form which required information such as whether an initial response was given within three days, who the complaint was reported to and any further actions or consultation that was necessary. The centre manager advised that a complaint would be investigated in full within three weeks.

The complaints policy specified that informal complaints were recorded in individual work forms, contact forms and daily logs. There was a rights review committee which would monitor practices in the centre and to ensure that resident's rights were being promoted.

There was a policy relating to residents personal property and personal finance. There was a secure space in the centre to store residents money. A log was devised to record details about the children's money. The training and development manager told inspectors that the children would have the opportunity to sign this log as well as staff. There were adequate storage facilities in the rooms identified for the children.

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):
This was the centre's first inspection by the Authority.

Findings:

There were systems in place to ensure there would be effective communication with children. The communication policy outlined that all information would be provided in the age appropriate format in line with the needs of the children through the use of communication aids if required. The policy also outlined that contact with family and friends would be promoted for the children.

The communication policy stated that staff would be trained in the use of communication aids and hand signage as methods of communicating with the child. Four staff identified to work in the centre had completed training in a specific communication technique using pictures and the training and development manager advised that there was further training scheduled.

The communication policy did not specify that children's communications needs would be assessed prior to admission. However, inspectors saw a template for the assessment and the personal plan which included a section relating to the child's communication needs. The training and development manager told inspectors that as part of the pre admission assessments, a speech and language therapist and a behavioural therapist were available to assess the child's communication needs.

There was an activities folder in the centre which contained information about the area and activities for the children to participate in. Inspectors saw a choice board for activities and a menu planner with pictures in the kitchen. There was a television in the centre and internet access with a safeguarding measure attached would be available when children were present in the centre. Inspectors were advised that children would have access to assistive technology if required.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a visitor's policy in place for the centre. This policy detailed that children would be encouraged to maintain contact with their friends and families and could visit the centre to facilitate this. While the visitor's policy stated that visits would be facilitated at any time when required, visiting times were specified to take place between 10 am to 7 pm to facilitate children's wind down time in advance of going to bed. There was a visitors log at the centre.

There were systems in place to ensure relationships between residents and family members were supported. The social care manager told inspectors that families would be kept informed of children's wellbeing. There was emphasis placed on family attendance and participation at personal planning and multidisciplinary meetings. Inspectors were advised that families would attend the centre as part of the pre admission assessment and would be involved in the personal planning and multidisciplinary meetings. The statement of purpose outlined that scheduled activities in the centre could involve family members and significant others and such activities would be included on child's weekly plan.

There were adequate communal areas to facilitate visits. There was a choice of two private rooms which the children could use for visits with friends and family. Residents would be involved in activities in the local community and encouraged to maintain links with the wider community. The training and development manager told inspectors that they will ensure that children remain involved in activities they are already part of, in their own communities. They will also ensure that children are involved in clubs and activities in the locality of the centre. Key workers will work with children to assess what activities they like and dislike and what activities will suits their needs and preferences. There was a choice board in the centre to aid this process.

Activities available in the local area included horse riding, pottery clubs, social farm and a drama club. The training and development manager told inspectors that outings would be arranged where children could socialise with peers, for example, a summer barbeque and a Halloween party. The social care manager told inspectors that they wanted to create a warm and welcoming atmosphere. There was ample space for children to socialise and play. There was a trampoline and slide in the garden for the children.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures in place for admissions, discharges and temporary absences of children. There was a sample contract of care in place.

The policy on admissions was comprehensive and gave detailed information regarding the required procedure to follow in relation to admissions to the centre. The admissions policy included guidance on planned and unplanned admissions to the centre. It outlined the role of a referrals committee which occurred weekly to review referrals to the service. The referrals committee comprised of members of the senior management team and relevant social care managers in the organisation. When a referral was deemed appropriate, a suitable centre was identified and initial assessment was carried out. This assessment was completed by a key clinician and the social care manager. The social care manager was also responsible for completing a pre admissions risk assessment and an impact risk assessment.

