

**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 GALRO
Centre ID:	OSV-0003255
Centre county:	Laois
Email address:	info@galroireland.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	GALRO
Provider Nominee:	Joe Sheahan
Lead inspector:	Eva Boyle
Support inspector(s):	Orla Murphy
Type of inspection	Unannounced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 July 2014 11:00 To: 08 July 2014 18:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

The first inspection of this children's residential centre was unannounced and was carried out by two inspectors over one day. As part of the inspection, inspectors met with the area manager, two staff members, reviewed policies and procedures, as well as personal plans, behavioural support plans, fire records and staff files. The team leader of the centre who was nominated by the organisation as person in charge was on leave on the day of the inspection, and a telephone interview was conducted with her on her return from leave. The area manager outlined to inspectors that they were in the process of reviewing policies and procedures within the centre. Staff told inspectors that they had good support from the team leader.

The centre was located in a town in Co. Laois. The centre was a detached bungalow with a separate self contained building in the back garden that was in the process of being converted to a multi sensory room. Respite care was offered to children who had a diagnosis of autism, an intellectual disability and who presented with challenging behaviour. The centre also considered referrals for children who presented with a reactive attachment disorder. The centre provided respite services to a maximum of five children at any one time. Thirty eight children attended the centre for respite services. There were no children in the centre on the day of the inspection.

While person centred plans were in place inspectors found that these had not been informed by appropriate multi-disciplinary input which would inform the staff's assessment of the child. Inspectors also found that plans had not been formally

reviewed in line with the regulations. Parents had been consulted in relation to the personal plans but it was not evident that children had been included. The centre had behaviour management plans in place for children but these did not adequately describe the behaviour management strategies that were being implemented within the centre. This meant that staff may not consistently apply the same approach when dealing with behaviour that challenged. Restrictive practices were used within the centre but there was no evidence that alternative measures had been considered before a restrictive procedure was used.

There was an up to date health and safety statement in the centre. However, the risk management policy was not in compliance with regulation 26. A risk assessment had been completed on the centre which identified hazards and risks to children and staff. Inspectors found that all windows and doors were locked when children were in the centre to mitigate some of these risks. However, staff did not view this as a restrictive practice or see that it impacted on the rights of children attending the service.

The medication policy and practice was not in line with good practice. Inspectors found that medication was stored in a press that was locked with a lock resembling a bicycle lock in a locked utility room that was also used for the storage of cleaning products.

There were defined management structures in place but it was unclear how staff and managers were held to account. There was no formal supervision in place for staff or managers and inspectors found that when staff did not follow the organisation's policies this was not identified by the management team and therefore steps were not taken to address this deficit.

There was little documented evidence of formal management oversight within the centre. Staff outlined to inspectors that they felt well supported by the management team. The team leader was the nominated person in charge, and was responsible for more than this centre. However, the area manager told inspectors that she would have responsibility for this centre solely from mid August 2014. The team leader had used a questionnaire to get feedback from parents on their satisfaction with the service, and the feedback was positive.

Recruitment practices were generally good and staff files were generally compliant with the regulations. Staff had not received all mandatory training.

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

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

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

Findings:

Children's needs were not clearly assessed and documented within the person centred plans. There was limited child or multi-disciplinary involvement in the formulation of person-centred plans. However, parents had been consulted in the formulation of person-centred plans. Key goals were not identified for children who attended respite in the centre. Children who were approaching adulthood did not have identified plans in place to transition to adult services.

Children's individual needs and choices were not comprehensively assessed by the staff team. Inspectors reviewed a sample of children's files and found some needs had been identified but this was not a comprehensive assessment of all their needs and there was limited multi-disciplinary input. Parents had been consulted but children's views were not apparent. While inspectors found in some personal plans, it referenced that a child had an assessment such as psychological assessment, however copies of the assessment were not on file, nor were recommendations from the assessment incorporated into the personal plan.

Personal plans were varied. Inspectors sampled personal plans and found that some were adequate while others were sketchy and lacked sufficient detail to guide staff in the care to be provided. The plans reviewed by inspectors did not outline the services and supports or goals for children in the following areas, health, education, social services, development where appropriate of personal supports, transport services and assistive devices and technologies. Interventions required to meet all of a child's needs were not always clearly documented. For example, in one personal plan under communication, it was outlined that a child used two communication tools. However, it was not clear the extent or when the tools should be used. A further example was recorded in a child's day programme, which outlined 'outside of school - needs to be amused all day', but it was not clear in the personal plan how the child's interests would

be used to keep them occupied. Key goals were not outlined in any of the personal plans reviewed by inspectors therefore it was difficult to ascertain how the staff measured the children's progress.

