### Centre name:
A designated centre for people with disabilities operated by Stepping Stones Care

### Centre ID:
ORG-0011152

### Centre county:
Dublin 9

### Email address:
Mary@steppingststonescare.ie

### Type of centre:
Health Act 2004 Section 38 Arrangement

### Registered provider:
Stepping Stones Care

### Provider Nominee:
Darren Wright

### Person in charge:
Mary Mooney

### Lead inspector:
Orla Murphy

### Support inspector(s):
None

### Type of inspection:
Announced

### Number of residents on the date of inspection:
1

### Number of vacancies on the date of inspection:
2
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From: 19 March 2014 09:30  
To: 19 March 2014 18:00

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

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Summary of findings from this inspection

The inspection of this three bed residential center was announced and was carried out by one inspector over one day. As part of the inspection, the inspector met with the person in charge, staff members and the child. A range of documentation and policies were reviewed such as the child's care file, administration records, daily observation records, a personal plan, fire safety records, policies and procedures and staff files.

One child was living in the centre at the time of the inspection. The child had complex needs, which included a condition on the autism spectrum, medical needs and significant behavior that challenged the service provided by the team. The child's needs required high staffing levels, which were in place in the service. The child had lived in the center for some months, and attended a school locally.

The center had been in operation for six months prior to the inspection. In day-to-day practices the inspector found that the staff team were caring for the child effectively. Staff held the child in a very positive regard, and had several supports in place to enable the child to live a full and active life as part of the community. Staffs were committed to the child's wellbeing and valued the child's family relationships and ties. Family members were supported to visit the Centre and be involved in activities there. However, there were deficiencies in systems, policies, records and notifications in the Centre and these needed to be addressed considerably to provide appropriate direction, protection and support to staff and children. While the inspector found that behavior that challenged was managed sensitively and consistently by staff, there were insufficient support systems in place such as training
in an agreed model of behavior management or recorded and reviewed plans to support the management of behavior.

Staff recruitment was mostly robust and a range of training was provided to staff. However, there were deficiencies in training and in the supervision of some staff. There was little formal oversight or quality assurance of records and of the service provided.

Recording systems were inadequate and there were deficiencies in areas such as internal fire safety monitoring and recording of significant events. Risks were not formally identified and assessed, and staff were not aware of the need to make formal notifications about specific significant events.
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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Judgement:
Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

Findings:
The assessment of the child's needs was basic and did not adequately address their wishes, preferences and needs, in all aspects of their life. There was some consultation with professionals involved with the child, and with their family, in the assessment process, but this was not adequately reflected in the assessment or personal plan. There was limited structured information in place to inform a personal plan and while there was a plan in place, it did not identify the child's needs and aspirations adequately. The centre provided the child with a wide range of frequent activities that were tailored to meet his or her needs and wishes. However, these were not reflected in the personal plan.

The centre had undertaken an assessment of the child in the child's previous placement which looked at the general needs and routine of the child. There was additional information from when the child was referred to the service in their care file, including an overview of the child's social, emotional, health and behavioural needs but these were not sufficiently detailed to inform the personal plan. This meant that the original assessment did not adequately reflect the child's needs and did not identify the responses required to meet these.

The personal plan was basic and addressed needs such as transitioning into the centre, building family relationships and communication with family and school. Despite the child having complex needs in relation to his or her health, wellbeing, communication, safeguarding and social interactions; these were not addressed in the personal plan. The inspector found that staff were responding to these needs on a day-to-day basis and had supported the child well in many of these areas. It was evident that the child had
progressed and developed from the initial referral in the six months that he or she had lived in the centre. However, this support was not formalised in the plan and the centre could not be assured that a consistent response to needs was clearly outlined to staff. The inspector found there was no record of progress against the aims of the personal plan which meant that the effectiveness of the plan could not be adequately determined when reviewed. The centre completed detailed daily records regarding the wellbeing and events in the child’s life. These records included details of activities, support provided, educational progress, health issues and the wellbeing of the child. The inspector found that these comprehensive records would better reflect the child's progress if their needs had been fully outlined in the personal plan.

As part of the child's transition to this centre from another care setting, a transition plan had been put in place and the admission was planned. The inspector found that staff had visited the child in the child’s previous care setting, and joined in activities with them in an effort to get to know the child. The child had limited verbal communication but did have some sign language and used pictorial communication aids. The child and their family also visited this centre for short periods initially. Following this, the child stayed for longer periods in this centre, having meals and choosing activities to attend with staff. Following this process, the child moved to the centre. The inspector found that staff monitored the child's reactions to their new home through observation of the child and communication with the family and with his or her school placement. The inspector observed and interacted with the child during the inspection, and found that the child was at ease in the centre and assured of their surroundings and the staff supporting them.