The process for unplanned admissions involved the same steps as that of the planned admissions. The training and development manager advised inspectors that a child would not be admitted unless an initial assessment; risk assessment and impact risk assessment were completed. She advised that assessments would be completed quicker if an unplanned admission was required.

Through this assessment process, the suitability of the child for the identified placement could be determined. Comprehensive risk assessments were required to assess the child's needs in areas such as mental health and behavioural needs. The assessment process outlined in the admissions policy ensured that family members and the children were consulted with before a referral was accepted.

The centre planned to use contacts of care. The document outlined that the contract would provide an overview of the arrangement of care, communication agreements, required meetings and arrangements for aftercare and advocacy.

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):

This was the centre's first inspection by the Authority.

Findings:

Systems and templates were in place to guide the care planning process for children. There were comprehensive plans developed to ensure there would be adequate recording of the children's needs in line with the requirements of the Regulations.

There was a process in place to ensure that each residents health, personal and social care needs would be fully assessed before admission. The social care manager and a key clinician had responsibility to ensure an assessment of need was completed before admission. Inspectors reviewed the assessment template and it allowed for a comprehensive overview of the child's health, social and communication needs. The admissions policy detailed that relevant reports relating to medical and educational needs for example, were required before a referral was accepted. The social care manager told inspectors that he would focus on the social aspects of the assessment while the clinician would focus on health needs and together, a full assessment of need would be in place before the admission of a child.

There was a policy available on person centred planning and staff were trained on integrated care planning. Inspectors reviewed a sample file which would be used to document the children's needs when admitted to the service. Upon admission, the allocated key worker completed a person centred plan through consultation with the child and their family to ensure the needs and wishes of the child were clearly documented. This was intended to be the child friendly version of the plan.

Following the completion of the person centred plan, a personal planning meeting would take place with all relevant stakeholders to inform the personal plan. Inspectors found that the sample personal plan allowed for a comprehensive overview of the child's needs to guide staff in the delivery of care. However, a section to reflect the communication needs of the child was not evident. The child friendly version of the plan was used to inform the personal plan and it was documented that the personal plan required a yearly review.

The centre aimed to improve outcomes for the children through work on goals. Inspectors were provided with a template which would be used to record progress on the achievement of goals for the children. Inspector viewed an assessment of outcomes document, the purpose of which was to assess progress according to key performance indicators.

The social care manager told inspectors that each child's care and situation would be regularly reviewed. He advised that each child would be discussed at multidisciplinary meetings which would be held every three weeks. He said that staff would be rostered to attend these meeting on a rotational basis and that management and key clinicians from the service would also attend. Inspectors reviewed individual key work report forms which would detail all individual work completed on a daily basis with the children. The social care manager said that keyworkers would complete a monthly report to outline an overview on the progress of their work with individual children. He said that the monthly report fed into a quarterly report which would outline a summary of the needs of the children and progress made.

There was a comprehensive policy and procedure to guide future care planning, transitions and planned and unplanned discharges. The policy detailed that planning for

aftercare commenced when a child turned sixteen. The transition policy outlined that a plan was required to ensure the child learned life skills and increased levels of responsibility. It detailed that the transition plan would be developed with the child, key worker, social worker and case manager. It also referred to the support of an advocate to assist in the development of a transition plan.

There was also a policy on planned and unplanned discharges which provided sufficient guidance on how the process should be managed. The plan for when the child leaves the service would be documented on the person centred plan. The policy highlighted that this should be reviewed regularly and multidisciplinary input sought to determine suitability of the future placements. The policy on unplanned discharges documented that an unplanned discharge would only be considered if there were serious risks to the welfare and safety of the child or others. The policy referred to the contract of care to guide the discharge procedure. The contract of care reviewed by inspectors contained a section to detail the process of discharge to be followed when required.

There was temporary absences policy. This gave guidance on the completion of risk assessments and contact required with the children, when absent from the centre. However, it did not outline that a plan would be provided to the hospital for example to ensure they had an overview of the child's needs such as how the child communicates with his/her carers if this was required.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

The design and layout of the centre was in line with the statement of purpose and was suitable to meet its stated purpose.