There was no formal process in place for the review of personal plans. Personal plans were drawn up by the area manager and team leader prior to the child's attendance for their initial respite. Inspectors reviewed one plan dated July 2012 but it was unclear whether the plan had been reviewed and updated. In another plan which was undated, there were hand written notes at the back of the plan with further information on personal care supports. However, it was unclear how this added to the care arrangements for that child.

There was limited evidence of children being transitioned to other services. All staff who were interviewed by inspectors identified one child, who was aged 17 years who was transitioned successfully from the centre to an alternative service. The team leader outlined that some children attended the service regularly while others may only attend twice per year and therefore it was difficult to engage in a transitioning process.

The development and promotion of children's life skills were not recorded in all personal plans. Inspectors found in one personal plan that 'independent living skills teaching not part of daily programme'. However, it was not clearly recorded why this was the case. The team leader described some children being involved in chores such as setting the table, filling the dishwasher but she conceded that these tasks were not always reflected in personal plans.

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:

The centre had some systems in place to promote the health and safety of children and staff. There was a health and safety statement in place and some precautions to monitor fire safety. However, children had not participated in fire drills. The risk management policy was not compliant with the regulations. All windows and doors within the centre were locked at all times, and inspectors queried whether there were other less restrictive measures that could be put in place, while maintaining children's safety. The centre had good processes in place in regard to hygiene and infection control.

There were some systems in place to manage health and safety and risk. The centre had an up to date health and safety statement dated May 2014. There was a named health and safety officer. The majority of staff had up to date manual handling. The centre had a risk management policy but it was not fully compliant with regulation 26. For example, the policy did not outline the measures and actions in place to control the unexpected absence of any resident, accidental injury to residents, visitors or staff, aggression and violence and self-harm. The staff and management had completed a risk assessment of the centre and identified some hazards and mitigating controls. The risk assessment outlined that all windows and doors in the centre were locked at all times, as children may 'escape'. Staff reported that they held the keys on their person at all times to facilitate a quick exit. Inspectors discussed this practice with the area manager, and he/she outlined that the organisation had found that window restrictors had not been sufficiently robust in other houses with a similar client group.

Inspectors found that the quality of individual risk assessments varied. Staff had completed risk assessments for individual children which identified specific risks for them. Inspectors found that some of these risk assessments were comprehensive, identified the risk, and the control measures. Others did not sufficiently describe the prescribed interventions to use. Inspectors did not find that all identified risks were included in each child's individual risk assessment, for example, absconsion.

There was good hygiene and infection control practices in place. The centre had a policy in relation to hygiene and infection control but it was undated and unapproved. The policy referred to hand washing procedures and the use of personal protective equipment (PPE) such as gloves and aprons. Inspectors found that there was good child and adult visual guidance on display at wash hand basins. Hand gel was also available throughout the centre at appropriate points. The centre had a weekly cleaning schedule, which outlined key tasks that staff completed, and cleaning was overseen by the team leader who signed off the sheets on a weekly basis.

There were some fire precautions in place. The centre was fitted with a fire and smoke alarm, fire extinguishers and fire blankets. The equipment had been serviced. However, inspectors did not see evidence of daily, weekly and monthly fire checks. Fire evacuation procedures were displayed prominently in the centre. There were two designated assembly points.

Two fire drills were documented, April and June 2014 but children had not participated in either of these which meant that children may not be aware of what to do in the event of the fire alarm sounding. The area manager outlined that given the needs of the children in the centre, they were planning structured drills in order that children experienced fire drills but no dates had been confirmed. Not all staff had up to date fire safety training. As has been referenced above, all windows within the centre were locked at all times. The organisation had a certificate of compliance with fire safety and building control statutory requirements dated 2012.

The centre had an evacuation procedure in the event of fire, flooding, gas leak or electricity disruption. However, a place of safety in the event that children could not return to the centre had not been identified while they awaited parent's arrival to collect

the children.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

There were some systems in place to safeguard children and protect them from the risk of abuse. There was a child protection policy in place but was not fully compliant with Children First: National Guidance for the Protection and Welfare of Children (2011). Staff had a good awareness around the signs of abuse, but not all staff knew the procedures to follow should they have a concern regarding a child's welfare. There was a policy in place on behaviour management which emphasised a focus on positive behaviour; however this policy did not sufficiently guide staff to deal with the profile of children that attended the centre. Staff had received training on a behaviour management technique. However, behaviour management plans were not adequate as they were not all completed to a level that would ensure consistent implementation by staff. Restrictive practices were utilised by the staff team but inspectors found that the management team had not identified all restrictive practices that were in place as such.