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**
Effective Services

**Judgement:**
Non Compliant - Major

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

**Findings:**
The centre had minimal health and safety policies and procedures, and there were no policies or practice regarding risk management in relation to the environment or residents safety. Risks were not routinely identified or assessed and there were deficiencies in training in fire safety and health and safety.

The inspector examined the health and safety statement and procedure in the centre, and found these were not adequate. Statements and policies were undated and there was insufficient guidance and direction contained within them to inform staff about environmental and practice safety issues. Formal risk assessments were not carried out
on the environment or in relation to children's safety. There was no risk register in place in the centre and no formal procedure for identifying, monitoring or escalating risk. While there had been no serious adverse events since the centre had opened there was no procedure in place to respond to these, should they occur. However, the inspector found that the service manager and staff, when interviewed, had implemented daily practices to protect the child resident in the centre, and staff demonstrated an awareness of risk and had preventative practices in place with regard to supervision of the child both inside and outside the centre. These practices were reflected in daily records examined by the inspector. For example, there was a minimum agreed staffing ratio in place for the child and agreed practices were in place to keep the child safe when in proximity of hazards. These practices to mitigate risk, were not recorded or reviewed and therefore the service could not be assured that the practices would be carried out consistently at all times. The inspector identified a range of areas in relation to the child that required much more robust and formalised risk assessment. These included aspects of care practice such as incidents of self injurious behaviour, protocols for absconding, the locking of the front entrance, safeguarding in personal care and managing violent incidents. There was no emergency plan in place in the centre to follow in the event that the building was not usable. Overall, while no significant harm had occurred by the absence of procedures and assessments, there was not a robust system in place to underpin safe staff practice and ensure the safety of children and staff by the routine identification of risk, and actions to address this.

The inspector found no hazards within the centre, but on the exterior of the property, a deterrent wire on the flat roof of the centre could pose a significant risk if the roof was accessed. The inspector found that harmful substances such as detergents and cleaning agents were stored securely and there was adequate hand washing facilities in the centre. The service manager reported that all staff had undertaken first aid and manual handling training and the staff files examined by the inspector showed that this training had been attended.

The centre did not have adequate internal systems to monitor fire safety on a regular basis, which meant the service could not be assured that fire fighting equipment, alarms and exits remained effective. The inspector found that there was a certificate of fire compliance in place in the centre as required by the regulations. Records were maintained of annual tests of equipment, lighting and alarms, which were carried out by an external contractor and these were found to be up to date and satisfactory. Fire evacuation procedures were on display throughout the centre and exits were appropriately signposted. However, there were no regular visual checks or sample tests carried out by staff. Staff were not trained in basic fire safety techniques although this training had been booked for the team on the day following this inspection. There had been no fire evacuation drills undertaken since the centre had opened in 2013 and no risk assessment was in place with regard to evacuating children from the centre. This meant that while annual checks were carried out, the service could not be assured that fire safety was adequately monitored on an ongoing basis and therefore, there may be deficits that would pose a significant risk to children and staff in the event of a fire.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
There were some systems in place in the centre to safeguard children and protect them from the risk of abuse and the centre followed Children First National Guidance for the Protection and Welfare of Children (2011). However, aspects of safeguarding such as mitigating risk and formal safeguarding measures were not robust enough and notifications to the Authority were not made within the required timeframes.

The centre's policy in relation to abuse outlined the types and impact of abuse and the procedure to follow in the event of a disclosure of alleged abuse. The procedures referred staff to Children First (2011) and their obligations under that guidance and a copy of the guidance was held in the centre. The policy did not adequately outline safeguarding procedures to protect children and staff and therefore the service could not be assured that staff were clear about acceptable and unacceptable practices to ensure children's safety.

Documents examined during the inspection, and staff interviews, showed that daily practices were in place to safeguard children, such as the rationale for staffing ratios, monitoring the child resident in the centre and awareness of where children and staff were throughout the day. However, there were insufficient formal systems or guidance in place such as risk assessments for children who displayed behaviour that made them vulnerable, or detailed procedures for the management of behaviour. The lack of formal systems and procedures left the service and children potentially vulnerable to inconsistent practices that could result in children being unsafe.

