

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Three Steps
<b>Centre ID:</b>	OSV-0003712
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Three Steps
<b>Provider Nominee:</b>	Eilis Cully
<b>Lead inspector:</b>	Paul Tierney
<b>Support inspector(s):</b>	Tom Flanagan
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	1

## **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:	To:
29 September 2014 09:00	29 September 2014 17:00
30 September 2014 08:00	30 September 2014 17:00

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

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

**Summary of findings from this inspection**

This inspection was carried out over two days and involved two inspectors. During the inspection inspectors met with the staff at the centre and reviewed documentation including the centres policies and procedures, care planning for the residents and fire prevention measures. The centre manager who was the person in charge, was on sick leave on the day of inspection and the centre was being run by the assistant manager. The centre manager was interviewed following the inspection. There were four children living in the centre on the day of inspection and there was one vacancy.

The governance and management structure was not effective in delivering a high

quality service to children, in spite of the competence and experience of the centre manager. There were some indications of a programme of quality improvement and an emerging culture of audit. However, staff told inspectors that the team was struggling to manage the risks posed by the behaviours of children and as a consequence the provider was not able to deliver a consistently safe level of care. This was due to the practice of admitting children whose needs exceeded the capability of the staff team and had resulted in negative outcomes for all children involved.

There were policies in place to govern and there was evidence that the children were well cared for by the staff but nevertheless there were poor outcomes for children as the mix of children impacted negatively on their quality of life. In addition, two children attended full time school placements but other children did not have access to or were not attending school. Inspectors found that children's right to a good safe service were undermined by the incompatibility of the children placed there.

There were systems in place to promote and protect the health and safety of children but they were weak and measures to manage risk were not robust. There were gaps in the frequency of fire drills, tap water was scalding hot and there were hazards located in the garden of the centre where children played.

These and other findings are 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 experience of children living at the centre was poor. Children were not able to exercise choice and autonomy due to restrictions imposed on them by staff. Inspectors were told by staff at the centre that they had recently made contact with an advocacy organisation for children to try to address this issue.

The centre manager had asked the Health Service Executive (HSE) to identify an alternative placement for one child whose behaviour was deemed extremely challenging. At the time of the inspection, no alternative placement had been located and this was impacting on the running of the centre and on the children and staff. Following the inspection, inspectors were informed that this child had been discharged from the centre without a placement being found for him/her. Thus the child's needs for a residential placement and other services had not been met and there was every possibility that outcomes had deteriorated for him/her as a result of the placement.

Children were not included in important decision-making meetings that affected their future. The centre manager told inspectors that the service struggled to ensure that the rights of children were upheld and s/he outlined the challenges particularly relating to one of the children. Due to the lack of onward placements available to adults leaving the service, this child could not exercise any choice in where s/he would live, once leaving the service. Staff had attempted to involve the national advocacy service to address this issue but were unable to successfully engage the service.

There were effective measures in place to ensure that children were consulted about the day to day running of the centre. Inspectors saw minutes from children's meetings that took place every three to four weeks since November 2013. The meetings covered

choices in activities that were undertaken by the children as well as what food was available to eat. Staff assisted all of the children to complete and return questionnaires as part of the inspection of the centre and they provided additional clarifications if necessary when the children answered questions.

Parents and children had received information about how to make a complaint. There had been a low rate of complaints which had not resulted in any action taken by the provider to examine the cause of this. The assistant manager told inspectors that there was a culture of promoting openness at the centre in relation to the making of complaints but s/he acknowledged that staff had not covered this issue with children or their families when they moved to live in the centre. S/he said that complaints were investigated and resolved over a three day period and that the centre manager or assistant manager would be involved in the process. The complaints register seen by inspectors contained one complaint from October 2013.

Staff delivered care in a way that promoted the privacy and dignity of children. Inspectors saw staff engaging with children in a respectful and helpful way during the inspection both in play and at mealtimes. Staff told inspectors that they were sensitive to the needs of children and that they always knocked on their bedroom doors before entering and there were no CCTV cameras in bedrooms at the centre. A child friendly guide to the centre was available to children in booklet form.

There were good play facilities available at the centre. Children were encouraged by staff to play in the substantial garden that contained a trampoline and climbing frame and swings. Toys and books were seen by inspectors and staff were actively assisting children in play activities during the inspection. One child responded via questionnaire that s/he had enjoyed going to the circus during the summer holidays. Another child indicated also via questionnaire that s/he enjoyed playing with toys and watching DVDs. The hallway of the centre contained photo boards of different activities that the children were involved in including the trip to the circus during the summer of 2014, a birthday party one of the children, an outing to the swimming pool and a visit to a playground.

