### Health Information and Quality Authority

#### Regulation Directorate

**Compliance Monitoring Inspection report**

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Three Steps</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003711</td>
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<tr>
<td>Centre county:</td>
<td>Co. Dublin</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Three Steps</td>
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<tr>
<td>Provider Nominee:</td>
<td>Eilis Cully</td>
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<tr>
<td>Lead inspector:</td>
<td>Bronagh Gibson</td>
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<td>Support inspector(s):</td>
<td>Orla Murphy</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
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<tr>
<td>Number of vacancies on the date of inspection:</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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times
From: 14 April 2015 09:30  
To: 14 April 2015 19:10

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

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Summary of findings from this inspection
This was the second inspection of this centre by the Authority. As part of this monitoring inspection, inspectors met with two children, the acting centre manager and two social care workers. Inspectors observed practice including staff interactions with two children, and reviewed documents including children’s files, centre policies and procedures and administration records.

The centre provided full-time residential care for up to five children, boys and girls. There were five children living in the centre at the time of the inspection. Inspectors found that one child remained inappropriately placed in the centre, but a plan was in place to move them to another placement in the coming months.

Inspectors found that there were improvements to practice since the last inspection that included the removal of CCTV, improved criteria for admission to the centre and the development of a risk management policy. The centre had introduced a process
of assessing the on-going suitability of children's placements in the centre, and the centre was allocated a budget that was managed by the centre manager. However, inspectors found that the location and use of a second staff office was not adequate and there were risks to children as a result of unsafe flooring. Safeguarding children in the centre required improvement as there was no root cause analysis of injuries to children and incidents did not always influence changes to practice. There was under reporting of injuries and absences to the Authority. Despite all efforts, one child remained out of education and the delivery of health care to this child required further improvement. The statement of purpose needed to be amended and a report on the quality and safety of the service was awaited.
### Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 01: Residents Rights, Dignity and Consultation

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

### Theme:

**Individualised Supports and Care**

### Outstanding requirement(s) from previous inspection(s):  
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:

Children’s right to dignity and privacy was further promoted by the centre through the removal of closed circuit television (CCTV), improved access to independent advocates and efforts to increase social integration. Records of complaints were amended to reflect practice.

Inspectors walked around the centre and found that CCTV cameras and equipment had been removed. A review of centre policies showed that the policy on the use of CCTV was no longer in place. The acting assistant manager said that the organisation had reviewed this practice following the last inspection and measured the use of CCTV against children's right to privacy. Parents were consulted on this issue and it resulted in removal of CCTV from the premises. There were letters on children's files informing key stakeholders of the removal of CCTV. The acting assistant manager confirmed to inspectors that all digital recordings were wiped from the system on removal. Inspectors found that this was in accordance with the organisations previous policy on the use of CCTV.

Inspectors found that the centre had made good efforts to ensure each child had an independent advocate. All but one child had an independent advocate and one was being sourced at the time of the inspection. Records showed that independent advocates had visited children in the centre and represented their views and best interests in the courts.

The centre staff had changed their approach to promoting social integration and although this work was on-going, children had benefited from this. Inspectors reviewed centre records and found that there was an increase in social and community based
activities for children. Activity records showed that children participated in sporting activities such as basket ball, and although this was with their peers, it took place in local public amenities. There were visits and activities with children from other centres provided by the organisation and this meant that children had the opportunity to make friends outside of their own living arrangement. The assistant centre manager told inspectors that connections were being made with local community based projects and it was envisaged that some of the children would attend a summer project run locally. For some children, progress was incremental but positive. One child who had anxieties around leaving the centre was successfully encouraged and supported to leave the centre for a walk in the local area and to feel safe enough to avail of centre transport.

Since the last inspection, the centre manager had reviewed records of complaints to reflect practice. The centre recorded complaints in a central log and on complaints forms. These records were reviewed by inspectors and found to be accurate and reflective of the process and outcome following investigation.

**Judgment:**
Compliant

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**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Since the last inspection, the organisation had introduced a revised and changed admissions process. Inspectors found on review, that this process included a risk impact assessment of the child being referred for a service, so that their suitability could be ascertained by centre managers. However, inspectors found that the risk impact assessment had not been applied to current children to ensure they continued to meet the criteria of admission to the centre. Inspectors found that one child remained inappropriately placed in the centre. There were plans to move this child to a new placement but this had yet to happen.