The centre comprised of a two storey house which was set in its own gated grounds. The gate was secure and accessed by an electronic entry system. There were adequate parking facilities at the centre. The social care manager advised inspectors that there was no clinical waste services in place but that this would be arranged when the centre opened if needed. Domestic waste services were in place.

The centre was well maintained, clean and homely. There were four bedrooms for the children's use: all bedrooms were en-suite, suitable in size and contained adequate storage facilities. The bedrooms were partly decorated and the social care manager told inspectors that bedrooms would be decorated to the preferences of the child. Inspectors identified potential hazards in two of the upstairs en suites. The bathrooms were located at corners of the building and the roof support beams came down to head height and posed a risk of injury. The social care manager and the training and development manager had identified this risk in their risk assessments and agreed to discuss possible options to control this risk.

There was a kitchen, utility room, two sitting rooms, bathroom, office and two staff bedrooms. The kitchen and sitting rooms were well furnished and equipped. There was sufficient communal and private space for the children.

The temperature of the water was found to be very hot (47 - 65 Degrees Celsius) and posed a risk of burning/scalding to children and staff in the centre. The social care manager told inspectors that a temperature regulator was in place and contacted the necessary professionals to address the issue during the inspection.

Not all entrances were wheelchair accessible, however a ramp was located at one entrance of the centre. The front and back doors were secure and accessed by an electronic entry system. The centre had a garage attached however this was empty and the centre manager told inspectors that the garage would not be in use and would be locked. The garden was well maintained and contained suitable play equipment for children to use.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to promote the health and safety of children, visitors and staff.

The centre had a health and safety statement in place from March 2015. It described the centre and outlined the roles and responsibilities of directors, senior managers, managers and employees. The statement also referred to the management of risk, the

relevant policies relating to general work practices of the centre and the centres emergency evacuation plan.

The centre had a risk management policy which contained all the elements required by the regulations. There were systems in place to identify and assess risk however this required some improvement. The centre completed comprehensive risk assessments but the centres risk register was not a 'live' document. The centre completed a yearly audit in June 2015 and comprehensively identified hazards and risks in the centre. The risks were categorised into four categories: house, transport, general risks and the external area. The assessments rated the risk and detailed controls in place. However, the register did not identify the person responsible or the target date for mitigation. It did not reflect where risks had increased or been reduced after the controls have been put in place. This meant that the management team were not always addressing the most significant risks present in the centre. On the day of inspection, the register which should contain live risks contained risks that were marked completed such as risks which related to the oil tank and entrance gates.

Procedures and equipment were in place to ensure there were effective fire safety systems in the centre. Fire extinguishers were available throughout the centre and these had been serviced in March 2015. The fire equipment list recorded a fire blanket in the kitchen and utility room however there was only a fire blanket in the kitchen. Fire escapes and exits were marked clearly and were not obstructed. A visitors book was also maintained in the hall of the centre to show who was in the building in the event of an emergency. Soft furnishings in the building i.e. curtains, duvets and furniture were fire retardant.

Inspectors reviewed templates for Personal Emergency Evacuation Plan (PEEP) and daily, weekly and monthly checks of the fire alarm panel, equipment and escape routes. Fire drills had not taken place in the centre. Inspectors reviewed a template for recording fire drills and the social care manager advised that a fire drill would be completed every three months or when there was a new staff member or new service user.

There were infection control practices in place and inspectors found the centre to be clean. A colour coded cleaning system was in place and inspectors found that cleaning equipment and chemicals were stored securely in the utility room. Inspectors reviewed a template of a daily cleaning schedule which detailed tasks to be completed on a regular basis. The social care manager told inspectors that a pest control system would be put in place with the organisations contractor when the centre opened. Inspectors found that there were insufficient bins and sanitising hand gel in the centre and there was no pictorial signage on display. The social care manager told inspectors that these would be in place when the centre is opened.