Staff and the service manager were aware of what constituted abuse and all demonstrated a keen awareness of the specific vulnerabilities of children with disabilities. Daily records reflected that staff monitored the child living in the centre and used a range of communication techniques to ascertain his or her wellbeing. Additional communication guidance was in the child's care file which described their methods of communication, behaviour and mannerisms. However, this had been drawn up by the child's school and the inspector found that given the child's progress in the centre, it was necessary to develop this guidance to be current and applicable to the residential setting. The child living in the centre had very complex needs and although the provision
of care was challenging, throughout the inspection staff demonstrated warmth and a very high regard for the child. The inspector observed staff and the child interacting positively and it was evident that the child had very positive attachments to them.

There were several barriers to self-protection for the child living in the centre. The child's understanding and ability to communicate if he or she felt unsafe was affected by his or her needs. Staff interviewed demonstrated a good knowledge of the more subtle indicators of the child's wellbeing and care records, observation and guidance showed that the child's communication had improved in the time he or she had lived in the centre. Staff understood when the child was comfortable or in distress, and could describe this to the inspector. The inspector spent time with the child and observed their interaction with staff and surroundings. The child was at ease, displayed confidence and expressed themselves freely during this time and the inspector found this indicated that the child felt safe in the centre.

There was one allegation of abuse in the six months since the centre opened and this was reported promptly to the Health Service Executive (HSE) in line with Children First (2011) guidance. This allegation related to a child and another party outside the centre. An informal safety plan, to protect the child from any further alleged abuse, was established by the staff team as the alleged incident occurred over a holiday period. At the time of the inspection, the service manager was not aware of the progress or outcome of the investigation by the social work department regarding the incident and nor had any member of the team been involved in the strategy meeting held by the social work department. The care file examined by the inspector did not hold any follow up documentation to demonstrate the outcome of the allegation and this meant there was no conclusion to the issue. The centre staff were uninformed and the protective factors in place may have been insufficient.

The policy for the management of behaviour was examined by the inspector and found to be inadequate. The policy was not dated and there was insufficient detail and instruction for staff contained within the policy. For example, the policy outlined that there were rewards for positive behaviour and consequences for unacceptable conduct, but what was positive and unacceptable was not described. Neither were what might constitute a reward or what consequences were unacceptable. This meant that there was a risk that staff would not have a clear understanding of the model of behaviour management, the expectations within that and that children whose behaviour challenged staff would not be supported consistently. The service manager described two types of behaviour management models and that training was being arranged for staff in the month following inspection. However, if two models of behaviour management were going to be used with children, this potentially could result in confused and poor practices.

The child in the centre displayed behaviour that challenged staff on a frequent basis, and the inspector observed some of this behaviour being managed by staff in a positive manner. Staff and the service manager described some of the underlying causes of the child's behaviour to the inspector, and staff demonstrated a good awareness of examples of staff behaviour that triggered behaviour that challenged. The service manager and staff described the model of behaviour management as a positive reward model that did not engage in restraint, physical intervention or restrictive practices. The
inspector found that although staff were managing overall incidents consistently and positively, there were frequent occasions when staff had to physically intervene with the child which contravened the centre's policy. For example, there were times when two staff had to hold a child to keep them safe, and there were instances where staff removed a child to a safer place for the same purpose. While these were described in daily records, none of these were recorded separately as physical interventions. This meant there were no notifications of these to the child’s social worker and no overall record available for senior staff to monitor and evaluate the frequency and types of interventions to ensure they were necessary, safe and that staff were accountable. In addition, staff had not been trained in the use of physical interventions and were therefore unqualified to carry out these interventions. Where staff are not trained to undertake physical interventions, there is a risk that interventions will be uninformed, inconsistent and potentially unsafe.

**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
There were some systems in place to protect children in relation to the management of medication, but these were limited in many respects. There was good oversight and understanding of specific medicines, and where side effects were of concern, this was acted upon promptly.

There was a procedure in place for the prescribing, ordering, administration, storage and disposal of medicines which was examined by the inspector. The policy was basic and did not adequately address accountability of staff, identification of the child, the procedure to return unused or out-of-date medication, guidance on recording and standardised recording mechanisms.

Medication administration sheets for a two-month period were examined by the inspector and related to the child living in the centre. There was no photograph or adequate identification indicators linked to the administration sheets and this was not required by the centre's medication procedures, which meant that when there were new staff or other children in the centre, the risk of medication errors could increase as medication may be inadvertently administered to the wrong child.

The service manager and staff interviewed demonstrated a good understanding of the
medicines prescribed to the child and their side effects and contraindications. The team leader of the service had requested medication reviews with the child’s specialist on three occasions in response to concerns the team had about some prescribed medication and their affects on the child.

There were no identified medication errors in the six months since the centre opened and no out-of-date medicines were held in the centre.

