<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Three Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003711</td>
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<td>Centre county:</td>
<td>Co. Dublin</td>
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<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>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Paul Tierney</td>
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<tr>
<td>Support inspector(s):</td>
<td>Bronagh Gibson</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>5</td>
</tr>
<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 announced and took place over 2 day(s).

**The inspection took place over the following dates and times**
From: 15 October 2014 09:30  To: 15 October 2014 05:00
16 October 2014 08:00  16 October 2014 17:30

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

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<th>Outcome 02: Communication</th>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 17: Workforce</td>
<td>Outcome 18: Records and documentation</td>
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**Summary of findings from this inspection**
This registration inspection took place over two days on 15th and 16th of October 2014 and involved two inspectors. During the inspection, inspectors interviewed staff at the centre, met with children and reviewed a wide range of documentation relating to the running of the centre. Some questionnaires were also completed by parents and children.

The centre provided care for five children with moderate to severe levels of intellectual disability and autism. Four children attended school and one child did not have a school placement. Inspectors found that staff cared for the children in a sensitive and respectful way but children’s needs were not being met at the centre.
Inspectors were concerned that children were being admitted to the centre on an emergency basis without adequate consideration being given to how their admission impacted on children already living in the centre and whether the service would be able to meet their needs. One child placed did not have a school placement or a general practitioner and there were inadequate supports in place for children who needed an advocacy service.

There were some safety measures in place. The centre was located in suitable premises with adequate and safe space for children to live and play in. There were measures in place to protect children and staff from the risk of fire.

The management team at the centre lacked experience and there was a focus on the implementation of systems rather than an emphasis on the actual quality of the care delivered to the children. Inspectors found that there was insufficient transparency in how the centre finances were managed and that the centre manager did not have responsibility for the staffing budget. These and other findings will be discussed in more detail in the main body of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**
Individualised Supports and Care

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

**Findings:**
The centre was proactive regarding consultation with children. Children were involved in making decisions about their lives and in the running of the centre. There were records of seven children's meetings taking place in the centre. A review of the minutes showed that children were asked what they would like to spend their activity money on, how their week was, what food they would like to eat, how school was, and anything that they were unhappy about. Actions following on from meetings were recorded and those responsible were identified. Notes indicated that staff supported children to answer questions during the meeting and encouraged them to sign or mark the page to record their presence at the meeting. There was a good description in the minutes of 27.05.14 and 15.05.14 of how children communicated with staff by smiling or by becoming excited. There was evidence in meeting notes of children expressing a "like" to lasagne, DVDs and a new hair style. Inspectors saw staff caring for children in a sensitive and respectful way.

Inspectors found that there were policies and procedures in place for the management of complaints but that some complaints were not accurately described in terms of the outcome of investigations. The complaints policy in operation at the centre was not effective and complaints were inaccurately described in the log. Complaints were logged in a hardback book that contained a Health Service Executive (HSE) logo, and inspectors queried if this was a providers record and staff not clear on this point. There were three complaints logged in the complaints book and all three stated that they were "withdrawn". One parent informed inspectors via questionnaire that his/her complaint "was dealt with swiftly and thoroughly and to my satisfaction" and thus it seemed likely to inspectors this referred to complaints in the log. These complaints arose from instances of poor practice, poor recording of incidents, poor communication with parents.
and a lack of clarity among staff on what they needed to tell parents. Inspectors were concerned that the provider or the centre manager might not follow up on issues, identify them as serious or make improvements if required, if they were labelled as 'withdrawn'. The information pack provided to parents did describe the complaints process and there was evidence that parents were encouraged to complain and to ensure the complaints process was adhered to by staff and managers.

Children were monitored by television cameras in the centre and this impacted on their dignity. There were closed circuit television cameras (CCTV) in operation in the communal areas of the centre. The centre manager told inspectors that the cameras were on all day but were not being monitored. Inspectors found that the CCTV system had limited value and there was a risk that it would provide a false assurance in terms of the safety of the children. The use of CCTV impacted on children's rights to respectful safe care. The centre manager told inspectors that only the data protection officer and company directors had full access to the stored materials in order to protect children's privacy. The centre manager acknowledged that the use of CCTV cameras needed to be reviewed but pointed to the value of such surveillance in the event of an incident or allegation having taken place.

There were inadequate supports in place for children who needed an advocacy service although staff from an advocacy organisation, Empowering People in Care (EPIC) did visit the centre. Inspectors found that some children were not able to access an independent advocacy service. Staff told inspectors that the existing advocacy services were limited to children in care under court orders. This meant that some children were denied support to uphold their rights.

There was a policy in place for the management of children's money and practice in this area was transparent. Children's money was kept in purses in the office and not kept in bedrooms due to the risk of children swallowing coins. Pocket money of 10 euro a week and a clothing allowance of 60 euro a month was available to children. Some children were able to earn extra money by doing chores in the centre. Inspectors viewed records from one child's file which contained details of spending and income. Purchases made with money belonging to the children were recorded on a sheet initialled by staff.