Pocket money was available to children on a weekly basis from the provider and its administration was well managed. There was a cash box for each child and the pocket money was requested each month by the centre manager as part of petty cash. Spending was recorded on a spread sheet but it was not broken down per child and entries were not always initialled by staff. One child was in receipt of disability allowance for the past few weeks and s/he collected his/her money with staff. The money was kept in a cash box and there were plans for him/her to apply for a passport and to open a bank account into which the money would be lodged.

**Judgment:**

Non Compliant - Major

**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:**

Staff were effective in supporting children to communicate and there were speech and language therapy services available.

Three of the children were verbal and able to clearly communicate with staff. One child used a picture exchange communication system (PECS) to assist in communication. S/he showed her/his book to inspectors during the visit. This laminated book contained many photographs and drawings of objects and situations which the child would encounter in his/her daily life. The book was created in a way that allowed staff and the child to add new pages to expand the range of vocabulary available to him/her.

Staff told inspectors that there was regular use of social stories at the centre to assist children to understand what was happening or what was being planned at the centre. The manager told inspectors that s/he was keen for staff to have more training on PECS because of the importance of communicating with the children.

The centre manager told inspectors that s/he would like the personal plan for one of the children to be detailed on a visual board as had been done at another centre, in order to connect the child more fully with his/her plan and s/he was arranging for this to be done. Two parents indicated via questionnaire responses that they thought their child was assisted and supported by staff to communicate his/her wishes while living in the centre.

**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:**

Staff at the centre were proactive in supporting children to maintain contact with their

families. Children kept in touch with their families and community through a variety of different activities. The assistant manager told inspectors that staff collected parents of from their home if required and brought them to the centre for visits and for review meetings. S/he described the relationships with another families as being positive and this was confirmed by parents via a questionnaire.

Opportunities were taken by staff to involve the children in activities in the local community but more needed to be done in this regard. The assistant manager told inspectors that ideally staff would like to be able to bring the children on outings but for different reasons such as children's level of anxiety, behaviours that challenge, and insufficient staffing levels, this was not always possible.

Staff told inspectors that two children at the centre attended mass in a local town at weekends at the request of their father and that they were accompanied there by staff. Examples were also given of children attending a local St. Patrick's Day Parade with staff and families and of another child going out to a park with his family. One child also attended a sports day held at a local rugby club.

The centre manager emphasised the importance of honesty in staff's approach to working with families, even if there was disagreement between staff and parents on how some issues were managed.

**Judgment:**

Non Compliant - Moderate

**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:**

Appropriate contracts were in place with parents or statutory agencies. Inspectors viewed contracts called 'disability contract arrangements' which included the funding arrangement between the child's family, the Health Service Executive and the provider. The other two children at the centre were on care orders through the courts and they did not have contracts in place.

The policy on unplanned admissions is not sufficiently robust in anticipating the potential challenges from unplanned admissions. The planned admissions policy noted that work would be done with children in advance of a new admission. However, it was not clear



what measures were put in place when a child arrived at the centre in an unplanned or emergency placement and how their needs had been assessed prior or after their admission.

There was no evidence to show how the admissions process consider the issue of new admissions and the impact on children already living in the centre. Nor was it clear what steps were required to be taken in the event of some placements not meeting a child's needs. Inspectors viewed the minutes of a meeting convened to explore the sourcing of a more suitable placement for one child living in the centre. The meeting was attended by family members, managers from the Health Service Executive and staff from the provider organisation. No suitable alternative placement was identified for the child. The child was subsequently discharged from the centre without an appropriate alternative placement being sourced for him/her. The impact of this situation on all children involved was significant and could be attributed to a weak admissions process.

**Judgment:**

Non Compliant - Major

**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:**

There were comprehensive personal plans in place for all children at the centre but the pre-admission assessment process was weak. The quality of information gathered in advance of a child being admitted to the centre was poor. The pre admission needs document used in the assessment of the children's needs included education, communication and medical needs. Although pre-admission health assessments, including risk assessments were completed for children before they moved in to the centre. the document viewed by inspectors had a strong medical orientation and contained little about the child's social background, disability, behaviour or family life.

Children's plans outlined the services and supports to be provided to each of the children to realise goals in the area of health, education, communication and family relationships. One child's personal care plan dated 01.08.13 had sections on health,

safety and family contact details. The child's file also contained goal-setting worksheets. Some of the goals identified included play activities as well as other outdoor activities and visits home. Consent forms were also contained in the child's file about the use of a communication book and consent for the use of physical interventions to manage behaviours that challenged. These were signed by the child's parents.