All medication was signed for by two staff and administration times corresponded with prescriptions. All staff had undertaken a safe administration of medicines course and had also undertaken an accredited training course in the administration of medicines in the event of a prolonged seizure. The team leader in the centre stated they evaluated medication administration sheets daily to ensure they were up-to-date but there was no evidence of this evaluation in the records. All medicines in the service on the day of the inspection were stored in a locked cupboard in a locked staff office. The keys were also stored securely.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
There was a statement of purpose and function for the centre which did not contain sufficient information as required by the regulations. The statement did describe the age range and gender of children it catered for and it also broadly described the ethos of the organisation. However, the statement was too broad, and did not adequately describe the facilities, the building, services, or policies and procedures of the centre. It also did not contain staffing arrangements or an organisational structure. It was undated and the inspector found that there were inaccuracies within it. For example, it described the service as catering for four children when, in fact, staff identified that it could only cater for three children. There was insufficient detail regarding the arrangements for resident’s wellbeing and safety as described in the regulations.

The inspector found that staff were aware of the broad purpose of the service and the children it catered for, but the inspector could not be assured that the children, their families, staff and the organisation had a clear understanding of the specific purpose of the centre from the information contained within the statement. Due to the broad
nature of the statement, most aspects were evident in practice but the lack of detail meant there was a significant risk of the service accepting referrals from children whose needs may not be met.

**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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
The centre had a defined management structure in place and there were clear lines of accountability for staff. However, management systems were not adequate as there was insufficient regular or formal monitoring and review of the quality and safety of care, and there was minimal knowledge of the National Standards and regulations. The person in charge of this centre was the services manager and she was responsible for additional established and new services across the country and their ability to be present in this service on an ongoing basis was at risk.

Stepping Stones Care was responsible for the operation of the centre and the director of the service was on leave at the time of the inspection. The service manager was identified as the person in charge of the centre and the inspector met with her as part of the inspection. Social care staff reported to the team leader, and she reported to the service manager who reported directed directly to the director. The inspector found that the manager was suitably qualified and experienced with over 30 years experience in providing residential services to children and adults with disabilities in voluntary and private services. She was knowledgeable about the needs of the child placed in the centre and was observed demonstrating good leadership for staff in promoting the child's wellbeing and safe care. Staff informed the inspector they were clear about their roles and the expectations of good quality of care from the service manager and provider.

The manager was present in the service for two to-three days per week. However, the manager informed inspectors that they were also the person in charge for two other residential services in the city and they were in the process of developing other non-residential services in another area of the country. This meant that there was a risk that
the manager could not be present in the centre to adequately fulfil the requirements of their role and she informed the inspector that she would examine this issue with the director. The manager was supported in the centre by a team leader, who supervised staff and provided oversight of day-to-day practice issues. This team leader deputised for the manager in their absence, and when interviewed demonstrated a good understanding of the child living in the centre and day-to-day practice, but she was not fully aware of her responsibilities under the legislation or of all records and systems required under the regulations. The manager and team leader were responsive to the inspection and committed to addressing the deficits identified as a priority, to ensure compliance with the Standards and legislation. However, all notifications as required by the legislation had not been submitted to the Authority within the required timelines, as previously identified in the report.

There were some processes undertaken by the centre’s team leader and manager to monitor the quality and safety of the care provided. However, these were not formalised and frequently not evident from all records. Some records were signed to indicate they had been examined, but there were no audits or analysis undertaken on a regular basis that demonstrated how the quality of care was examined and how deficits were addressed. Staff meeting minutes and some supervision records described areas managers felt required attention or improvement, but there were other issues such as complaints which had not been identified as an issue. For example, the inspector was advised there had been no concerns in the months prior to inspection. However, there was a complaint identified by the inspector in one daily record. There was no evidence of how this had been responded to or why it had not been recorded as a complaint. The inspector examined a range of records including the child’s care file, daily logs, medication records and staff meeting minutes. It was evident in daily records that the team leader and service manager read these and identified some issues to follow up or address, but other issues, such as the concern, had been overlooked. At the time of the inspection, the service had been open for just over four months. No visit to assess the quality and safety of the service had yet been undertaken by the provider at the time of the inspection. The service manager was not aware of their obligation to notify the Authority under the regulations of allegations and the allegation that had been made had not been notified to the Authority.

There was no formal on call arrangement in place for the centre. The informal arrangement in place was that the team leader was available for staff to contact when not in the centre, and the person in charge was available to the team leader in the same regard. The inspector found this was not a sustainable system for both personnel as it meant they were both available continually and rarely off-duty. This in itself would impact upon their ability to respond effectively and would not provide a rigorous out-of-hours procedure for staff to utilise.