Children's privacy was compromised when their personal space and bedrooms were intruded upon and accessed by other children. Staff found it difficult to ensure that children's bedrooms were not inappropriately accessed by other children. There was no comprehensive list of the belongings for each of the children available except for those items purchased from the clothes or pocket money allowance.

Judgment:
Non Compliant - Moderate

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

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

### Findings:
There was a policy on communication in place but there was little evidence of how communication actually took place with the children.

Inspectors saw a policy on communication that promoted age and capacity sensitive communication with children and their families. It was clear from personal plans that children were consulted about important issues in their lives, but how this was done was not always recorded. There was evidence of efforts made by staff to communicate and record the views of children at meetings and this was good practice. Some children at the centre used a picture exchange system (PECS) to help them to communicate and this was effective and allowed them to be able to express themselves. One child had access to a tablet device that allowed him/her to experience enhanced communication opportunities.

### Judgment:
Compliant

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

### Theme:
Individualised Supports and Care

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

### Findings:
Inspectors found that staff facilitated children to maintain strong connections with their families. There was a policy on contact with families and significant others in use at the centre.

However there was little evidence of the children being involved in the local community in terms of activities and outings. Inspectors were unable to identify any approaches designed to be sustainable or meaningful for children in terms of their connections within the locality that they lived in.

Records indicated that children were supported to maintain contact with their families. One child had telephone contact with his/her parent every day and had a visit from
him/her once a week. Staff collected the parent at a train station and brought him/her to the centre. Another child was dropped home by staff for long periods at weekends and then collected and returned to the centre. A third child had contact visits with his/her family once a week at the family home.

Staff told inspectors that families were involved in the lives of all the children to varying degrees. Care notes for one child showed that staff were respectful in working with the child’s parent and the value of clear communication with him/her regarding care, meals, and on consulting with him/her on a range of issues including positive achievements.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
The overall admissions policy did not contain sufficient safeguards to ensure that the quality of children’s placements were protected.

The policy on admissions to the centre stated that a contract agreement would be developed once suitability for placement was established and care agreements would be put in place for children where a statutory care plan was not in place and inspectors found that this was the case.

The policy on unplanned admissions did not adequately anticipate the potential for a negative impact on existing children at the centre and this was reflected in the running of the centre. The policy did not outline what measures were available in the event of children’s placements needing to be reviewed.

Some documentation relating to placements was incomplete. Inspectors found that a care agreement document on file for one child had not been signed by the disability manager in the Health Service Executive (HSE). The document stated that it was a contract of "Disability Placement" arrangement in respect of the child. The agreement was between the provider, the parents and the HSE. However the practice in admitting the child was good. The child was admitted in a phased way following the development of a transition plan.
Another child in the centre had been admitted in an emergency and was on a care order from the Child and Family Agency. The file contained details of a Child and Family Agency care plan and interim care order. Inspectors saw a pre-admission needs assessment document completed for this child as well as an assessment of suitability for placement document dated 23.05.14. It contained a profile of the centre, staff team, expected impact of the new admission on existing children. However the outcome for this child had been negative, as staff members had not been able to meet his/her needs and his/her behaviour had impacted on other children.

**Judgment:**
Non Compliant - Major

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**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 needs of some children were not supported by their placement in the centre.

One child had a pre-admission needs assessment undertaken and there were comprehensive reports available from different individuals and agencies that had already worked with the child and his/her family. Inspectors viewed the policy on care planning and care arrangements which detailed how the placement would promote the child’s welfare. The document identified the roles and responsibilities of staff in care planning.

There were personal plans in place for children at the centre. One personal plan seen by inspectors had last been reviewed on 02.10.14 with the previous ones taking place on 02.03.14, and on 30.05.12. The review was thorough and included areas such as health, family contact, relationships, achievements and significant events. There was evidence of a parent being consulted as part of the review but there were no details recorded of how the child was represented in the plan terms of him/her expressing a view or a preference as part of the review process.

A second child at the centre had an interim care plan in place. During the inspection, inspectors interviewed a member of the referring team from the Child and Family...
Agency who worked with the child and his/her family. The staff member told inspectors that some of the child's needs were not being met in his/her current placement and that the child was regressing. The child's behaviour had deteriorated and s/he had hit out at staff and was not taking meals. S/he said also that there was a possible issue over who paid for the placement in terms of sourcing one closer to where his/her family lived and that this matter rested between the Child and Family Agency and the HSE. The child had been attending school on a full time basis before his/her placement at the centre but was not now attending school. The child had been distressed following admission to the centre and had not settled. The centre manager told inspectors that an application for home tuition had been made for the child but that this was not fully processed. Since s/he arrived at the centre in May 2014 the child had only left the centre to go into the garden on two occasions. Review meetings to plan for an alternative placement were being scheduled by the centre manager but no placement had been sourced.

Some transitions had been managed well. Planned admissions involved advance visits to the centre by children and their families. One parent told inspectors via questionnaire that his/her child had regular visits to the centre prior to the move to ease his/her transition. Discharges of children from the centre were recorded but it was not always recorded where the child was discharged to.