There were no admissions to the centre since the admissions policy and procedure were changed and no new referrals were in process. As such, inspectors could not assess the effectiveness of the revised process in relation to suitability of admissions. This will be subject to on-going monitoring by the Authority.

Inspectors reviewed children's files and found that there was no care agreement on file
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was an improved process in place to ensure unplanned placements were adequately assessed.

Since the last inspection, the organisation had introduced a revised and changed admissions process. On review, this was found to contain provisions to apply the same assessment processes to both planned and unplanned admissions. The process would be expedited when an admission was unplanned. However, there were no unplanned admissions since the last inspection, and no current referrals. As such, inspectors could not assess the benefits of this improved process. This will be subject to on-going monitoring by the Authority.

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

Findings:
There were some improvements to the layout of the centre but this required further attention.

The last inspection found that the staff office was located in an area that presented a barrier to engaging with children within their immediate living environment. In response, this current inspection found that a second office area was created on the lower ground of the premises, but it was not suitable. The acting assistant manager told inspectors that the additional office area had increased managers' presence within the living environment of the children. Staff said that although this had improved, managers continued to spend significant time away from the children and staff team to carry out administrative duties from the main office. On a walk around the centre, inspectors found that this additional office area was located in a second kitchen that continued to be accessed by children for life skills programmes. Although it was protected by a key pad, staff said that some children had access to the code. This was not suitable, as there were records pertaining to children stored in this area. There was a requirement for the centre to revise practice and ensure that the staff office is located in an area that allows for supervision of children and observation of practice, that it does not compromise the safety of children's records, and that it benefits children.

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

Findings:
Risk was not always well managed in the centre and this placed children at risk.

Since the last inspection, the centre had introduced an effective system of monitoring water temperatures. Records showed that water temperatures were checked and recorded on a daily basis. On one occasion this had risen to 43 degrees and inspectors found that this was responded to in a timely manner. Water temperatures remained at a safe level at the time of the inspection.
On a walk around the centre, inspectors found that there were uneven and inadequate surfaces outside of the centre. This was particularly the case in a play area accessed by the children that consisted of small stones. Injury reports and body charts reviewed by inspectors showed that children had sustained minor injuries from using stones as a stimulant and from trips whilst playing in the play area. However, this had not prompted a change in surface in the play area.

Inside the centre, inspectors found that bedroom and bathroom surfaces posed a risk to the safety of children from slips and falls. Injury reports showed that children had slipped and fallen in both bathrooms and their bedrooms, particularly around bath time, when surfaces were wet. Records showed that some children had banged their heads during these incidents and sustained minor injuries as a result.

One child had restrictors placed on their bedroom window. However, records showed that they had gained access to another child's bedroom and exited through their window. Reports showed that they sustained a wound to their head during this incident. Although this incident was assessed in terms of managing the child's behaviour, it was not identified or assessed as a centre risk that needed to be managed. Staff said that this had not influenced a change in practice in relation to managing risks of this kind.

Inspectors found that slips trips and falls were not analysed so as to reduce or eradicate risks in the centre and as a result, children were not always safe from these types of incidents.

The centre was unable to provide fire retardant certificates for all bedding and furnishings. Where this was not available, a risk assessment had been carried out. The acting assistant manager said that some curtains were not fire retardant and that although this was risk assessed, steps were not taken to remedy this.

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):
Some action(s) required from the previous inspection were not satisfactorily
Findings:
There were some improvements to the management of behaviour in the centre but there was a need to clarify what a significant event was and to ensure managerial oversight of practice. Safeguarding in the centre required improvement, including increased awareness of the protected disclosure policy and promoting the safety of children at all times.

This inspection found that some children's behaviour had improved since the last inspection. Records showed that the staff and clinicians had worked together to support children to manage their behaviour and to develop strategies for staff in response to these behaviours. Records showed that this was effective for some children, but was an on-going process for others.

Inspectors reviewed records of significant events that included incidences of challenging behaviour. Inspectors cross-referenced these records with others such as reports to the behaviour specialist, children's daily logs or incident reports. They did not always correspond. Staff told inspectors that a significant event was classified as such if it was for example, a new behaviour, but not if it was a behaviour typically displayed by a child. Inspectors found that this resulted in under reporting of significant events in the centre.