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

**Judgement:**
Non Compliant - Moderate

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

**Findings:**
There were sufficient staff with the appropriate qualifications, skills and backgrounds to meet the needs of the number of children placed in the centre at the time of inspection. Safe recruitment practices were in place and a range of training had been provided to staff and further training was scheduled. Staff supervision had been irregular and needed to be provided on a regular basis to support the delivery of good quality care in the centre.

There were five staff in place at the time of this inspection and a further two staff were due to commence in the week following the inspection. The centre had a roster which was examined and it showed there were a minimum of two staff on duty at all times. The roster recorded staff on duty and any leave or changes to the planned roster. However, the roster did not include the service manager who was in the centre up to three days per week.

There were two staff rostered to sleep in the building overnight and a small consistent number of agency staff were being used to cover staff leave and vacancies. Although staffing levels appeared sufficient in the centre at the time of the inspection, because there was only one child in residence, this was difficult to judge. The manager informed the inspector that staffing levels would be matched to children's needs and additional staff would be provided where required. There was no formal system in place to match children's dependency levels with staffing requirements.

Recruitment practices in the centre were effective and were managed by the service manager with administrative support from the company. The inspector examined three staff files and found that all of the required checks, vetting and documentation were in place. Three verbal and written references were sought for each staff member and those viewed were all satisfactory. Files reviewed held contracts of employment and full employment histories. All staff had a relevant or related qualification in health or social care and copies of their qualifications were on file. Employment histories were also on file and these showed that some staff had less experience than others. The service manager informed the inspector that copies of agency staff vetting and checks were held by the provider, and that these were requested for each agency staff member used. However, these were not held in the centre and could not be examined during this inspection. This meant the service manager could not be assured that the correct checks and vetting were in place and that agency staff had the required skills and competencies to meet the needs of children.
There was a training programme in place for 2014, but this had not been informed by a formal needs analysis of training requirements. The inspector also examined the training schedule for the centre and found that in the six months prior to this inspection, the staff had attended a range of core and relevant training such as induction training, first aid, child protection, manual handing, midazolam administration, epilepsy awareness, safe handling of medicines, infection prevention and control, food safety, fire safety and sign language. Some staff had also attended a briefing on National Standards. Training planned in the schedule included core training for new starters, safe care, and two types of behaviour management training. Training certificates and records were held on all staff files.

All staff underwent induction on taking up their posts and the service manager described the induction programme as covering a range of issues such as organisational values and expectations, child protection awareness, positive behaviour interventions and safe practices. There were records on staff files that indicated staff had successfully completed the organisational induction but there was no record of the content of the programme on file. The service manager said that this information was held off-site with the organisational trainer. Staff informed the inspector that the induction programme was comprehensive and that the training provided was of a good standard. There was no formal induction for agency staff in the centre. The team leader informed the inspector that the agency staff were given an introduction to the child's personal and communication plan and given an opportunity to familiarise themselves with the centres policies and procedures and fire safety procedures, but there was no evidence of induction packs or a procedure for agency staff to be inducted into the centre. There was no evidence that agency staff had been involved in any fire drills in the centre. This meant that agency staff may not be adequately informed when working in the centre and this could impact on the quality of care received by children.

The service manager informed the inspector that they met the provider weekly to discuss all the centres and that the provider held monthly supervision with them which was recorded. She informed the inspector that this supervision was supportive and of a good quality. However, these records were not available to the inspector as they were held by the provider who was on leave and the service manager did not have a copy. The inspector examined supervision records for four staff in the centre who were supervised by the team leader and found that though infrequent, supervision addressed appropriate topics and identified actions. However, these supervision sessions were in need of more structure and follow-up from one supervision to the next. The team leader was not trained to provide supervision but was scheduled to undertake supervision training in the weeks following the inspection. The service manager supervised the team leader and three supervision sessions had been carried out. These were found to be more structured and had rolling items on the agenda. They demonstrated good quality discussions around care practices, procedures and staff management but were in need of greater follow-up as some issues identified in supervision remained not actioned.

Some staff had attended briefings on the National Standards for residential care and there was an awareness of aspects of the standards but this was not sufficient as there were several procedures, records and systems that were not in place in the centre despite being clearly laid out in standards and regulations.
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Orla Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Stepping Stones Care
Centre ID: ORG-0011152
Date of Inspection: 19 March 2014
Date of response: 13 June 2014

Requirements

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

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 assessment of the child placed in the centre was inadequate and therefore could not fully inform what care was required to meet the child's needs.

Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
Manager of the centre met with HSE social worker, school teacher and service users mother on 10th April 2014 for review of goals (another meeting planned, see below)

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Contact made with Social Worker and Psychologist on 29th April 2014 and 2nd of May 2014, meeting took place on 15th May 2014, to review and carry out further assessment of health, personal and social needs of service user.

A Revised Assessment Template (Personal Plan) has been developed by the Centre Manager in order to ensure a more comprehensive assessment of health, personal and social care needs of any future admissions to the Centre.

Assessed needs of each resident will be reviewed each month by the care team at scheduled monthly meetings.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plan did not adequately reflect the needs of the child in a wide range of areas and progress of the plan was not recorded and monitored.

**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 reviewed and revised assessment template prior to admission now ensures a comprehensive overview and assessed needs of each resident in terms of health, personal and social needs. These findings now inform the personal plan of each resident providing a comprehensive plan which highlights all needs of each resident. All personal plans are prepared and completed within 28 days of admission.

Each personal plan will be designed in an accessible format for each resident.

**Proposed Timescale:** 30/04/2014

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The personal plan was not formally reviewed and monitored closely to ensure that the child's needs were being met.

**Action Required:**
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.
Please state the actions you have taken or are planning to take:

Personal plans are now formally reviewed monthly by the centre manager, care team and if required, relevant members of the MDT at scheduled monthly team meetings.

The personal plan of each resident will be formally monitored by the centre manager on a weekly basis. A check list has been devised to monitor the outcomes and objectives.

All personal plans will be reviewed every six months with relevant members of Multi Disciplinary Team, centre manager, care team, key workers of child, and family, in attendance. This review will cover Health and Wellbeing, Family Interaction, Education, Social Wellbeing, Community Interaction, Behavioural Wellbeing (and any other relevant issues that may arise)

Prior to the six month review all members attending review will be alerted via email to complete a “Progress Review” in preparation in order to track and measure progress of child

**Proposed Timescale:** 30/04/2014

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no risk management policy in place to support the identification and assessment of risks.

**Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
Current Safety Statement and Risk Management Policy has been reviewed by Service Provider and independent safety consultants.
Full risk assessment and hazard identification of the centre has been carried out.
Risk management policy has been reviewed and updated to include hazard identification and assessment of risks throughout the centre

**Proposed Timescale:** 31/05/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no record of measures and actions in place to control risks.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
All human, physical, chemical and biological hazards/risks have been identified and control measures have been put in place as part of the review carried out in May 2014. All human, physical, chemical and biological hazards/risks will be monitored by the centre’s Health & Safety Officer and recorded/reviewed on a monthly basis to assess level of risk (or more if necessary). These will be communicated at scheduled monthly staff team meetings.

Staff have been briefed and informed of the updated and revised policy. Risk Control is a ‘rolling agenda’ item on monthly staff meetings.

**Proposed Timescale:** 31/05/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy detailing the measures in place to control the absence of any resident.

**Action Required:**
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

**Please state the actions you have taken or are planning to take:**
Risk management policy has been reviewed and updated, which details the measures which are now in place to control the absence of any resident. An individual risk management policy for each resident will be kept in each service user’s personal plan and reviewed at scheduled monthly team meeting.

Staff have been been briefed in relation to the reviewed and updated policy, and the measures and actions now in place to control an unexplained absence from the centre

**Proposed Timescale:** 31/05/2014

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no policy detailing measures in place to control aggression and violence in the centre.
**Action Required:**
Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

**Please state the actions you have taken or are planning to take:**
The Risk Management policy has been reviewed and updated to include measures and actions now in place to control aggression and violence.

Our team leader is a qualified MAPA instructor (Management of Actual or Potential Aggression) since April 2014. All Staff will receive training in the MAPA on 26th May 2014.

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**Proposed Timescale:** 31/05/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no policy detailing measures in place to control self harm.

**Action Required:**
Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

**Please state the actions you have taken or are planning to take:**
The risk management policy has been reviewed and updated to reflect the measures and actions now in place to control self harm

Staff will continually monitor and review the risks associated with self harm. Any identified risks will be discussed at the scheduled team monthly team meetings.

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**Proposed Timescale:** 31/05/2014  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Risk management systems were inadequate and there was no risk register, procedure or assessments in relation to the ongoing monitoring of safety in the centre. There was no emergency response system in place in the centre.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
Please state the actions you have taken or are planning to take:
Current Risk register is now in place
The designated Health and Safety officer for the centre now reviews and assesses all health and safety aspects of the centre on a monthly basis. Any concerns are brought to the attention of the manager and discussed at the scheduled monthly meetings.