**Judgment:**

Non Compliant - Major

**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 centre was located in suitable premises with adequate and safe space for children to live and play in. The centre was located in a rural area close to Dublin city and was surrounded by open countryside with views of the mountains. Entry to the centre was through a secure key pad, and electronic gate. There was secure car parking space at the side of the centre and this area also contained the refuse bins, oil tank and boiler house. There was fencing around the perimeter of the garden and this was well maintained.

The centre was a large bungalow with a substantial garden and there was play equipment including a trampoline, slide and a climbing frame available to the children.
There were karts available for children to use for play purposes as well as a covered sand box. The walls of one of the communal area inside the centre were decorated with cartoon characters and there were toys available in the different living rooms for children to use.

Each child had their own bedroom and these were of a comfortable size and contained storage space for children's possessions. Three of these had ensuite facilities and the remaining two had access to a bath, shower and toilet across the hallway from their bedrooms.

The kitchen and living area of the house was spacious and bright and there was ample storage space for food and other goods. There were laundry buildings adjacent to the centre that were used for washing and drying clothes. There were two kitchens available in the centre and one of these called "the pink kitchen" was used for teaching children cooking and other life skills. It was located beside one of the children's bedrooms and led into the main kitchen area. Inspectors found that the two fridge freezers were well stocked with food and contained chicken, yogurt and other foods as well as supplies of fruit on the worktop in the kitchen. There were fire extinguishers on view in the kitchen area and there were restrictors on windows to prevent them being opened by children.

The staff office was located upstairs and this area also contained the staff bedrooms. This was away from where the children and staff spent their days. A steep stairs was in place to access this area which also housed a room for the secure medication cabinet. Inspectors viewed the maintenance log for the centre.

**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:**

Not all risks at the centre were well managed. The water temperature at the centre was 57 degrees on the day of the inspection. Inspectors requested that steps be taken immediately to reduce the temperature to within safe levels of 43 degrees. A plumber was contacted by the centre manager and parts were ordered to complete the maintenance required on 21.10.14.

There was a risk management policy in place. There was a health and safety officer employed by the provider and inspectors viewed health and safety meeting minutes for
Risk assessments were undertaken in January 2014 for a number of risks such as violence and aggression, shift work and biohazards. There was no detail as to when reviews of controls were due to take place and the assessments were not signed by the health and safety officer. Records seen by inspectors included protocols on disposal of needles/sharp objects and the fridge / freezer temperature. Inspectors reviewed an accidents and incidents register that contained reports on accidents and injury to staff.

The centre managers had put systems in place to manage the centre in an effective way. There were daily management checks to ensure that existing and agency staff's duties were carried out, that shift leaders completed the relevant checklists and that paperwork was in place, (significant events, petty cash etc.) All samples reviewed were signed by managers.

There were measures in place to protect children and staff from the risk of fire. The centre manager told inspectors that fire drills took place every three months and whenever a new child moved to the centre. Inspectors viewed the file of a child who recently moved to live at the centre and saw evidence that s/he had participated in a fire drill. Records of fire drills showed that five drills took place between 12.06.14 and 07.08.14. Each record showed who was in the building at the time of the drill and that the alarm was sounded. Inspectors viewed an annual maintenance certificate dated 15.05.14 from an external provider for fire extinguishers, hose reels and other fire equipment.

The fire alarm panel was located in the hall and there was emergency lighting in all rooms. Smoke detectors were located throughout the centre and there were fire extinguishers and fire blankets located in the kitchens and at other points in the centre. There had been problems with the fire alarm during July 2014. The centre manager told inspectors that the problem related to the alarm going off and was linked to a wiring problem in the bedroom which had since been rectified.

Staff training in the use of fire equipment was provided by an external provider. Records of training and email communication from the external provider showed that five staff from the centre had attended training on 09.10.14 and that four other staff were scheduled to attend on 30.10.14. Since September 2014 the centre manager had introduced a system at handover meetings whereby a staff member was assigned to each child in the event of an emergency. Inspectors saw evidence of this in the handover book. An emergency action plan and evacuation plan were located on the wall of the staff office.

Judgment:
Non Compliant - Major

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 policies in place to safeguard and protect children from abuse but children were at risk of harm from other residents. A total of 94 significant events were logged since January 2013. Events included medication errors, physical aggression, invasion of personal space, sexualised behaviour, and entering another child's bedroom. Records showed that 41 of these incidents related to one child in particular and indicated that staff might not be able to manage this behaviour.

Staff were provided with training in child abuse issues and in managing behaviours that challenge. Refresher training in behaviours that challenge was available each year. The centre manager indicated that all staff had received training in Children First (2011) and had also undertaken induction training. S/he spoke about there being a culture of openness in terms of managing child abuse concerns and said that supervision of staff allowed for closer scrutiny of what staff needed to equip them for this area of work and being able to make good decisions. There were gaps in the assistant manager's knowledge in relation to the status of child protection concerns. This was a concern as s/he might not respond appropriately in the event of an allegation being made.