The centre had a centre specific emergency evacuation plan in place. The plan detailed emergency contact numbers and the recommended actions for staff to follow in specific events such as electrical outage. The plan detailed the recommended actions and a location to move the children to, for various time frames that the house was not able to be used including 2 – 6 hours, 6 – 12 hours and 12 – 24 hours. However, the evacuation plan lacked detail on the actions to take for periods longer than 24 hours.

The centre had no vehicles allocated to it at the time of the inspection.

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):

This was the centre's first inspection by the Authority.

Findings:

There were effective safeguarding measures in place in the centre.

There were policies and procedures in place to protect children. Inspectors viewed policies relating to child protection and safeguarding which were in adherence to Children First: National Guidelines for the Protection and Welfare of Children (2011). There was a protected disclosures policy for the organisation and a suite of other policies to safeguard children including the working alone policy, bullying, complaints and confidentiality policy. The social care manager had good understanding of the policies and procedures to safeguard children and was aware of the procedure to follow should an allegation of abuse occur. Inspectors met with the designated liaison person (DLP) who was the training and development manager and provider nominee and she was aware of the correct reporting procedures.

There was a child protection and welfare log to record details of concerns, who they were referred to and follow up actions required. The signature of the social care managers was required on this log. The DLP advised that all safeguarding issues were escalated to her and also reviewed as part of the rights review audits which would be completed every 6 weeks.

There was a policy on the management of behaviour that challenged and the promotion of positive outcomes. A multi element behaviour support plan would be in place for the required children following an assessment of their needs. There was a behaviour therapist available in the organisation if additional support was required regarding the management of behaviour. The training and development manager advised that all staff are trained in a recognised behaviour management programme. There was a system to

assess risk and behaviour using a matrix with staff to identify the triggers, outcomes, proactive and preventative measures. The training and development manager envisaged that a matrix meeting would take place within a few weeks after a child was admitted. The purpose of the matrix meeting was to formulate a behaviour support plan.

There were significant event forms in the centre to record details of incidents would allow for a comprehensive overview of all significant events. The social care manager advised that he would have responsibility to review all significant events and also described that significant events would be discussed at monthly team meetings. He advised that copies of significant events would be forwarded to the disability manager, key clinician, DLP and alternative care manager. He also told inspectors that a post incident review would be completed to look at triggers, what worked well and if the behaviour support plans required review. Inspectors reviewed the template to record the details of the post incident review. The monthly management audits required a report on the number of significant events in the service and a breakdown of concerns.

There was an intimate care policy to guide the practice in this area. This outlined the requirement to have specific information and child friendly documentation in the child's personal plan.

There was a restrictive practices policy and log to record the use of any restrictive practices. Inspectors observed the building and noted that there were keypads on some doors and alarms on the bedroom doors. The social care manager told inspectors that both were in place for safety reasons but could be turned on and off as required. The training and development manager told inspectors that the restrictive practices would be risk assessed and reviewed at the rights committee to determine if they are required.

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):

This was the centre's first inspection by the Authority.

Findings:

A system was in place to record incidents and accidents and the social care manager had responsibility to review all significant events. A copy of significant event forms were forwarded to the alternative care manager on a daily basis. There was a log available in the centre to record all notifications made to the chief inspector. The training and development manager and the social care manager were knowledgeable of incidents

which required notification to the Authority.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a comprehensive education policy in place that complied with the relevant legislation. There was also a policy relating to education, training and development.

Children's educational needs would be assessed as part of the assessment process and inspectors were provided with the templates on how this would be recorded. The children's placement plan also included a section on education which would include identified goals. Inspectors were advised that keyworkers would work with the children on identified goals from the child's placement plans and the outcomes of the goals would be measured. Inspectors were advised that goals would also be monitored through multidisciplinary meetings.

