<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Three Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0003714</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 24</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Three Steps</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Eilis Cully</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>01 October 2014 09:30</td>
<td>01 October 2014 18:00</td>
</tr>
<tr>
<td>02 October 2014 10:00</td>
<td>02 October 2014 14:00</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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<tr>
<td>Outcome 02: Communication</td>
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<td>Outcome 03: Family and personal relationships and links with the community</td>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 12: Medication Management</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**

This is a new service provided by the organisation and is also the first adult service to be provided. As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed resident and relative questionnaires submitted to the Authority’s Regulation Directorate prior to and during the inspection.

As part of the registration process, an interview was carried out with the person in charge, her deputy and the person authorised to act on behalf of the provider.
Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was satisfied that residents' social and health needs were met.

The premises were homely and well maintained and seemed sufficient to accommodate four residents. The inspector found that the health and safety of residents and staff were promoted and protected. Fire procedures were robust. However the risk management policy did not meet the requirements of the Regulations. Some improvement was required to medication management practices and policy.

The management of residents' finances was not sufficiently transparent and this was addressed by the person in charge prior to the end of inspection. Policy changes were also required to guide this process.

These are discussed further in the report and included in the Action Plan at the end.
Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged and respected although immediate improvement was required to the management of residents' finances.

The centre managed some residents' monies. Individual locked boxes were provided and a spread sheet of transactions was maintained. However the inspector noted that the records were not detailed enough to ensure that staff could check against the actual balances. This was discussed with the person in charge and was addressed before the end of inspection.

The inspector also noted that the policy on managing personal property was not sufficient to guide this practice. Action relating to this is included under outcome 18.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position and a copy was also available in each resident's welcome pack. The inspector reviewed the complaint's log and noted that they were managed according to the policy.

Residents were consulted with and participated in decisions about their care and about the running of the centre in so far as their conditions allowed. A weekly meeting was held and the inspector saw that there were discussions and agreements reached on items such as the menu for the coming week and planned group activities. Residents and relatives also had access to an advocacy service.
The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

**Judgment:**
Compliant

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**Outcome 02: Communication**
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents’ needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents’ communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful.

Residents also had access to assistive technology and a laptop had recently been purchased for their use. Internet access was available in the centre. Staff spoken with discussed plans in place to further develop this area including exploring the possibility of registering for Skype to provide residents increased opportunities to chat with their relatives or friends.

**Judgment:**
Compliant

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**Outcome 03: Family and personal relationships and links with the community**
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care
Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector spoke to some residents and reviewed the questionnaires submitted by relatives and residents. The inspector was satisfied that families and friends were encouraged to get involved in the lives of the residents.

Residents told the inspector that staff always helped them to maintain contact with their families. They confirmed that they could invite their friends around for a meal or a visit.

Regular frequent contact was maintained between the staff and the relatives and daily updates were provided with the residents’ consent.

Although this service had only recently opened, the inspector was satisfied that staff were assisting residents to become part of the community. Some residents had joined drama and activity groups. One resident was also on work placement in the locality. Other options were being explored including joining local groups for young adults with disabilities. Activities in these groups include bowling and basketball and social outings.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector saw that there was a robust system in place regarding admission to the centre. All requests were submitted to a referral committee and a preadmission assessment was undertaken. There were policies and procedures in place to guide the admissions process.

Written agreements were in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.
Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal plans and found that the residents' care needs were identified and plans were put in place with the residents to address those needs. Daily records were also maintained of how the residents spent their day. A key worker was assigned to each resident and the inspector saw evidence that goals were described and plans put in place to meet those. The personal plans contained important information about the residents’ life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

There was evidence that residents were supported in transition between services. Residents spoken with confirmed that they had received adequate assistance in transferring from children's services to this new adult service. Some of the staff who had previously worked with the residents also transferred to the service to further aid the transition. An information profile and summary was completed on each resident and this document was brought to other services such as hospital appointments if required.

There was an extensive range of activities available to the residents both in the centre, in other services and out in the community. Transport was available within the centre. A daily plan was devised for each resident. Activities included trips to the shops, and cinema. The residents had also recently had a girls' night out to a meal and music and all residents spoken with said they had enjoyed this and would like to go again.
Judgment: Compliant

### Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

**Theme:**
Effective Services

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

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

### Findings:

The inspector found that the centre was fully accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

Each of the four residents had their own bedroom with en suite facilities. Some residents showed their room to the inspector. They told the inspector how they had chosen some of the colour schemes and also picked out the sheets and towels. They had personalised their rooms with posters and family pictures. There was a separate downstairs toilet and wash hand basin. The inspector was satisfied that residents will have access to assistive equipment where required.