There were some safeguarding and child protection systems in place for the staff team. However, a number of relevant policies did not reflect up to date good practice and records were not all up-to-date. The policy in relation to the protection and safeguarding of children dated October 2013 referenced the 1999 Children's First guidelines rather than the current Children First (2011) The anti bullying policy did not sufficiently guide staff to manage the profile of all children attending the service as it focussed on the verbal child. Staff in the centre were aware of the signs of abuse. However, when questioned re particular scenarios staff deviated from the policy of speaking directly to their line manager or the designated liaison person. Not all staff had received training in child protection. The designated liaison person identified that she/he had had one child protection concern that she/he had liaised with the Child and Family Agency re the content. She/he recounted that a standard report form was not required. However, there was no documentary evidence to support this on the child's file.

Behavioural plans were in place for each child but the quality of the plan was not always sufficient to ensure staff implemented the plan consistently or implemented the up-to-date plan. The centre had a behaviour management policy 'Policy on Care and Control' dated April 2013. This policy outlined that staff should re-enforce positive behaviours and that sanctions should not be used where a client's age and comprehension were such that they did not understand. Inspectors were not assured that the policy appropriately guided staff for the client group that attended this service. Staff had received training in a model of behaviour management.

The area manager and team leader outlined that they consulted with and were guided by parents in relation to the behaviour management of children and there was limited evidence of where the teams professional view guided practice. In a sample of behaviour management plans that were reviewed by inspectors, inspectors found that behaviours of concern were identified by staff and the actions to manage the behaviour were outlined. However, inspectors found that it was not always recorded how long children should spend in time out as part of their behaviour management plans or indeed how long a child actually spent in time out. Staff described to inspectors the successful implementation of a behaviour modification programme with individual children, and agreed with inspectors that these programmes were not always reflected in children's behaviour management plans.

Not all restrictive practices utilised by the team were identified as a restrictive practice. Inspectors did not find a specific policy on restrictive practice. Some restrictive practices were used, such as a harness to restrict movement in the car and doors and windows of the centre were locked at all times. Risk assessments were not in place in relation to all restrictive practices that were used by staff. Physical interventions with children were not documented as a control measure. The area manager outlined that they adopted a restraint free environment. However, inspectors found that the use of bean bags were recorded as a method of intervention that staff used to block children who were physically hitting out. In addition there was no documentation to support that staff had considered the least restrictive practice.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Medication practices required improvement. The centre had a centre specific medication policy. While there was no medication in the centre on the day of the inspection, administration and storage of medication was not in line with good practice.

On the day of inspection inspectors were not provided with a copy of the medication policy. Subsequent to the inspection, the policy was forwarded to the inspectors. Inspectors found that the site specific policy on the management and safe administration of medication did not provide sufficient guidance to staff on prescribing, receiving, administering, storage and disposal of medication. In addition, inspectors were also forwarded a copy of the centre specific controlled drugs policy dated 09 July 2014.

Medication prescription sheets and administration sheets required improvement. Inspectors sampled prescription and administration sheets and found that prescription sheets had no address or photo contained on them and the method of administration and a commentary box were not in place on the administration sheet.

Inspectors did not find any records where medication was signed in and counted when the child came into the centre or when they returned home. However, staff told inspectors that they received medication in it's original container and routinely checked and counted the medication that came into the centre. Inspectors were shown a white board in the utility room, where staff said that recorded the child's name, their medication, dosage and time of administration, and checked this against the medication prescription sheet.

The storage of medication within the centre was not robust. Medication was stored in a press in a locked utility room. Inspectors observed that the medication press was locked with a lock that resembled a bicycle lock that went around the handles of the press. There was no medication contained within the press on the day of inspection. A medication specific fridge was also available. Cleaning products were also stored within this locked room. Inspectors found that there were no specific arrangements in place for the storage of controlled drugs nor was there a register of controlled drugs in place. Staff and management on the day of inspection did not appear to be familiar with procedures and legislation around controlled drugs. The area manager forwarded inspectors a policy on controlled drugs on the day following the inspection. In regard to safe disposal, the centre policy outlined that unused medication was returned to the child's parent.