The training and development manager advised that positive relationships would be developed with the children's school through regular communication, attendance at meetings and through the sharing of information, if required, in accordance with the child's needs. There was a template to record contact with educational bodies and schools. Relevant feedback would also be recorded on children's daily logs and in the staff handover book.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a comprehensive assessment template which required information relating to the health needs of the children. Children's health needs and strengths were assessed as part of the pre admission assessment process. Examples of information gathered during this assessment included information relating to, the child's birth, early years, medical, urinary system, epilepsy, digestion, physique, oral hygiene, mental health needs and self care. There was also a young person's personal profile form which specified the child's height, weight, allergies and information relating to healthcare professionals involved in the child's life such as a GP, dentist, disability coordinator and social worker. The personal plan template included information relating to the child's health needs, strengths, and self care. All children would have access to a general practitioner (GP) in the area and children could refer to their own GP if they so wished.

There was a multidisciplinary team available within the organisation. The multidisciplinary team would hold monthly meetings in order to discuss the children's progress and goals. The multidisciplinary team consisted of a speech and language therapist, a psychiatrist, a behavioural therapist, a psychologist and the centre manager.

Children would be involved in choosing and preparation of meals in the centre and there was a policy which referred to a 'cook with your key worker' programme. Inspectors saw a menu planner with pictures of healthy food choices for children. The social care manager advised that a dietician would be sought for children if required. There was adequate space for residents to store food. There was a policy relating to the monitoring of nutritional intake. Recording of nutritional intake would be on daily logs and included for discussion at multidisciplinary meetings.

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):

This was the centre's first inspection by the Authority.

Findings:

There were policies and procedures for the management of medication however they

were not adequately detailed. The training and development manager provided inspectors with a draft policy on medication management which would replace the current policy when it was signed off. Inspectors reviewed the draft policy and found that it did not give sufficient guidance in relation to the ordering, receipt and prescribing of medication. The procedures outlined regarding the administration of medication was not adequate and referred to the need to ensure the medication was administered to the correct person, at the correct time and in the correct dose. However, the steps to ensure this, were not specified clearly.

Inspectors reviewed a medication file which was proposed to record the relevant information when the children were admitted to the centre. This allowed for a comprehensive overview of the child's medical needs and consents regarding medical intervention and administration of medication. There was a medication guide for as required (PRN) medication which gave a comprehensive overview of the medication, how to administer, side effects and expected results. There was also a PRN checklist to record the quantity of the medication, the expiry date and the date administered.

There was appropriate storage space for medication and controlled drugs. However, there was no storage space to store out of date medication. There was a pharmacy returns log.

There were administration and prescription sheets to record the medication required and administered to the child. Inspectors found that the administration sheets contained all of the required information however there was no signature sheet present. The prescription sheets contained most of the required information however inspectors found that there was no space for a photograph or to record the address of the child.

There was a medication audit folder to ensure monitoring of the management of medication in the centre. The social care manager told inspectors that a medication officer would be indentified from the staff team with responsibility to complete audits which would be reviewed by the social care manager as part of his regular audits.

Inspectors viewed a medication error reporting form. This was adequate to outline an overview of the incident however there was no space to record the signature of management or recommendations following the error. The social care manager told inspectors that he would review any errors and ensure there was learning for the team.

Judgment:

Substantially Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a statement of purpose available which had been reviewed in September 2015. The statement of purpose did not contain all of the information required by Schedule 1.

Inspectors were advised that the centre would cater for 4 children. Inspectors reviewed the statement of purpose and found that it outlined that the capacity of the centre was 6 in one section and 4 in another section. The centre aimed to provide full time residential placement that included shared care to children, both male and female, aged between 10 and 18 years with a diagnosis of an intellectual disability. Information contained within statement of purpose regarding the services provided, documented that children within the mild to moderate range could be catered for however the criteria for admissions outlined that children within the mild to severe range could be accommodated.