The staff office and toilet and shower facilities were located in a small building to the rear of the house. All files etc. were securely stored there. Staff explained that this helped with keeping the house more homely.

An accessible kitchen cum dining room allowed the residents to prepare their own meals or snacks if appropriate. This room also had a small seating area. There was a separate sitting room which was comfortably furnished. The laundry area was located in a shed in the garden and the person in charge outlined plans to improve this area. Residents could attend to their own laundry if they wish.

There was a small garden area to the rear of the building and the person in charge discussed plans to develop this area further. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

Judgment: Compliant
Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the health and safety of residents and staff was promoted and protected although additional work was required to the risk management policy.

The inspector read the risk management policy and saw that it did not meet the requirements of the Regulations. For example it did not include measures and actions in place to control risks such as self harm and abscondion. Risk assessments were completed for each resident which included a risk assessment as appropriate for possible accidental injury, abscondion or self harm and policies were in place to guide the practices. Risk assessments were also completed for each area of the house.

There was a Health and Safety Statement in place. Robust fire precautions were also in place and there was documented evidence that all staff had received training. The fire alarm system was serviced regularly, Fire equipment was only recently commissioned but plans were in place for the regular servicing. Daily inspections were carried out of the escape routes and the fire panel along with weekly checks of the fire doors and equipment. Fire drills were held regularly and staff and residents confirmed that they had been involved. One resident described in detail what she would do if the fire alarm went off in the night time. This included knocking on her friend’s door to make sure she was awake.

Weekly vehicle checks were carried out to ensure the transport was in roadworthy condition.

A continuity plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required. All staff had attended training in the moving and handling.

Judgment:
Non Compliant - Minor
### 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:
The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed by the residents and their key workers.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. There were no recorded incidents of behaviour that challenged. Systems were in place should they be required and these included access to the behaviour therapists, psychologists and psychiatrists. There was a policy in place guiding the management of behaviours that challenge.

A restraint free environment was promoted and the inspector saw no evidence that restrictive practices were used.

### Judgment:
Compliant
**Outcome 09: Notification of Incidents**

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

**Theme:**
Safe Services

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

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

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**
Compliant

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**Outcome 10. General Welfare and Development**

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

**Theme:**
Health and Development

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

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

**Findings:**

The inspector found that the general welfare and development needs of residents were promoted.

The residents had been afforded the opportunity to attend various activities including activities in the service where they previously lived.

Residents were supported by staff to pursue a variety of interests, including music and drama. The inspector also saw that residents did not always wish to attend and their choice was respected. Their participation was discussed at each meeting with their key worker. Care plans and daily records documented the type and range of activities that they were involved in.
Some of the residents continued to attend various courses and one resident told the inspector how much she enjoyed this. The inspector also saw that early efforts were underway sourcing local work placements.

Plans were underway to have a fancy dress party at Halloween and the inspector saw where plans were discussed at the residents' meeting. Residents were working on the list of people they would like to invite.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre's first inspection by the Authority.

**Findings:**
The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes currently used and chatted with various members of staff. She was satisfied that residents will have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents will also have access to those specialists previously mentioned under Outcome 8.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector also saw that residents were supported in preparing and cooking the meals and in the cleaning up afterwards. The inspector discussed with staff the benefits of introducing additional health surveillance including regular weight monitoring. Plans were put in place to introduce this as soon as appropriate equipment was purchased.

**Judgment:**
Compliant
Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The inspector was satisfied that there was evidence of good practices. However further improvement was required regarding the prescribing and administration of medications to be administered as and when required (PRN). The protocol for the administration of medication following epileptic activity also required clarification.

Some residents were prescribed medications on a PRN basis. However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded. In addition, the policy did not provide sufficient detail in this regard.

The inspector saw that there was a protocol in place for the procedure to follow should a resident have sustained epileptic activity. However it was not clear to the inspector from the description how often the specific prescribed medication could be administered. This was discussed with the staff who agreed to seek clarification and have the document amended.

Actions relating to these two issues are included under Outcome 18.

Otherwise the inspector was satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed prescription and administration records and procedures for the storage of medication the inspector was satisfied that appropriate medication management practices were in place.