Children the centre were at risk of harm from another child. One child admitted on an emergency placement had increased supervision to ensure that s/he did not go into other children's bedrooms. The centre manager said that the children were not distressed by the admission of this child and that generally the children got on well with each other. Staff undertook risk assessments on children and inspectors saw evidence on two files of risk assessments for self-injurious behaviour, entering the rooms of other children, becoming aggressive, the eating of inedible items, choking and self-medicating.

A safety plan had been put in place in June 2014 for children in the event of personal space and dignity of children being compromised. Inspectors were concerned that children were at risk of involvement in further inappropriate incidents and that the safety plan was not rigorous enough. This also called into question the policy on unplanned admissions and the impact of such admissions on children already living in the centre.

Staff displayed sensitivity and respect towards the children and attended to their needs. Inspectors saw the staff spending time with the children during the inspection. They were engaged in bringing children out to their after school activities, collecting them from school, and assisting with food and preparing meals and in play. This was some of the most important work done at the centre and allowed for staff to get to know the
children and their individual needs. The visitors log provided a picture for inspectors of who called to the centre. Recent visitors to the centre included, builders, a plumber, a psychiatrist, family members, a music therapist, staff from the advocacy organisation Empowering People In Care (EPIC) maintenance staff as well as a member of an adolescent mental health team.

The centre manager told inspectors that two notifications were made to the Child and Family Agency (CFA) in connection with inappropriate touching. These had been defined by the Child and Family Agency as not allegations of abuse.

Restrictive practices were not managed in a rigorous way. The rights review committee minutes dated 19.09.13 showed that significant events and restrictive practices were reviewed and recommendations for practice were made including, supports for children, the use of daily risk assessments, medication protocols and the need for staff training. Inspectors queried whether the committee were fully aware of the impact on children of the activities of other children in the centre and what steps the committee might be prepared to take in order to improve the quality of children's placements. Given the high number of significant events, inspectors were concerned that unplanned placements put the quality of children's placements at risk. Inspectors were told by the centre manager that the children's bedrooms were alarmed and that they were activated at night time only if a child left his/her bedroom. Staff were able to see from a sensor panel in the staff bedroom which child had left their bedroom and would respond accordingly.

Training in the managing of behaviours that challenge was available to staff with refresher training available each year. One policy document seen by inspectors stated that 'time away' could be used in the centre to help manage children's behaviour. The centre manager said that 'low stimulus' environment, as described in the statement of purpose was created by staff when necessary to support children. Inspectors believed that this equated to 'time away' and that this should be recorded as such.

**Judgment:**
Non Compliant - Major

**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:**
The centre manager maintained records of notifications to the Chief Inspector as well as to the statutory child protection services.
### 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 centre was proactive in supporting most of the children to avail of educational opportunities. There were educational placements available for four of the five children at the centre, but one child did not have any school placement since arriving at the centre in May 2014. An application was being processed by the centre manager and the child’s social worker to enable him/her to avail of home tuition. This child did previously have a school placement in another part of the country and travelled there by bus each day. This child’s rights had been significantly diminished by his/her move to the service.

A child care leader in the Child and Family Agency who worked with the child and his/her family told inspectors that the current situation was not a good one for this child and that s/he was regressing in terms of educational opportunity. This child would not leave the centre since s/he was admitted in May and had only been outside the gate of the centre on two occasions according to staff. The child's social, educational and emotional needs were not being met by this placement.

The centre had a policy in place for special needs education. One care contract for a child was specific about the role of the centre in ensuring that s/he had good and positive opportunities to be involved in community activities and education and this was evidence of good practice.

**Judgment:**
Non Compliant - Major

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

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

Findings:
The healthcare needs of the children were afforded a high priority by staff. Four of the children had assigned general practitioners (GP) and had contact with them as required. Families were involved to varying degrees with children and had input into the coordination of their child's needs.

The healthcare needs of one child were not being met despite significant effort on behalf of the staff. This child refused to leave the centre so could not be transported in a car to a surgery. The assigned GP did not do home visits and while staff had contacted several surgeries as well as the client registration unit of the HSE to try to resolve this, the only available service for the child was a doctor on call service. This was a serious situation as the child needed to be screened for a possible infection. His/her social worker was fully aware of the situation and liaised with staff regularly. Staff at the centre had contacted an advocacy organisation for children in care as well as the ombudsman for children's office to highlight the situation.

Staff were proactive in supporting children to meet their healthcare needs. The centre manager told inspectors that children were brought to their appointments by staff, sometimes at the request of parents. S/he said that these included aural, dental and optical appointments as well as occupational therapy assessments. The parents of two of the children indicated to inspectors via questionnaire that they felt that their child's health care needs were being met.

Staff used visual meal planners to communicate with children in relation to food and children and their parents made decisions on what food would be available. Children were consulted at the children's meetings about what they liked to eat and one child had dietician involved to advise on his/her particular needs.