The statement of purpose did not include sufficient detail or there were inconsistencies in some areas, including: the specific care needs that the designated centre was intended to meet; criteria used for admissions including the number of residents for whom it was intended that accommodation should be provided and the arrangements made for respecting the privacy and dignity of residents. A description of any separate facilities for day care and details regarding emergency admissions was omitted. The statement of purpose described that a resident would remain in the centre after the age of eighteen if they were attending an educational programme and additional information was required to ensure the criteria for this was specific. The description of centre was not accurate.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

There was a clearly defined management structure and systems in place to ensure the service provided was safe, appropriate to the children's needs and effectively monitored.

There was a management structure in place with clear lines of authority and accountability. The social care manager was the person in charge identified to manage the day to day operations of the service. He was appropriately qualified for the role with a relevant qualification in social care. He also had experience working with children with disabilities and complex needs. The social care manager advised inspectors that he had worked within the service for a number of years and had successfully interviewed for the role of the person in charge. The social care manager was currently managing a mainstream residential service and required additional support to ensure he had adequate understanding of his legal responsibilities under the Health Act 2007 and the Care and Support Regulations.

The social care manager would be supported in his duties by an assistant manager. The assistant manager identified for the service was on leave and therefore not interviewed as part of the inspection. She was the identified person to deputise for the social care manager during times of absence. Inspectors were also advised that there was a management panel to provide the required cover, should the assistant manager be unavailable.

The proposed workforce had experience of working in a designated centre for children with a disability. Inspectors were advised that the proposed workforce were previously recruited by the service and would be reallocated to the centre. The training and development manager advised that a phased induction into the centre would be completed with each staff member as they have been previously inducted into the service. The social care manager told inspectors that he valued the supervision process and although the recommended frequency of supervision was every 6 to 8 weeks, he proposed to have regularly monthly supervision sessions with the team for the foreseeable future. The social care manager also advised that he would engage the staff team in regular team meetings. He outlined that significant events, the care of the children and centre policies would be discussed at the meetings.

There were effective management systems in place to ensure the service was safe. The social care manager told inspectors that he intended to monitor the service on a daily basis. He outlined a number of audits that he was required to complete on a daily, weekly and monthly basis with the support of the assistant manager. Inspectors reviewed how the audits would be recorded and there was evidence that comprehensive checks on children's files, medication and significant events would be monitored.

The training and development manager told inspectors that she would be completing rights review audits on a six weekly basis which would look at all significant events, to identify trends or patterns, incident/accident forms, restrictive practice logs and child protection notifications. The findings from these audits would be presented at a rights review committee on a three monthly basis which would be attended by the alternative care manager, the training and development manager, staff and management in the

centre and external professionals. Inspectors were told that a representative from an advocacy group and a youth development programme sit on the committee. The committee would assess themes coming up for the organisation and also provide recommendations for changes to practice.

The training and development manager also advised that the alternative care manager had a scheduled timetable of audits to complete in the centre on a three monthly basis to ensure compliance with the regulations and standards and include recommendations for improvements.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

There were suitable arrangements in place for the management of the centre during times of the absence of the person in charge. The assistant manager was the identified person to deputise for the social care manager during times of absence. Inspectors were also advised that there was a management panel to provide the required cover, should the assistant manager be unavailable.

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):

This was the centre's first inspection by the Authority.

Findings:

The facilities in the centre reflected the statement of purpose. The centre was well-maintained and provided adequate private and communal facilities for the children and staff. There was access for children to toys, play areas and television and the social care manager advised that financial resources were available should additional supports be required. The social care manager showed inspectors a sample budget which he would have to manage when the centre opens. There was a set budget allocated for a number of different expenses both direct and indirect. The social care manager showed inspectors sample forms to detail how the young person's monthly allowance and credit card expenditure would be recorded and monitored. He advised that he had to present an overview of spending to head office on a monthly basis and the budget would be reviewed on a quarterly basis.

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):

This was the centre's first inspection by the Authority.