Staff were all trained in safe medication administration. One staff member had received training in epilepsy awareness and two other staff had been trained in the administration of human growth injections. Staff told inspectors that at all times two members of staff administered medication to children.

There were no recorded medication errors. The centre's policy referred to the reporting of medication errors, and the process of attending the child's GP or accident and emergency if required. However, the internal procedures for reporting medication errors and the process for reviewing medication errors were not sufficiently outlined within the centre's policy.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The centre had a written statement of purpose and function that did not meet the requirements under the regulations.

Inspectors reviewed the centre's statement of purpose and function. It contained some of the requirements under the regulations such as a description of the profile of children to whom it could provide services to, including children with an intellectual disability, autism, challenging behaviours and reactive attachment disorder, the aims and objectives of the service and the ethos of the centre. However, it did not include the age range of children, care planning process, the facilities that were provided to meet the care and support needs of children, the criteria for emergency admission to the centre. In addition a description of the layout of the centre, the primary function or size of rooms was not included, nor was the number of staff employed in the centre and the organisational structure of the designated centre. No details of the specific therapeutic techniques used in the designated centre were included. Arrangements for residents to engage in social activities or religious services were not sufficiently outlined. Arrangements for dealing with complaints, fire precautions and emergency procedures were also not described. It was unclear whether children and their families had received copies of the statement of purpose.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

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 defined management structures in place but it was unclear how staff and managers were held to account. There was limited managerial oversight of care practices, the quality of care and outcomes for children at the end of their stay. There was minimal formal quality assurance mechanisms in place.

There was a clearly defined management structure which identified the lines of authority. The team leader of the centre was nominated by the organisation as the person in charge, and she reported to the area manager who reported directly to the director of the service (provider nominee). All care staff reported to the team leader and were clear about the reporting relationships. An on call system was available for staff for out of hours cover. The team leader told inspectors that she frequently called into the centre during weekend periods when she was not on duty, as a means of monitoring the provision of care to the children. The area manager deputised for the team leader when the team leader was on leave. The team leader and area manager outlined that they met regularly. However, minutes of these meetings were not available for review by inspectors. Inspectors did not find supporting evidence of how either the team leader or the area manager were held to account for decision-making or responsibility for delivery of services to residents. Staff told inspectors that they felt well supported by the management team and that they received regular informal support but inspectors found that when staff did not follow the organisation's policies this was not identified by the management team and therefore steps were not taken to address this deficit.

The team leader held the position of person in charge of both this centre and another at the time of the inspection and she had some knowledge of the regulations. She held a qualification in childcare and was in the process of completing a degree in social care (disability). Inspectors found that the person in charge had not completed all relevant notifications to the Authority, but notifications of restrictive practices were subsequently submitted to the Authority.

There were limited formal management systems in place to monitor the overall quality of care provided to children. There was no system of regular audits in place for issues such as the quality of the children's personal plans, medication management or use of restrictive practices. There were no formal systems in place to monitor the centre's ongoing performance against standards or regulations. The team leader had sent satisfaction questionnaires to parents to ascertain their views on the service provided to their child, and feedback was positive in regard to the service provided to children. An analysis of the responses was under consideration.

However, overall it was unclear as to how the management team monitored or

measured the quality of care that they provided to children. Inspectors did not find any evidence of the provider having undertaken an unannounced visit to the centre or the completion of a written report on the safety and quality of care and support provided in the centre over the previous six months. Inspectors found that there were some inconsistencies in the management oversight of incident report forms. Some had been reviewed and others had not. Inspectors found in the incident forms that were reviewed that the outcome of the review was not always comprehensive and there was no evidence of trends being identified. Inspectors reviewed an internal review that had been undertaken in response to an incident involving a child in the centre. While actions were identified and implemented subject to the findings of the review inspectors found that the management team had not identified that the appropriate policies had not been followed.

There were informal arrangements in place to support, develop and performance manage the staff team. The team leader told inspectors that if she was concerned about a performance issue she would meet the staff member and consult with the area manager. However there was no framework in place to support this process and manage performance. The centre had no protected disclosures policy in place to facilitate staff to raise concerns about the quality and safety of the care and support provided to children.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

In general, there was evidence of safe staff recruitment practices. Staff working in the centre were appropriately qualified. The centre had a robust recruitment policy and staff files were generally compliant with schedule 2 of the regulations. However, staff were not receiving formal supervision and not all staff were up to date with mandatory training such as child protection, manual handling, fire training and first aid.