Safeguarding children in the centre required improvement. There was a rights committee in place for the centre. Records showed that this committee carried out comprehensive reviews of significant events for individual children. Although this provided meaningful recommendations related to individual children's behaviour, it did not result in a review of safe care generally in the centre. Similarly, incident and injury reports were not reviewed collectively to ensure practice in the centre was safe. For example, this was particularly evident in relation to slips, trips and falls. The staff rota showed that there was a staff to child ratio of one to one. However, slips, trips and falls occurred within this high ratio. There was one incident where a child exited another child's bedroom window and sustained a minor injury. Staff told inspectors that although there was concern that this child would repeat this behaviour, there were no changes to practice. Inspectors reviewed reports on incidents, accidents, injuries and body charts. These showed that children had sustained injuries such as bruising, bumps, cuts and scalds. Although recording was adequate, there was no root cause analysis of these incidents and injuries to ensure children were always safe in the centre and adequately supervised. Staff interviewed by inspectors did not demonstrate sufficient knowledge or understanding of safeguarding practice.

There were three child protection concerns reported by the centre since June 2014. They related to the same incident involving three different children. Inspectors reviewed records of these concerns and found that the child protection notification log did not correspond with case records. This meant that there was a lack of clarity on whether these concerns were closed to the social work department or not. Inspectors also found that reports of child protection concerns included multiple incidents on the same date. This meant that the number of incidents of a child protection nature were not fully represented in centre records including the significant event log.
Managerial oversight of practices in relation to behaviour management required improvement. Records showed that children were asked to go to their room on occasion in order to calm down. Staff told inspectors that this was a technique used when children were in a heightened state of anxiety or were acting out and that they may be asked to go to their room and count for example, from one to 10. Staff said that although a child could leave their room, they may be asked repeatedly to return there if they had not calmed sufficiently. The acting assistant manager told inspectors that there was no separate recording mechanism for these events. S/he reported to inspectors that managerial oversight of these events over periods of time was confined to reading daily reports. This was not a system that supported managers to ensure practice was proportionate and not restrictive.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Notifications to the Authority required further improvement.

The previous inspection found that the use of medication as a restrictive practice was not notified to the Authority. Inspectors reviewed case records and notifications to the Authority and found that this had improved since the last inspection. The use of medication as a restrictive practice for one child was notified appropriately. However, inspectors reviewed records in the centre and found that there was under reporting of injuries to children and unauthorised absences. The system in place to classify an event as significant or not, did not ensure all required notifications were made to the Authority.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
There were increased efforts to engage one child in education but despite this, the child remained out of education.

Centre records showed that one child remained out of education since their admission to the centre in May 2014. Case records showed that the educational welfare board had carried out an assessment of this child and found that they could not attend school as s/he would not leave the centre. The acting assistant manager told inspectors that home tuition was applied for but this had yet to be provided. In the interim, the centre was working with educators from the child's previous placement and had developed a work programme to be implemented by centre staff. This activity was recorded in the child's daily log. Inspectors were told by a child care leader from the Child and Family Agency that a home tutor was being sourced but that this was proving difficult to achieve considering the child's first language and level of need. Although inspectors acknowledged the challenges in this case and the efforts made to date, this child remained out of education at the time of the inspection.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Access to medical practitioners had improved for one child, but the delivery of health care to children required improvement.
Since the last inspection, one child had been appointed a general practitioner (GP). Records showed that the GP had visited the child in the centre and was in the process of building their trust, so as to reduce their anxiety levels. Records showed that vaccinations required by this child were being provided, but the child had yet to have a full medical examination. An undated health action plan reviewed by inspectors showed that s/he required a full medical check, blood tests, full dental check and dietician assessment. Staff told inspectors that these had yet to be provided. There was no plan in place on how to respond to medical emergencies for this child. This meant that it was unclear how this child would receive medical attention if this required hospitalisation.

Inspectors reviewed incident and injury reports in the centre. They showed a number of slips and falls resulting in children banging their heads for example on a door frame. Although children did not appear to have sustained serious injuries from these falls, medical attention was not sought at the time of these incidents. Checks were carried out by social care workers who determined these children did not require medical attention.

Inspectors found that one child's religion posed a potential risk to meeting their health care needs. However, this information was not included in health care planning for this child, including relevant sections of their personal or statutory care plan.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
Since the last inspection, staff training was provided in relation to the administration of medication.