Findings:

The centre had identified five staff, including the centre manager, to work in the centre and additional staff would be identified from other centres from within the organisation. The statement of purpose stated that the staffing levels would reflect dependency levels of the children to ensure a staff ratio of 1:1 – 1:1.5. The training and development manager advised that the remainder of the staff would be sourced through the service and all members of the team would have had the organisational induction. Inspectors were advised that the expected staffing compliment included twelve full time staff. The training and development manager stated that the expected staff to children ratio was 1:1 however the dependency of children would be determined through the assessment process and this would inform the staffing levels required. Inspectors viewed a sample rota for the centre which included a shift leader. The centre expected that there would be two staff on night duty on a sleep over shift. The rota would be adapted to meet the needs of the children and the organisations human resources department were available to the centre manager to discuss staffing requirements. There was an on call system to provide support outside of core working hours. The organisation had their own relief

panel however the social care manager told inspectors that a core relief team would be available to the centre.

There was a system in place to ensure the team were supervised appropriately for their role. The recommended frequency of supervision was between 6 and 8 weeks. The social care manager told inspectors that he expected to provide supervision on a more frequent basis while the centre is in the initial stages of setting up. The supervision template included space to record discussions that took place regarding achievements, problems, actions from the last meeting and further actions.

Four staff files were reviewed by inspectors and they contained most of the information required under schedule 2 of the regulations. There were some gaps in one staff member's employment history and some references had not been verified. Garda Vetting was in place for all of the staff members whose files were reviewed. All the staff members whose files were reviewed had a qualification in social care. The social care manager completed a leadership management development programme in 2013.

There was a policy on recruitment which detailed that Garda vetting, three references, a six month probation period were required for each position. It also detailed that selection criteria which included for example skills, experience and qualifications. The recruitment of staff was managed centrally by the human resources department of the organisation.

Inspectors reviewed the training records for the team that had been identified to work in the centre. All identified staff had training in Children First (2011), medication management, fire safety, and behaviour management. Four staff members had completed training in a communication method and one staff member required training in manual handling.

No volunteers were to be used by the centre.

Judgment:

Substantially 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):

This was the centre's first inspection by the Authority.

Findings:

There were systems in place to ensure records were completed, well maintained and up to date. There were a number of suitable tools devised for the centre manager to use to ensure specific records were monitored such as personal plans, significant event logs and health and safety records. There was a suite of policies and procedures to guide the practice within the centre and all of the policies as required by Schedule 5 of the regulations were in place and had been reviewed within the required timeframe.

There was a register in place to document information required regarding Schedule 3 of the regulations. The centre had systems in place to ensure that records relating to schedule 4 were in place however as there were no children in the centre, at the time of inspection, the templates had not been used. Inspectors viewed logs to record incidents that required a notification to the Authority, a register of residents, a sample roster and a record of the fire fighting equipment. The centre was adequately insured.

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
Centre ID:	OSV-0005280
Date of Inspection:	17 September 2015
Date of response:	26 November 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 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

The visitors policy restricted visits to the centre during specific times.

1. Action Required:

Under Regulation 11 (2) (d) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless a Court order has required the restriction of visits.

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

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

The visitors policy will be amended and reviewed by the policy review committee to ensure there are no restrictions placed on visits to the centre during specific times.

Proposed Timescale: 12/12/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

The personal plan template did not include a section to allow for an overview of the child's communication needs.

2. Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

The PIC will amend the personal plan to include a section on the specific communication needs of the child

Proposed Timescale: 20/11/2015

Theme: Effective Services

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

The policy on temporary absences did not refer to a plan to provide all relevant information about a child during a temporary absence.

3. Action Required:

Under Regulation 25 (1) you are required to: Provide all relevant information about each resident who is temporarily absent from the designated centre to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other place.

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

The policy on temporary absences will be reviewed and amended by the policy review committee to include the planning of transferring all relevant information about a child during temporary absences.

Proposed Timescale: 12/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The temperature of the water was found to be very hot (47 - 65 Degrees Celsius) and posed a risk of burning/scalding children and staff in the centre.

4. Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

The PIC called the plumber on the date of the inspection and the unit mixer was repaired; with the temperature now meeting the recommended degree's. Temperature checks of the water will take place daily as part of the centre's health and safety checks.