Judgment:
Non Compliant - Major

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 medication management system required strengthening. There was an organisation wide medication management policy in place. The medication cabinet was located in the staff sleepover room and the key for the cabinet was kept in a safe box in the staff office. Four of the children were on medications and each child had a box in the cabinet with their photograph on it containing their medications. Medications used 'as required' (PRN) were kept in a second locked cabinet inside the medication cabinet and instructions on the use of these were taped to the door of the cabinet.

There was a medication folder which contained details of policies, protocols and minutes of meetings as well as the job description of the medication officer. The role involved the giving of guidance to staff, the ordering of prescriptions from GPs, logging of all prescriptions, ensuring that appropriate recording took place and that courses of medication were completed by children.

Inspectors reviewed the medication files of two of the children. The files contained information on allergies, consent forms, details of medication for the children, medical card numbers and prescription sheets clearly signed by the GP as well as information on vaccinations. The administration sheets showed that medications were administered by two staff. Inspectors saw consent forms signed by parents (dated 06.06.14) that gave permission to the consultant psychiatrist to change and prescribe medication for their child.

The centre was proactive in developing safety measures. The medication management meeting of 30.09.14 reviewed some audits, a recent inspection report of another centre, and discussion on medication errors. This was attended by the medication officer and the centre manager. Inspectors also review minutes from a meeting held on 28.08.14 attended by the supervising pharmacist who supplied the centre. There was a record of the pharmacist giving advice to staff on the storage of medication and dosage times for particular medicines. Advice given by the pharmacist was shared with staff at team meetings and details were contained in the minutes of team meetings.

There was a policy in place for the management of discontinued or spoiled medication and a form required completion which was then sent to the pharmacy. Pharmacy staff then signed the sheet to say that they received the medicines. Inspectors reviewed medication return forms and found that they were signed, dated and contained the name of the medication. There was a checklist for ensuring that medications were not out of date and this audit was carried out monthly. Inspectors reviewed this checklist and found that no medications were identified in 2014.

There were a significant number of medication errors recorded and inspectors reviewed medication error reporting forms. These related to times of administration of medication and to one child removing tablets from another child. Inspectors were concerned that some errors were due to inexperience of staff in administering medication and inadequate training and supervision of staff. However the medication officer did not formally assess the competency of staff for administering medication. This meant that the managers could not be assured that all staff were competent to administer medications in a safe way.
There was a medication management checklist completed at the centre. This was a self audit tool designed to assist centres regarding compliance with the standards. Inspectors saw a copy of one audit dated 15.08.14 that indicated that there was no system in place to check the allergy status of children. The medication officer carried out the audit and the centre manager acknowledged the need for an external audit as a safety measure.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

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

**Findings:**

There was a statement of purpose available for the centre dated 26.06.14 and it contained information on the ethos of the centre, the staffing complement and the services provided, therapeutic techniques and details of fire precautions.

However the provider did not deliver the stated objectives to some of the children. Inspector's found that at least one child's needs were not being met at the centre and this called the admissions policy into question. Inspectors found that the person in charge had a limited role in the decision making relating to children being placed in the centre. This meant that the manager could not control which children were placed and be certain that s/he would be able to deliver the care required.

**Judgment:**
Non Compliant - Moderate

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**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:
Management at the centre was weak and managers lacked experience.

The centre manager had worked for the provider since 2011. S/he had a masters qualification in Resocialisation Pedagogy and had attended management training on two occasions organised by the provider and delivered by an external consultant. S/he had worked in an acting manager role since August 2013 before becoming manager at the centre in January 2014. The assistant manager shared responsibility for managing day to day activities at the centre. S/he told inspectors that s/he liaised with the staff team about the care of the children, managed the credit card accounts and the maintenance of the centre cars. S/he had been in this role for just over one year and had attended a management training session run by the provider as well as an induction session run by the alternative care manager.

Inspectors were concerned that the centre manager had more focus on administration than on the needs of the children. S/he told inspectors that s/he was involved in quality assuring practice and overseeing of audit systems and processes on a day to day basis. S/he was aware that s/he had overall responsibility for the children, how they presented, whether they were happy, or sick or 'off form'. The manager's office was located upstairs and away from the children and the other staff. Inspectors were concerned that this contributed to managers not having a good sense of what was going on in the centre and in particular how the children presented and how staff engaged with children. There was too much focus on administration rather than on outcomes for children and a child centred service. Managers did not provide sufficient oversight of the service. The office was accessed by a steep stairs through a door containing a secure key pad and this contributed to a sense of remoteness in terms of where the centre was run from.

Supervision was available to managers and to staff. The centre manager was supported by his/her line manager received supervision on a regular basis every 6-8 weeks. S/he confirmed that the alternative care manager was available over the telephone when needed. The alternative care manager was in turn line managed by the head of social care. Formal records of supervision sessions were kept and performance reviews took place every 6 months. The centre manager told inspectors that the shift leader role at the centre was based on experience and that new staff were not put into that position.