Records showed that training was provided to staff on the administration of medication. Certificates of completion were provided to inspectors. Inspectors were also provided with a copy of the written examination at the end of this course. Staff confirmed their attendance at this training to inspectors.

**Judgment:**
Compliant
### Outcome 13: Statement of Purpose

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The statement of purpose and function for the centre required amendment.

The statement of purpose and function for the centre was reviewed by inspectors. This inspection had similar findings to the previous inspection in that the centre continued to be unable to meet the needs of one child. The statement of purpose and function was found to reflect recent changes made to the centre's admission process. However, it contained information about current residents that was not required. It was unclear if respite care was part of the centre's overall purpose and function or was specific to one child. This required clarity.

The acting centre manager told inspectors that one child may remain in the centre when they had turned 18 years of age in October 2015 once they remained in education. The provision for all children to remain in the centre once they had turned 18 years of age for the purpose of education, was not outlined in the statement of purpose and function.

**Judgment:**
Non Compliant - Moderate

### Outcome 14: Governance and Management

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily
Findings:
The centre had begun the process of carrying out an annual review of the quality and safety of care and support in the centre but it was not completed.

The centre had begun the process of reviewing the quality of the service it provided but it was not completed. The acting assistant manager provided inspectors with a copy of audits carried out in the centre. These included self-audits by the centre manager and audits by senior managers. There was a self-audit action plan in place dated February 2014. Records showed that performance indicators were submitted on a monthly basis to senior managers by the centre manager. Questionnaires were recently developed for consultation with parents on their experience of the service, but they had yet to be completed.

The acting assistant manager said that a review of the quality and safety of the service was being carried out at an organisational level, and that a local review would contribute to the final report. However, inspectors found that although steps were being taken at local and organisational level to carry out this review, there was an emphasis on reviewing systems and processes as opposed to quality. The organisational review was awaited.

Judgment:
Non Compliant - Moderate

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

Findings:
Inspectors found that there was a centre budget in place that was managed by the centre manager.

Since the last inspection, the centre was allocated a budget that was managed by the centre manager. Inspectors were provided with documentation that demonstrated the projected and actual expenditure in the centre on a quarterly basis. There were systems in place to monitor expenditure. This provided the centre manager with the opportunity for increased levels of decision-making in relation to resources in the centre. This was a newly introduced system, it was working well currently.
**Judgment:**
Compliant

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

**Theme:**
Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There were improvements in staffing of the centre.

Since the last inspection, the acting assistant manager described the steps taken to stabilise the staff team and deliver care in a consistent manner. Inspectors found that this was achieved and that a consistent core team was in place. There was a significant reduction in the use of agency staff and efforts were made to retain staff. This provided an opportunity for the team to mature in terms of the delivery of safe and effective care. Staff told inspectors that there was increased sense of a team and that children had benefited from the increased stability this provided. However, this was a recently established team that was providing care to children with extensive needs and progress will continue to be monitored by the Authority.

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

**Findings:**
At the time of the last inspection the centre's insurance policy was out of date. Inspectors found that this was renewed and records showed that the expiry date was November 2015.

**Judgment:**
Compliant

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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:**

Bronagh Gibson  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report¹

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<td>OSV-0003711</td>
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<tr>
<td>Date of Inspection:</td>
<td>14 April 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>15 June 2015</td>
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Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The centre did not apply its revised risk impact assessment to all children where the placement posed a potential risk to others.

Action Required:
Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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:
Impact risk assessments were revised in respect of all children in the centre.

**Proposed Timescale:** 01/04/2015

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**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:**
Although plans were in place to move one child to a new placement, they remained in the centre at the time of the inspection.

**Action Required:**
Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
Due to the service identifying unsuitability of placement. This young person is engaging in a planned discharge from the centre at the end of June 2015 in consultation with TUSLA.

**Proposed Timescale:** 26/06/2015

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was a requirement for the centre to revise practice and ensure that the staff office is located in an area that allows for supervision of children and observation of practice, that it does not compromise the safety of children’s records, and that it benefits children.

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

**Please state the actions you have taken or are planning to take:**
On 22.05.2015 South County View Management met with Three Steps Senior Management and Operations Manager and discussed amendments to the layout of the office space in South County View. Appropriate office space will be created in the downstairs area of the centre allowing for supervision of children, observation of
practice and safe storage of children’s records.