Inspectors found that all staff working in the centre had appropriate qualifications and had worked within the organisation for a number of years. Inspectors reviewed the

rosters and found that there were two core staff members who were rostered to the service when operational and five other staff members were rostered as required depending on the numbers of children and their relevant dependency receiving the respite service. There was a planned and actual rota made available to the inspectors. One member of staff was the shift leader and this was reflected in the staff rota. There was a waking staff on duty while children resided in the centre and another member of staff slept in the centre and was available to the waking staff member, if required. A night steward for the organisation was also on-call for the centre should they be required to support the team.

The organisation had a recruitment policy. Five staff files were reviewed by inspectors. Staff files were generally compliant with schedule 2 of the regulations. In one staff file, there was not a reference from the employee's last employer. Inspectors found that not all staff references were verified. An induction process was in place in the centre for new staff, which included staff being inducted in policies and procedures. A staff code of conduct was also in place for staff.

Staff were not receiving formal supervision. There was no supervision policy in place in the centre. Staff spoke of being able, informally, to seek guidance from their team leader, as they required it. The absence of formal supervision meant that staff did not have formal confidential support by the manager or an opportunity for the manager to formally identify positive practice or development needs or areas of improvement or concern to staff.

Inspectors found records of two staff meetings which were held in January and February 2014, items on the agenda of the staff meetings included paperwork, training, incident reports reminders, behaviour of an individual child and list of clients who used the service. There was no record of staff being made aware of the regulation and standards. However, staff working in the centre on the day of inspection had some knowledge and copies of the regulations and standards were available within the centre.

No training needs analysis had been completed for the service. Inspectors found that staff had not received all mandatory training. The majority of the staff had received training in the safe administration and management of medication. However, not all staff had been trained in Children First (2011), or had up to date manual handling, first aid or fire training. Individual staff members had received training in a communication method used with children, administration of human growth injections and protection of vulnerable adults.

No volunteers were used within the centre at the time of the inspection.

Judgment:

Non Compliant - Moderate

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:

Eva Boyle
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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 GALRO
Centre ID:	OSV-0003255
Date of Inspection:	08 July 2014
Date of response:	05 September 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.

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Children's needs were not holistically assessed.

Action Required:

Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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:

Prior to first admission PIC will ensure a comprehensive assessment is done with the parents with the participation of the child where practicable. Care plans will be drawn up within 28 days of the initial assessment. We will also request a copy of update reports from other professionals and Multi-Disciplinary Teams (MDT, if any) from the parents to have on the child's file. PIC will set up a meeting with members of the MDT involved, parents and the child (where possible) as to ensure an inclusive input into the care plan and a meeting to review the care plan with MDT, parents and child (where possible) will be held annually or more regularly where required.

Proposed Timescale: 26/08/14 to commence contacting relevant parties re MDT meetings and to have all parties contacted by 30/10/14. 30/09/14 – commence the first of the MDT meetings. 19/12/14 – to have all relevant parties invited and the meetings concluded.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

Specific goals were not identified in personal plans for children.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The reviewed respite care assessment will identify realistic goals specific to each child in conjunction with parents and child. Subsequent to the initial assessment these goals will be reviewed in conjunction with input from the MDT. These goals will then be incorporated into the child's care plan. For all new assessments for future admissions we will have reviewed our assessment template to incorporate a goals setting section.

Proposed Timescale: 1/10/2014 for children booked in. 29/08/2014 for new admissions

Proposed Timescale: 01/10/2014

Theme: Effective Services

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

Formal reviews of personal plans were not taking place.

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 will be reviewed prior to every admission with the client update form. PIC will facilitate an annual meeting with the child, parents and MDT to formally review the personal plans. Where there is a change in circumstances or needs of the child the meeting will be held as required.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

There was limited evidence of multi-disciplinary input in personal plans.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

PIC will organise a meeting to review personal plans this meeting will include the parents, child (where possible) and MDT (if applicable).

Proposed Timescale: 30/10/2014 – to have written to all parties re MDT meetings.

30/09/14 – commence the first of the MDT meetings all to be completed by 19/12/14.

Proposed Timescale: 19/12/2014

Theme: Effective Services

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

Children and young people had minimal input into their personal plans

Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

We will endeavour to include the children in the initial assessment and annual review of their personal plan in so far as is practicable. In circumstances where the child is unable to participate, the review will take place in conjunction with the parents. Staff will draw up an accessible child friendly version of the care plan in picture format in conjunction with the child. This Care plan will be a live document that will be updated as needs and preferences change.