Robust system currently in place for responding to emergencies such as fire, health and safety and environmental. This system will be reviewed every 3 months.

All staff have been briefed on the system now in operation within the centre for the assessment, management and ongoing review of risks, all have signed to indicate their understanding of this document. All staff have received fire safety training

Proposed Timescale: 31/05/2014
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were inadequate procedures in operation which detailed measures in place to control accidental injury to residents, visitors and staff.

Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
Current Risk register now in place

Safety Statement has been reviewed and updated to reflect current safety issues of centre.

An Accident and Incident report form has been developed by the centre which records any accidents or incidents and the relevant outcome recorded. These incident report forms are held with the current Safety Statements. Any actions required are discussed with centre manager and Director of Services, who in turn will direct the Managing Directors on actions to be put in place to alleviate and control any accidental injuries. Completed documentation in turn will be send to HIQA & HSE where applicable. Copies of Accident and Incident reported are kept on file at the centre also.

Risk Management policy reviewed and updated detailing the measures and actions in place to control accidental injury to residents, visitors and staff.

This document has been distributed to, explained and discussed at monthly staff meetings; this is also a ‘rolling Agenda’ item at these meetings. Staff have signed off on this policy and indicated their understanding of the document.
**Proposed Timescale:** 31/05/2014

**Theme:** Effective Services

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

There were no regular internal fire safety checks or monitoring, and fire drills had not been held since the centre opened. Agency staff were not routinely instructed in fire evacuation procedures.

**Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Since the centre opened in November 29th 2013. Fire safety equipment, checks and monitoring have been carried out by an external fire safety company, who have been contracted to carry out quarterly visits to the centre to ensure that all equipment checks and monitoring is being adhered to.

Fire drills, for residents and staff commenced on the 3rd of April 2014, and will be carried out on a monthly basis. We have also carried out a night time fire drill.

All staff have now received fire safety training.

We have appointed a Fire Safety Officer from our staffing team, who monitors all equipment and devices each week. This is monitored on a check list and faults reported.

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**Proposed Timescale:** 31/05/2014

**Theme:** Effective Services

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

Staff had not yet received formal training in fire safety, the use of fire fighting equipment or the evacuation procedure at the time of the inspection.

**Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All Staff have now received fire safety training; this covered the use of fire equipment,
evacuation procedures, first aid, and evacuation of residents. Under our Health & Safety policy Fire Prevention and weekly Fire Officer reports are discussed at our monthly staff meeting. If any incidences occur outside the agreed staff meeting it is brought to Unit Manager.

**Proposed Timescale:** 31/05/2014

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### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

Staff did not have training in a singular model of behaviour management and had not received any instruction in safe and appropriate physical interventions.

**Action Required:**
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

**Please state the actions you have taken or are planning to take:**
Our Team Leader is a qualified MAPA Instructor since April 2014 (Management of Actual or Potential Aggression).

All staff will now receive training in MAPA on 26th May 2014

**Proposed Timescale:** 26/05/2014

**Theme:** Safe Services

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

The physical interventions in use were not informed by a model of behaviour management and were not recorded as interventions.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
Our policy to control aggression and violence has been reviewed and updated. This Policy includes restraint guidelines and best practice guidelines; all staff will adhere to a consistent approach to restraint.

All staff will be trained in MAPA from 26th May 2014.
Incidents pertaining to aggression and violence will be recorded in each service user’s file. Behavioural modifications will be put in place to measure and reduce incidents by care team in consultation with a psychologist.

Management and Staff will continually review the risks associated with aggression and violence. Any concern will be discussed at the scheduled monthly team meetings.

**Proposed Timescale:** 31/05/2014

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre had no information on the progress and outcome of an allegation in relation to a child which was reported to the relevant authorities.

**Action Required:**
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

**Please state the actions you have taken or are planning to take:**
At the time of the allegation the Team Leader contacted the HSE Social Worker in relation to the alleged allegation. The HSE informed the team leader that the file had been sent to the local Garda Child Protection Officer. An internal investigation will be carried out also and relevant information will be sent to HIQA and other relevant parties i.e. MDT & HSE

At the time of inspection we became fully aware of the reporting mechanism required by HIQA. This has now been implemented within our centre and management and staff are now fully informed on the procedures to follow.

The Centre Manager has developed an Abuse Prevention Policy, which is now operational within the centre.

A Designated Child Protection Officer has been appointed within the centre

The full staff team received Children’s 1st Child Protection Training on 8th January 2014

All staff team have been given a copy of “Children’s First National Guidelines for the Protection and welfare of Children”

Management and Staff have been fully briefed and have been informed of the necessary reporting procedures to take in the event of an allegation of abuse.
Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The there was no adequate procedure or arrangements for the management of out of date or returned medication in the centre.