Proposed Timescale: 03/07/2015

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

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Risks in the centre were not always well managed and although systems were in place to identify risks, they were not always effective.

The centre did not demonstrate sufficient analysis of slips, trips and falls so that children remained safe from injury in the centre.

**Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
Analysis of slips, trips and falls will commence on a monthly basis as a part of the new overall Rights Review and restricted practice review procedure for Three Steps.

Proposed Timescale: 01/06/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all bedding and or furnishings in the centre were fire retardant.

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

**Please state the actions you have taken or are planning to take:**
Fire retardant spray was purchased for South County View.

Proposed Timescale: 09/06/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient managerial oversight of behaviour management practices to ensure it was proportionate and applied in a manner that was least restrictive.

**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:
Management consulted same with Three Steps Behavioural Analyst seeking further clarification and support on alternative practices to support young people. An ongoing discussion of appropriate responses is held at each MDT meeting which takes place every 3 weeks. The recommended strategies are also discussed with South County View team during regular team meetings. Management will review this practice with the team at the next meeting. Management will now be located on the downstairs of the house and will be involved in role modelling and supervising staff practice.

**Proposed Timescale:** 17/06/2015
**Theme:** Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Safeguarding practice in the centre was not adequate.

**Action Required:**
Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:
A Team meeting to address the issues highlighted by inspectors has taken place on 06.05.2015 and will be further explored during future team meetings. Injuries sustained by young people are now reviewed on a monthly basis during Right Review meetings and actions will stem from all reviews should any risks be identified. 05.05.2015, 27.05.2015

**Proposed Timescale:** 27/05/2015

**Outcome 09: Notification of Incidents**
**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One child's absence from the premises was not notified to the Authority.

**Action Required:**
Under Regulation 31 (1) (e) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any unexplained absence of a resident from the designated centre.

Please state the actions you have taken or are planning to take:
All notifications are notified to the authority. Please refer to factual accuracy sheet.

**Proposed Timescale:** 01/04/2015

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The centre did not provide quarterly reports to the Authority on all injuries to children.

**Action Required:**
Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

Please state the actions you have taken or are planning to take:
All injuries sustained by young people are now reviewed monthly and recommendations will be provided during those meetings on which of these incidents are notifiable to the Authority. All injuries of any kind will be included in HIQA quarterly returns.

**Proposed Timescale:** 01/06/2015

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One child remained out of education since their admission to the centre.

**Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

Please state the actions you have taken or are planning to take:
Due to the centre not been able to meet the educational needs of this young person, they are currently being currently prepared for discharge to another placement closer home, where previous educational placement is available.
Proposed Timescale: 26/06/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Health care needs of all children were not fully met.

Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
A GP was secured in the area who provides weekly visits to the centre to observe this young person before he is being discharged from the centre.

Proposed Timescale: 26/06/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provision of health care for some children was not planned in accordance with their rights and religion.

Action Required:
Under Regulation 06 (3) you are required to: Support residents at times of illness and at the end of their lives in a manner which meets their physical, emotional, social and spiritual needs and respects their dignity, autonomy, rights and wishes.

Please state the actions you have taken or are planning to take:
Management are liaising with this young person family and Social Worker to ensure his religious preferences are respected during provision of health care needs. This will be documented on all relevant forms

Proposed Timescale: 01/06/2015

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no plan in place on how to respond to medical emergencies for one child if this meant hospitalisation.
**Action Required:**
Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

**Please state the actions you have taken or are planning to take:**
Management are liaising with this young person’s Social Worker to create a contingency plan outlining procedures required to ensure provision of health care in case of emergencies and transport to hospital when required.

**Proposed Timescale:** 01/06/2015

### Outcome 13: Statement of Purpose

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre remained unable to meet the needs of one child in the centre.

The provision for all children to remain in the centre once they had turned 18 years of age for the purpose of education, was not outlined in the statement of purpose and function.

**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:**
Amendments are proposed to the existing Purpose and Function document for South County View outlining respite services and provision of care for young people over 18 years old.

**Proposed Timescale:** 16/06/2015

### Outcome 14: Governance and Management

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
An annual review of the quality of care provided by the centre was not yet completed.

**Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care
and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
Annual Review of the Quality of Care provided was completed for South County View and recommendations will be provided by Alternative Care Manager for implementation by House Manager

**Proposed Timescale:** 16/06/2015