There were some systems in place for effective management at the centre. There were regular monthly meetings of the managers of each of the centres run by the provider and these were also attended by more senior managers. Key performance indicators for the centre in the month of August 2014 were seen by inspectors. This involved the collection of information on the children, staff and household / budget. It was completed
by the centre manager on the second working day of each month and submitted to senior managers. No date was available for the review of safety and quality at the centre.

One parent indicated via questionnaire that the centre management were very approachable, effective and efficient. Inspectors reviewed minutes of twenty four team meetings at the centre in 2014. They took place on a weekly or fortnightly basis. The agenda for these meetings included the care of the children, staffing, house matters, health and safety, significant events and other business. Notes from the meetings were handwritten. There was evidence of practice issues including fire safety, medication protocols and the role of the key worker being discussed. There were centre records in place for the staff team to ensure that safety and good communication took place across the team.

**Judgment:**
Non Compliant - Moderate

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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:**
There were arrangements in place to cover leave if the person in charge was absent for more than 28 days. The centre manager indicated that planning for annual leave ensured that key management staff would not be rostered off at the same time. S/he was aware of the requirement to notify the Authority if the person in charge was absent for a significant length of time.

The assistant manager told inspectors that s/he would be rostered to cover the annual leave taken by the centre manager and for short absences. There was an on call system in place at the centre that staff could avail of if required. The centre manager or assistant manager were on call 'out of hours' on alternate days and staff were advised about who was on call.

**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:
There were resources available to run the centre but the centre manager had not been given responsibility for managing them. S/he told inspectors that s/he did monitor the use of the credit cards and spending at the centre and logged receipts on a spreadsheet which were tallied at the end of each month with the statement for the credit card. However s/he did not have control of the staffing or non pay budget and did not have autonomy to allocate resources based on the individual needs of each child in the centre. Inspectors queried if the centre was adequately resourced with the high number of shifts being covered by agency staff. The statement of purpose was recently changed to reflect an increased ratio of staff to children but this increase was being covered by agency staff, and this undermined both the consistency and continuity of staffing.

There was insufficient transparency in how the centre finances were managed but there was a plan to change this in the future. The centre manager told inspectors that a new system was being put in place for 2015 which would give centre managers an expanded role in the managing of the overall budget for their centre into the future. This was confirmed by the provider nominee who said that each of the centres had children with different needs and that the managers needed to be able to plan ahead to meet the needs of the children. Having additional autonomy regarding budgets would allow for this to happen.

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:**
Inspectors queried the extensive use of agency staff at the centre. The staffing resource in place was not sufficient to meet children's needs or staffs leave and gaps in the roster were filled by using agency staff. In particular there had been an increase in the use of agency staff in recent months. Inspectors saw timesheets from a recruitment agency indicating that 30 shifts were covered in September 2014 by 11 different agency staff. When agency staff were not available, managers had to fill the gaps. The assistant manager told inspectors that s/he did not usually work on the floor unless the centre was short staffed. This had been the case in the previous week when a recruitment agency were unable to provide staff for the rostered staff member who was sick.

Continuous professional development was promoted by centre managers and supervision allowed for discussion and identification of the training needs of staff. There were policies on staff induction and training. The centre manager told inspectors that all of the staff at the centre were qualified and received core training. The staff training records for 18 staff seen by inspectors identified the dates of completion and renewal dates of key training including manual handling, child protection, medication management and first aid, fire safety and the management of challenging behaviour. A training needs analysis was carried out and this according to the provider nominee assisted in planning for training and for refresher training at the centre. Some staff identified the need to undertake training in managing sexualised behaviours and attention deficit hyperactivity disorder (ADHD), issues that were relevant to their particular centre and the children who lived there.

Supervision was available to staff. The centre manager and members of staff told inspectors that supervision took place every six to eight weeks. The centre manager in turn provided supervision to staff at the centre including part time and agency staff and noted that there were sometimes gaps between supervision sessions. S/he also told inspectors that some staff needed additional supervision because they were inexperienced.

The recruitment process at the centre was effective. A sample of files seen by inspectors found that references, qualifications and An Garda Siochana vetting documentation and performance reviews were contained in the files as well as other information as required under schedule 2 of the Regulations. Inspectors saw evidence of information provided by a recruitment agency regarding staff which included Garda vetting forms, curriculum vitae, personal details, references and qualifications. Recruitment was undertaken centrally by the provider and managers participated in the interviewing process. There were policies in place for agency staff and students. The provider nominee confirmed to inspectors that since November 2014 the provider had asked the recruitment agency to ensure that only agency staff with specific training and skills required by the provider were identified and eligible for employment at the centre.

**Judgment:**
Non Compliant - Moderate
**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
There were adequate systems in place for the management of records. Centre records for children were contained in ring binders and were clear, well structured and safely stored. Records generally were securely retained and were accessible to staff as required. They were held in a locked cabinet in the staff office. All records relating to children no longer at the centre were held at a central storage room at another centre run by the provider.

There was a policy review committee in place and this group reviewed policies across a wide range of areas related to children in residential settings. The provider nominee was also the chairperson of this committee. S/he indicated to inspectors that policies would be reviewed following on from inspection reports becoming available on centres.