Proposed Timescale: Due to commence with admissions as of 26/08/14 and with all admissions thereafter.

Proposed Timescale: 26/08/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks identified within the centre.

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:

We are reviewing our risk management policy to include the measures and actions in place to control the risks identified in the centre through risk assessments. We have amended environmental risk assessment relating to the use of window restrictors. Risk assessment/management training taking place on 16th September.

Proposed Timescale: Training 16/09/14 : Policy reviewed 31/10/2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The arrangements to deal with adverse incidents were not outlined in the risk management policy.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

We are reviewing our risk management policy to ensure it includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. Staff to be informed at staff meeting 27/08/2014; by staff memo circulated and to be signed by staff; and at staff supervision. There is risk assessment /management training taking place on 16th September.

Proposed Timescale: Training 16/09/14 : Policy reviewed 31/10/2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy did not outline the measures and actions to control the risks identified due to the unexpected 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:

We are reviewing our risk management policy to ensure it includes measures and actions in place to control the risks identified due to the unexpected absence of a resident. We have installed window restrictors, window alarms and an additional security gate. We have updated our absent management plan. Staff to be informed at staff meeting 27/08/2014; by staff memo circulated and to be signed by staff; and at staff supervision. Risk assessment /management training taking place on 16th September.

Proposed Timescale: Window restrictors fitted 26/08/14. Training 16/09/14 31/10/2014 to review risk management policy.

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the accidental injury to residents, visitors or 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:

We are reviewing our risk management policy to ensure it includes the measures and actions in place to control the accidental injury to residents, visitors or staff. Risk assessment /management training taking place on 16th September.

Proposed Timescale: Training 16/09/14 : Policy reviewed 31/10/2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

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:

We are reviewing our risk management policy to ensure it includes the measures and actions in place to control aggression and violence. Risk assessment/management training on 16th September. Challenging behaviour training part 1 & 2 to be completed by 31/10/14.

Proposed Timescale: Risk assessment training 16/09/14. Challenging behaviour training to be completed 3/10/14. Policy reviewed 31/10/2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control the risks of 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:

We are reviewing our risk management policy to ensure it includes measures and actions in place to control the risks of self-harm. Risk assessment/management training on 16th September.

Proposed Timescale: Training 16/09/14 : Policy reviewed 31/10/2014

Proposed Timescale: 31/10/2014

Theme: Effective Services

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

The evacuation plan did not identify a place of safety should the centre need to be evacuated

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

We will revise the emergency evacuation plans to provide a place of safety should the centre be deemed unsafe. Primarily this place of safety will be the family home or an emergency contact given by the parents. In the event that we cannot make contact with the parents /emergency contact the alternative place of safety will be our centre in Maynooth. Staff to be informed at staff meeting 27/08/2014; by staff memo circulated and to be signed by staff; and at staff supervision.

Proposed Timescale: 22/08/2014 to have emergency evacuation plans amended.

Proposed Timescale: 22/08/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictive practices were recorded within the centre.

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:

We will review and revise our restrictive practice policy to ensure that all restrictive practices are reviewed and recorded in accordance with national policy and evidence based practice. From the revision of the policy and the review of the restrictive practices we will convene training for all relevant staff which will cover identity of restrictive practices and the implementation of the least restrictive practice to promote the rights and ensure the safety of residents; and, we will ensure that learning from the review is implemented and included in our policy. Staff will be trained in restrictive practice in accordance with national policy and evidence based practice.

Proposed Timescale: 07/08/2014 - restrictive practices recorded. 26/08/14 window restrictors fitted. 30/09/14 – training in restrictive practice completed. 31/10/2014 – policy and restrictive practices reviewed. 04/09/2014 – Restrictive Practices Notified to HIQA.

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

Inspectors did not find evidence that restrictive practices were reviewed to ensure that the least restrictive practice was used.

Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

Each child's needs with regards to the use of any restrictive practices will be assessed on admission. The assessment will investigate to identify the cause of any challenges for the child and in the first instance try to identify measures in consultation with parents and multi-disciplinary team to alleviate the challenges without implementing restrictive practices. In the event that the assessment will identify certain measures including restrictive practices that need to be put in place, we will ensure that these measures and practices are appropriate and least restrictive, taking account of the rights and safety of each individual child. We will also ensure that specific restrictive practices will be used for the shortest duration possible. Risk assessment/management training and restrictive practice training will be carried out.

Proposed Timescale: 16/09/14 - Risk assessment/management training. 30/09/14 – training in restrictive practice completed. Assessment and consultation to identify cause of challenges and identify measures to alleviate the cause implemented immediately.