No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training. Staff spoken with were knowledgeable about the medications in use.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.
Outcome 14: Governance and Management

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

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
This is a new centre but the inspector was satisfied that that the quality of care and experience of the residents will be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

The person authorised to act on behalf of the provider outlined plans to carry out an unannounced visit at least once every six months and prepare a report on the safety and quality of care as required by the Regulations. In addition, she discussed plans to carry out the annual review of the quality and safety of care and support, also required by the Regulations. Documents had already been developed to record these audits. She also discussed plans to carry out resident feedback surveys to explore issues such as residents' satisfaction with their bedrooms, access to their friends etc.

The person in charge had already completed and facilitated some audits. For example the supplying pharmacy had carried out an audit and the results were used to improve practices. This included setting up a resource folder containing relevant medication...
information. The inspector saw that this was in place.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She is also the manager in a second centre. She was knowledgeable about the requirements of the Regulations and Standards. She is supported in her role by a team leader.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was a robust on call rota to ensure back up assistance was available should the centre require it out of office hours.

**Judgment:**
Compliant

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**Outcome 15: Absence of the person in charge**
*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The person in charge is supported in her role by a team leader who also is rostered between the same two centres as the person in charge. The person in charge and the team leader confirmed that they meet each week to plan the forthcoming week and decide who will be in each centre on each day.

The inspector spoke with the team leader during the inspection and found that she was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

**Judgment:**
Compliant
**Outcome 16: Use of Resources**  
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

**Theme:**  
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their day services and to social occasions.

**Judgment:**  
Compliant

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**Outcome 17: Workforce**  
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**  
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**  
This was the centre's first inspection by the Authority.

**Findings:**  
The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and team leader told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief
panel was available from which absences were covered. Active recruitment is underway owing to the continued expansion of the service. If necessary, agency staff are used and appropriate documentation was in place.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations.

The person in charge outlined how she and the team leader held supervision meetings with the staff on a six weekly basis. The inspector read evidence of this in the staff files.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid and medication administration. Staff spoken with confirmed that there was a range of training available to them.

As this was the first adult service being provided by this organisation, additional adult specific training had been provided to staff on issues such as mental illness, mood disorders and quality of life.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that there were systems in place to maintain complete and accurate records. However some improvement was required to some of the Schedule 5 policies.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. However as stated under Outcome 1, the policy on residents'
personal property, personal finances and possessions was not sufficiently robust to safeguard practice. Similarly under Outcome 12 although the required medication policy was in place it did not contain sufficient detail to guide practice.

The inspector read the Residents’ Guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The inspector read the directory of residents and noted that it contained the information required by the Regulations. Insurance cover was in place.

**Judgment:**
Non Compliant - Moderate

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**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:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
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 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 meet the requirements of the Regulations.

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.

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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:
Three Steps Training and Development Manager drafted a risk management policy based on the items required under the regulations. This has been reviewed by Three Steps Policy Review Committee and approved to include in the centres policies and Procedures. The policy is now included in the centres policies and procedures. The centre person in charge has discussed the new policy with the staff team in the centre.

Proposed Timescale: 08/10/2014

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy on residents’ personal property, personal finances and possessions was not sufficiently robust to safeguard practice.

The maximum dose of PRN medication that could safely be administered in a 24 hour period was not consistently recorded. In addition, the policy did not provide sufficient detail in this regard.

The protocol to follow should a resident have sustained epileptic activity required clarification.

Action Required:
Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:
Person in charge for the centre has liaised with Three Steps Consultant Psychiatrist regarding the protocol should a resident have an epileptic fit (Wednesday 8.10.10). This is currently being drafted and will be signed off by the relevant medical professional. Once completed the person in charge will review with the staff team to ensure everyone understands and is confident in the protocol. The protocol will be made easily accessible in the office for all staff.

Three Steps have reviewed their medication policy to include reference to refer to specific protocols regarding PRN medication. The centre medication officer will be responsible for ensuring that for any PRN medication prescribed to a resident in the centre it will be accompanied by a PRN protocol specific to that medication. The protocols will be comprised in consultation with the relevant medical professional. All protocols will be stored in the centres medication folders.
The Centre’s person in charge has developed a new recording procedure for resident’s finances. This includes an individual manual recording system requiring sign offs from staff and residents, the retention of all receipts and balance checks on all monies belonging to residents. Management have introduced a system for auditing this system to further safeguard all residents’ finances. Three Steps Training and Development officer is currently updating the policy based on the introduction of this new system and in line with the requirements set out in the regulations. Once approved by the policy review committee this will be included in the centre’s policies and procedures.

Proposed Timescale: 24/10/2014