Proposed Timescale: 17/09/2015

Theme: Effective Services

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

Not all entrances to the building were wheelchair accessible.

5. Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The Operations Manager has scheduled for a second ramp to be constructed to the house to ensure there are now two entrances to the house that are wheelchair accessible.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

There were low beams in two en suite bathrooms which could pose a risk of injury.

6. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The operations manager is arranging for the current staff office down stairs to be made into a staff bedroom, with the office moving upstairs to bedroom 4. The current staff bedroom down stairs will hence be made a second residents bedroom. This will ensure that there are two residents' bedrooms downstairs with en-suites and one staff bedroom downstairs located in place of the office.

There will be two residents' bedrooms upstairs and the two other bedrooms upstairs where there are low beams in the en-suite bathrooms will now be a staff office and a staff bedroom.

Proposed Timescale: 28/01/2015

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 identify another location or outline a specific plan for the evacuation of the building for periods of 24 hours or more.

The on-going review of the risk was not evident and a 'live' risk register was not in place.

The risk assessments did not identify the person responsible, the target date and reflect where risks had increased or been reduced after the controls have been put in place.

7. 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 will be updated by the PIC to outline a specific plan for the evacuation of the building for periods of 24 hours or more.

The centre PIC will ensure that they have one master risk register and one working risk register that identifies changes and responsibilities for risks identified which remains as the live register for the centre.

The Pic will ensure that risk assessments identify the person responsible, the target

date and where risks have increased or been reduced following controls put in place.

Proposed Timescale: 27/11/2015

Theme: Effective Services

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

Infection control procedures were not adequate. There were no bins or sanitising hand gel available in the centre and pictorial signage was not on display.

8. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

There are now bins, sanitising hand gel and pictorial signage on display throughout the centre as appropriate.

Proposed Timescale: 20/09/2015

Theme: Effective Services

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

The fire equipment list included a fire blanket in the kitchen and utility room. There was only a fire blanket in the kitchen.

9. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

There is now a second fire blanket located in the utility room.

Proposed Timescale: 13/11/2015

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:

There was no storage area identified for the storage of out of date medication.

10. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

The medication cabinet will be fully constructed and will include a separate shelf, labelled returns. This is separated from other medical products and remains in the locked cabinet until returned to the pharmacy as part of medication procedures.

Proposed Timescale: 20/11/2015

Theme: Health and Development

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

The policy on the management of medication was not adequate.

The prescription sheets did not contain a space for a photograph or address of the child.

There was no signature sheet to reflect signatures contained on the administration records.

11. Action Required:

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The medication policy will be amended by the policy review committee to reflect the recommendations of this report.

The PIC will ensure a signature sheet is on file to reflect signatures contained on the administration records.

The PIC will ensure that prescription sheets will be amended to include a photograph and address for the child.

Proposed Timescale: 12/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not contain all of the information required by Schedule 1 of the Regulations and there were some inconsistencies in the information provided.

12. Action Required:

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

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

The statement of purpose and function will be amended by the Alternative Care Manager and PIC to reflect the recommendations of this report.

Proposed Timescale: 12/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The centre was managed by a suitably qualified person however there are some gaps in his knowledge of the relevant legislation.

13. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

As part of a mentoring and development piece, the PIC for this centre will be placed in one of Three Steps other designated centres for a set period of time under the supervision of an experienced PIC for that centre. This will delay the opening of the centre inspected in this report in the interim. However this plan is intended to further upskill the PIC and address the areas identified in this report and will prepare them for taking on the full PIC role for this centre once operational

Proposed Timescale: 08/12/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Some information as required by Schedule 2 of the Regulations were not in the staff files reviewed.

14. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

The PIC will review all staff personnel files to ensure they contain the necessary items required as outlined in this report.

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

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

There were some gaps in the training needs of staff identified to work in the service.

15. 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:

The PPIM will receive a refresher in manual handling training on their return from maternity leave.

Proposed Timescale: 28/02/2016