Proposed Timescale: 30/09/2014

Theme: Safe Services

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

The centre's policy on child protection did not reference Children First (2011). The centre did not have all correspondence in relation to child welfare issues recorded on centre records.

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:

We have amended the policy on child protection to reference Children First (2011). We will review policy on child protection and ensure that any concerns and correspondence are recorded and information passed onto the necessary people. To be discussed at staff meeting 27/08/2014 and at staff supervision.

Proposed Timescale: 18/07/2014 policy amended. 22/08/2014 policy reviewed. Staff to be informed at staff meeting 27/08/2014.

Proposed Timescale: 27/08/2014

Theme: Safe Services

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

The centre's policy on intimate care guidance was not broad enough as it only outlined specific procedures in relation to children that required assistance with showering/bathing.

Action Required:

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

We will revise our intimate care policy to put safeguarding measures in place to ensure that staff providing intimate care to children who require such assistance do so in line with the child's personal plan and in a manner that respects the child's dignity and bodily integrity. We will assess each child's needs with regard to intimate care at admission and we will only provide intimate care in the event that the child is not capable of self care. The revised procedure in intimate care will be brought to the staff's attention by arranging training in intimate care based on best practice. Staff who have not already received Children First training are scheduled for training.

Proposed Timescale: Policy reviewed 09/07/14. Children First training complete 31/10/14. Intimate Care Training complete 31/10/14.

Proposed Timescale: 31/10/2014

Theme: Safe Services

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

Not all staff had received training in Children First (2011).

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

We have reviewed our training schedule and training is scheduled to commence before 30/09/2014 and it is envisaged that all training will be completed by 31/10/2014.

Proposed Timescale: 31/10/2014

Outcome 12. Medication Management

Theme: Health and Development

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

Medication was administered in a crushed format but this was not identified on the prescription or administration sheets

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:

We will review our medication administration procedure and put in place appropriate and suitable practices relating to the administration of medication, individual to each child. If medication needs to be administered in alternative manner e.g. crushing this will be recorded on the Kardex by G.P.

Proposed Timescale: 07/08/2014

Theme: Health and Development

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

The centre did not have a register for controlled drugs or a locked cabinet for the storage of controlled medication.

Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

We have revised the medication management policy & procedure to ensure suitable practices are in place relating to the ordering, prescribing, storage, disposal and administration of medicines. This policy & procedure includes the storage and disposal of out of date or unused controlled drugs.

We have implemented controlled drugs register and have installed a locked controlled drugs cabinet for the storage of controlled medicine. Management can confirm that this register is in place and also management confirms that the medication policy is revised and reflects the need for a controlled drugs register.

PIC has informed staff of revised systems in place.

Proposed Timescale: 06/09/2014

Theme: Health and Development

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

The centre's policy was not adequate in relation to the receipt, prescribing, storing, disposal and administration of medicines.

Storage of medication was not sufficiently robust.

Administration sheets did not have a comment section.

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:

The centre's policy was reviewed in relation to the receipt, prescribing, storing, disposal and administration of medicines. Storage of medication was amended to make the storage sufficiently robust. The administration sheet (drug recording sheet) now has a comments section instead of a "comment on discrepancies" section. Staff to be informed at staff meeting 27/08/2014; by staff memo circulated and to be signed by staff; and at staff supervision.

Proposed Timescale: 14/07/2014 policy reviewed. 01/08/2014 storage amended. 08/08/2014 administration sheet.

Proposed Timescale: 08/08/2014

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 was not in line with all of the requirements of schedule 1 of the regulations.

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:

This will be amended to comply with the regulations.

Proposed Timescale: Statement and Purpose amended 29/08/2014.

Proposed Timescale: 29/08/2014

Theme: Leadership, Governance and Management

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

It was unclear if children and families had received copies of the statement of purpose.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Copies of the Statement of Purpose will be made available to the children and their families.

Proposed Timescale: 31/10/2014

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:

Inspectors did not find robust management systems in place in the centre.