The centre had some insurance policies in place but inspectors queried if employers and public liability insurance had been renewed. Inspectors viewed documentation dated 07.02.14 confirming the existence of a motor fleet policy that was due for renewal on 14.11.14. Other documentation dated 06.12.13 indicated that employers liability insurance and public liability insurance policies had expired on 13.10.14, during the week of the inspection. A letter of confirmation of insurance was sent to inspectors on 17.10.14 by the centre manager which indicated that the employers and public liability insurance cover had been extended by one month to 14.11.14 but inspectors were concerned that this was not a robust arrangement.

**Judgment:**
Non Compliant - Major

**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:

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

<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>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>15 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>08 April 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Television cameras monitored the children in communal areas and this impacted on their dignity.

**Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

CCTV is now switched off for the majority of the day and is only utilised for specific purposes in communal areas such as monitoring a young person for seizure activity if they are availing of independent time. The CCTV is switched off at night time and only turned on should the door alarms be activated to allow for monitoring purposes until the young person returns to bed.

An organisational level decision has been made to discontinue the use of CCTV from all houses. Three Steps are in the process of informing parents and relevant professionals and following this they will aim for the removal of CCTV to be completed by 01.03.15.

**Proposed Timescale:** 01/03/2015

**Theme:** Individualised Supports and Care

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

There were inadequate supports in place for children who needed to avail of advocacy services for the purpose of making a complaint.

**Action Required:**

Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

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

There is currently no advocacy service in Ireland for children placed through disability services. The organisation liaised with EPIC who have a legal basis to advocate on behalf of young people in care and they provide advocacy for the young person placed through a care order only.

Three Steps plan to utilise the PCP process to explore possible advocacy options and identify a suitable advocate for each young person in their care. This will be completed in consultation with the young person, their family and the HSE.

**Proposed Timescale:** 28/02/2015

**Theme:** Individualised Supports and Care

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

Complaints were inaccurately described as "withdrawn" in the complaints log.

**Action Required:**

Under Regulation 34 (2) (e) you are required to: Put in place any measures required for
improvement in response to a complaint.

Please state the actions you have taken or are planning to take: The PIC has since amended the recording in the complaints log. All complaints, actions taken, persons notified, outcome and responses will continue to be logged correctly to ensure there is learning taken from all complaints.

Proposed Timescale: 20/10/2014

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there was little evidence of a focus for children on stimulating and challenging opportunities / outings in the local community.

Action Required:
Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Please state the actions you have taken or are planning to take:
A community resource pack has been compiled identifying various community activities, programs etc. that the young people can choose to become involved in or that staff can utilise for ideas and contact details.

Young people will be encouraged to include a monthly community integration goal as part of their overall goal process and this will be documented in their goal planning.

Social inclusion and community involvement outlined in the young person’s Person Centred Plan will be more detailed and include goals identified by the young person.

Progress in this area will continue to be reviewed at the MDT meetings and the Rights Review Committee process, all reviews will have minutes and will be available for review.
Families will be included in identifying and engaging in activities and community involvement.

Proposed Timescale: 15/01/2015

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 admission process did not adequately consider the impact of new admissions on
children already living in the centre. There had been poor outcomes for some children
because the centre had taken in children that they could not manage.

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.

Please state the actions you have taken or are planning to take:
The Training and Development Manager scheduled a full review of all policies for
January 2015. The centre’s admission policy was afforded priority and criteria for
admissions, areas of assessment to determine suitability and impact on others, role and
involvement in this process by the PIC and responsibilities of decisions in this process
have all been amended and clearly outlined in the new policy by the policy review
committee.

The centre have now introduced an impact risk assessment that will be completed as
part of any possible admission process to risk assess the possible impact any new
resident may have on the other residents and risk assess if the impact could be
managed safely or conclude that the admission is unsuitable for the centre. The PIC will
be responsible for completing this assessment in conjunction with the referring
professional. This aims to ensure that adequate systems are in place to assess to
suitability of all placements and provide a safe quality service.

Proposed Timescale: 30/01/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement
in the following respect:
There was no comprehensive assessment undertaken of children admitted to the centre
on an unplanned basis and this resulted in the placements of other children being
compromised.

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

Please state the actions you have taken or are planning to take:
As outlined under action for outcome five, the centre admissions policy is planned to be
amended and reviewed by the policy review committee. Our procedure and
safeguarding systems for unplanned admissions will be included and amended in the
policy review.
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<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre was not suitable to meet the needs of some children living there.

**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:**
Following the inspection the centre have liaised with the young person’s Guardian ad Litem and Social Worker regarding sourcing a more suitable placement closer to this young person’s family home to assist in meeting their current level of need. A care review is scheduled to take place in February 2015 to discuss a planned discharge process to allow the young person’s case to return to court for review and facilitate time for TUSLA to source a more suitable placement.

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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:**
The office was separated away from the main part of the building where the children spent their days and this presented a barrier to staff supervising and engaging with 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:**
The centre will continue to maintain the main office in its current location. However, the centre has created a second small office space downstairs for management and staff to utilise where required during the day to remove the potential barrier created by the main office being separated from the main part of the building.