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:
A safe Management of Medication Policy has now been developed and is currently in place within the centre.

A locked, secure medicine cabinet is located in the staff office for the storage and security of resident’s medication.

Medications are order through the Service Users GP and dispensed at a pharmacy. A KARDEX outlines the medication, dosage, and times and how the drug is to be administered. We have a signed check list where two staff are present when administering medication. This chart is dated; the medication is recorded as per the Kardex and signed by both staff members.

PRN/or as required medications are added onto the Kardex and removed by GP signing the Kardex. Extra medication(s) or out of date medication is returned to the pharmacy for disposal.

All staff have been briefed individually, and through staff meetings and when they were trained in the safe administration of medication.
Medication administration tools such as recording sheets needed significant improvement and children's identification information needed to be more robust.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
A robust medication procedure is now in place within the centre.

Service Users Photograph is on their specific medication box for identification purposes.

A secure medicine cabinet is located in the office for the safe and secure storage of all residents medication.

Documentation is in place in the event of a drug error occurring, (1) GP is contacted or Doctor On Call (b) Relevant form completed after medical advice is sought and copies are filed and also sent to relevant medical personnel and HIQA.

**Proposed Timescale:** 31/05/2014

### 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 the required detail in respect of the facilities, services, description of the centre, management and staffing and arrangements for residents wellbeing and safety.

**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:**
We are currently in the process of reviewing our Statement of Purpose as set out in Schedule 1 of the Health Act 2007. Our revised Statement of purpose will be developed by the Centre’s Directors and Management team.

**Proposed Timescale:** 31/07/2014
### 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 person in charge is appointed for more than one designated centre and involved in other services, and as such may not have the capacity to maintain the required presence in the centre to ensure effective governance and oversight.

**Action Required:**
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

**Please state the actions you have taken or are planning to take:**
The Centre Manager currently is in charge of this residential centre only. They ensure the effective governance, operational management and administration of this centre at all times.

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**Proposed Timescale:** 31/03/2014

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was inadequate formal quality assurance systems in place for managers to demonstrate ongoing oversight and monitoring of the quality and safety of care provided in the centre.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
1. Service Manager scheduled 3 days a week in this centre to ensure management systems are operating/monitored effectively.
2. Service Manager to develop formal checklist to ensure systems in centre working/monitored effectively (to include communication and sharing of information between Service Manager, Team Leader and Staff Team)
3. Service Manager and Team Leader to develop Centre Information Booklet for staff team
4. Unannounced visits from service provider.

**Proposed Timescale:**
1. May 6th 2014
2. June 6th 2014
3. July 1st 2014
4. First one to commence in May 2014 and ongoing and active thereafter

**Proposed Timescale:** 06/06/2014

<table>
<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The vetting and checks for agency staff were not held by the service manager and she could not assure herself that all documentation was in place for these staff.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>It is our policy not to use agency staff, however on occasions where we do, the recruitment firm which we use holds full staff files, work references and garda vetting for all employees within their organisation. These staff files are made available to inspectors on request. Manager can access agency staffing files in Dublin Office to clarify and verify Qualifications/Garda /References etc if agency staff are ever used in the future.</td>
</tr>
<tr>
<td><strong>Proposed Timescale:</strong> 31/05/2014</td>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>The quality and frequency of formal supervision required improvement. Staff involved in providing supervision required appropriate training to undertake this role.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<td>Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>All staff will now be supervised every 6-8 weeks by the Centre Manager</td>
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<tr>
<td><strong>Proposed Timescale:</strong> 30/06/2014</td>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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</tbody>
</table>
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not fully aware of all of the requirements for the centre under the standards and regulations.

**Action Required:**
Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

**Please state the actions you have taken or are planning to take:**
All Staff have received an electronic copy of the standards and regulations. HIQA Standards and Regulations are a ‘rolling agenda’ item on all staff monthly meetings.
Formal training in relation the National standards and the outcomes of the recent inspection have taken place. Staff have been designated roles for the upkeep and actions required through Health & Safety, Child Protection. A formal record has been devised for unannounced visits from Service Directors which highlight all aspects of programme. The centre manager also used this weekly to monitor:
- Programme
- Person Centred Plans
- Health & Safety
- Peoples responsibilities to same
- Medication standards
- Service Users Files.

Proposed Timescale:
1. March 2014 and monthly thereafter
2. April 2014

**Proposed Timescale:** 30/04/2014