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:

We have reviewed our management systems and the designated Person in Charge is now designated solely to the centre in order to ensure the effective governance, operational management and administration of the designated centre. We have an effective management system in place. Our objectives with regards to our services are clearly stated in our policies and target issues are addressed. The Person in Charge has a relevant professional background in social care with supervisory management experience. She also receives in-house mandatory training and training in best practice. Arrangements are in place for all Team Leaders to be trained and certified a minimum FETAC Level 6 Supervisory Management in our organisation. The Person in Charge oversees the daily operation of the centre and arranges for an on-call

management back up in the event of her absence. The Person in Charge attends regular management meetings and convenes team meetings with centre staff in the centre to assess progress, highlight concerns, revise and implement new plans. Decisions are made following broader consultation with families, professionals and staff and decisions are communicated at formal scheduled meetings. The minutes of these meetings are recorded and any action plan required will identify the person responsible and the time for completing the action. The staff receive formal supervision every three months and staff appraisal interviews are conducted annually. Evaluations and internal reviews in accordance with statutory requirements have commenced. Proposed Timescale: Management training 17/09/14. Supervision to commence 27/08/2014. FETAC L6 training to commence in January 2015. Internal evaluation / review of management system commenced 09/09/2014.

Proposed Timescale: 31/01/2015

Theme: Leadership, Governance and Management

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

There were no regular audits of the quality and effectiveness of the provision of care.

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:

We will review our management systems to ensure that regular audits are conducted. These audits will be both announced and unannounced. Announced audits will be conducted annually and unannounced audits will be conducted twice yearly at a minimum and more regularly if required. The auditor will complete a report on their findings and present it to the team. In the first instance we will employ an external agency to carry out the initial audit. Thereafter a senior manager within the organisation or their designate will conduct the audits. The audits will examine the 18 outcomes over a full year period. In the event that the audit finds that improvements need to be made this will be conveyed to staff by convening an audit meeting to discuss the outcome of a given audit. Actions required will be documented at this meeting and the persons responsible will be noted and a timeframe proposed for to complete the actions. Audit to be conducted by an external auditor is arranged. An internal audit is also planned.

Proposed Timescale: External Audit: 16/09/2014; Internal audit commenced 09/09/2014.

Proposed Timescale: 16/09/2014

Theme: Leadership, Governance and Management

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

There was no report completed by the management team on the safety and quality of care and support provided in the centre, nor was there a record of unannounced inspections completed by the registered provider.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

We have arranged for a senior manager to carry out an unannounced visit to the designated centre. On completion of the audit he will prepare a written report on the safety and quality of care and support provided. Any concerns from the unannounced visit will be addressed by putting a plan in place to address the issues of concern. Training in auditing is scheduled for 16th September and this will also include conducting an external audit at the centre. This aspect of training will be unannounced and a schedule of announced and unannounced visits will be planned. Proposed Timescale: Training and external audit 16/09/2014; unannounced visit and preparation of report commenced 09/09/2014.

Proposed Timescale: 16/09/2014

Theme: Leadership, Governance and Management

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

There were no formal performance management procedures in place.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Manager will hold staff appraisal to support, develop and performance manage the staff team every six months. Staff will have supervision every three months. There will be an annual audit and unannounced visit by a nominated manager every six months to ensure the quality and safety of services.

Proposed Timescale: Audit: 16/09/14. Supervision: 27/08/2014 Appraisals: 30/09/14

Proposed Timescale: 30/09/2014

Theme: Leadership, Governance and Management

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

There was no protected disclosure policy in place in the centre.

Action Required:

Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

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

We will formulate a protected disclosure policy. Staff to be informed at staff meeting on 24/09/14 by staff memo circulated and to be signed by staff; and at staff supervision.

Proposed Timescale: 05/09/2014. Staff to be informed at staff meeting in 24/09/14.

Proposed Timescale: 24/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

Not all references had been verified. One staff file did not contain a reference from the staff member's last employer.

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:

We will review our staff files staff to ensure that all references are verified and that references from their last employer are on file.

Proposed Timescale: 05/08/2014

Theme: Responsive Workforce

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

Formal supervision was not in place for staff within the centre.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

There will be Supervision training on 17th September to ensure quality of supervision. The Person In Charge will have formal supervision with individual staff every three months as per the supervision policy. Supervision to commence with staff 27/08/14. Proposed Timescale: Training: 17/09/14. Supervision to commence: 27/08/14.

Proposed Timescale: 17/09/2014

Theme: Responsive Workforce

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

Not all staff had up to date training in Children First (2011), fire training, first aid and manual handling.

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:

We have reviewed our training schedule and Children First training is scheduled to commence before 30/09/2014, be completed by 31/10/14. Manual handling and health and safety training to be completed by 30/09/14. Fire training and first aid to be completed by 31/10/14.

Proposed Timescale: Training to commence September 2014 to be completed by 31/10/14.

Proposed Timescale: 31/10/2014