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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:
Not all risks in the centre were assessed and managed. The hot water temperature in the kitchen tap exceeded 43 degrees Celsius.

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

Please state the actions you have taken or are planning to take:
The centre have since installed a unit mixer which ensures the water temperature is controlled to an appropriate temperature.

The centre have included a daily temperature recording as part of their daily health and safety checks. If the water is recorded to be of an unacceptable temperature, there will be a protocol in place for staff to follow which will include, contacting a plumber, supervising the young people whilst awaiting for the plumber to amend same etc.

Proposed Timescale: 20/10/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not able to manage some children's behaviours and this impacted on other children's well-being.

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 meeting took place in July 2014 that identified inaccurate and over recordings of significant events in relation to one young person, this was also discussed at the rights review committee on 16th October 2014. This contributed to the large amount of significant events and misrepresented the level of events significantly. Training was provided to management and staff on effective recording to ensure learning from the issue.

The centre’s policy and procedure on admissions including unplanned admissions was reviewed and amended in January 2015.
A care review is scheduled to take place in February 2015 to discuss the planned discharge of one resident due to their current level of needs.

**Proposed Timescale:** 28/02/2015

### 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:**
Not all children’s educational needs were met.

**Action Required:**
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

**Please state the actions you have taken or are planning to take:**
The EWO has assessed that at present it is not an option for one young person to attend school due to the young person’s refusal to leave the centre. An application for home tuition has been submitted and the centre are currently awaiting approval.

**Proposed Timescale:** 28/02/2015

### Outcome 11. Healthcare Needs

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all children had access to GP care.

**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 care review meeting is scheduled to take place to discuss the planned discharge of this young person due to their high level of need, with lack of access to a G.P holding priority. A protocol for use of on-call doctor and emergency services remains in place to ensure there are measures in place to address medical needs whilst awaiting the completion of this process.

**Proposed Timescale:** 28/02/2015
### Outcome 12. Medication Management

**Theme:** Health and Development

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

Competency assessment for staff administering medication had not been formally carried out.

**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:**
An external training provider has been secured and is taking over the medication training; a qualified trainer will deliver the ‘safe administration and medication training’, this is an accredited training program and evidence of staff assessments will be documented on their staff personnel files.

All staff are due to commence the new training program that commenced in January 2015. This will be completed on a roll out basis. All new staff commencing employment will complete the training as part of their induction process.

**Proposed Timescale:** 30/03/2015

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### 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 operation of the centre did not reflect the service as described in the statement of purpose.

**Action Required:**
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

**Please state the actions you have taken or are planning to take:**
The admissions policy and procedure has been amended and this will include the role of the PIC in the decision making relating to children being placed in the centre and assess the impact of any new referrals etc. to ensure that the statement of purpose and function is reflective of the service provided.

**Proposed Timescale:** 30/01/2015
### 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:**
No date was available for the review of safety and quality at the centre.

**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:**
A date has been scheduled to commence the review of safety and quality at the centre.  

**Proposed Timescale:** 20/01/2015

### Outcome 16: Use of Resources

**Theme:** Use of Resources

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The centre manager was not able to ensure that sufficient resources were in place to meet all the children's needs as s/he did not have any budgetary responsibility for staffing.

**Action Required:**
Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
Unit specific budgets will be rolled out in consultation with all managers (PIC) in January 2015 for the year. The PIC will be responsible for the implementation and monitoring and recording aspects of the house budget. Going forward each month, the PIC will have an accounts review with the Financial Controller against the budget specific to their centre.

**Proposed Timescale:** 28/01/2015

### Outcome 17: Workforce

**Theme:** Responsive Workforce
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The staffing resource in place was not sufficient to meet children's needs.

**Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

Following the inspection, the centre management and HR have consulted and amendments have been made to the staff team. The centre now have a full established core staff team. The centre will be involved in the monthly rota meetings chaired by HR that identify any needs in the rota a month in advance. This ensures adequate provisions are made proactively by filling any need primarily with the organisation relief panel as opposed to agency staff. Where agency staff are required a core agency staff is established to limit disruption to the young people in the centre.

**Proposed Timescale:** 15/12/2015

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**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 insurance cover was extended by a period of one month to 14.11.14.

**Action Required:**
Under Regulation 22 (1) you are required to: Effect a contract of insurance against injury to residents.

**Please state the actions you have taken or are planning to take:**
The centre have fully renewed their insurance policy with expiry 6/11/15.

**Proposed Timescale:** 07/11/2014

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Following the inspection the public liability and employers liability insurance policies were extended by a period of one month to 14.11.14.

**Action Required:**
Under Regulation 22 (2) you are required to: Insure against other risks in the designated centre, including loss or damage to property and where such insurance is effected advise the residents accordingly.

**Please state the actions you have taken or are planning to take:**
The centre have fully renewed their public liability and employers liability insurance policies with expiry 6/11/15.

**Proposed Timescale:** 07/11/2014