There was effective use of multi disciplinary supports for children. There was evidence of involvement of the multi disciplinary team with children and records for two of the children were seen by inspectors. There was evidence that children were receiving occupational therapy and physiotherapy. The assistant manager told inspectors that s/he would like children to be able to avail of additional speech and language therapy sessions and that the sessions currently were sporadic. Behaviour support plans were also in place and these were prepared by the behaviour therapist employed by the provider.

Staff demonstrated a proactive approach to transition planning. Staff told inspectors that where alternative placements were available, planned transitions took place. They detailed a move from this centre to another centre in August 2014 of a young person who was 18 to adult services. Staff explained how a process of introduction to the new service was done with the young person with a handover meeting to the new manager and staff from the Child and family agency who had a role in aftercare. However, the lack of adult residential placements made this difficult to manage effectively.

Some work was done in preparing one young person for adult living. Inspectors saw evidence of social stories on the young person's file with goals in place each month in an effort to assist the young person to develop skills relevant to independent living.

**Judgment:**

Non Compliant - Moderate

**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 premises was spacious and bright but the safety of the garden was poorly monitored. The centre, a large bungalow was leased by the provider for a period of time. It was located in a rural area close to Dublin city and was surrounded by green

fields and trees off a main road. The centre was on a large site with spacious garden to the back that was surrounded by a wooden fence, further secured by chain link fencing and was available to the children to play in. There was car parking available at the front of the centre and the site was accessed through an electronic gate and the use of a key pad. The garden was large and mature with several trees contained in and around the perimeter. It had a trampoline for children to use as well as a garden shed for them to play in. Staff said they wanted to encourage the children to play more outside in the garden.

The garden area contained significant risks for children. During a walk around the garden, inspectors found a damaged electric cable for Christmas lights draped over a large tree. This could potentially have been a hazard in the form of a ligature and it was immediately brought to the attention of staff who removed it. Other hazards included rusty steel banding on old pieces of timber discarded in the garden. Again, these were brought to the attention of staff and the timbers were removed.

Maintenance within the building itself was proactively managed. The premises was well maintained by staff employed by the provider and a maintenance staff member was present during the inspection. Staff told inspectors that s/he was a very regular visitor to the centre due to the frequent damage to doors, windows, locks and other internal household fittings. Maintenance staff were repairing and upgrading the perimeter fence during the inspection and this was critical as staff told inspectors that they had concerns that one child would run away if the opportunity arose.

There was sufficient space for each child at the centre. Children had their own bedrooms and they shared two bathrooms. One other bedroom was currently being used as a sensory / play room. The bedrooms were of an adequate size and they all had storage space for personal belongings. There were two sitting rooms available for children that contained a television and DVD player. The kitchen area was large enough to meet the needs of children and it was equipped with cooker, fridge and adequate storage space.

Some measures were in place to mitigate behaviours that challenged. One room was used as a 'calm room' for when a child might become distressed. It had perspex on the window in the door and this was broken the day on the day of inspection. This room was covered in foam across three walls and it contained some soft toys. Staff told inspectors that the room was sometimes used if children were distressed or self injuring and that it helped to reduce the risk of injury to children. It also allowed for disruptive behaviour to be managed more effectively and that the impact of such behaviours on other children at the centre were lessened.

The staff sleepover room was located in an upstairs area off the corridor where the children slept. This area also contained the medication storage cabinet and a desk. Staff were attentive to creating a stimulating environment for children. There was evidence of toys and books in the living rooms and pictures on the walls.. The premises was clean and inspectors viewed daily cleaning and housekeeping schedules in place for staff from 21.08.14 to the date of inspection with individual tasks outlined for each room. These schedules were signed by staff at the centre.

**Judgment:**

Non Compliant - Major

**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:**

There were measures in place to promote and protect the health and safety of children and staff but they were weak. Inspectors viewed a draft risk management policy that had not yet been authorised by the policy committee. The policy noted that risk management was not solely about managing risks but also about identifying and taking opportunities to improve. The policy included sections on the risk management cycle, monitoring, the corporate risk register, control measures and learning from incidents. However the policy was not implemented successfully in the centre. Staff were not well versed in risk management and there was evidence that that risk management did not receive sufficient focus.

There were some measures to manage risks but risk assessments were not completely in a rigorous way. There was a corporate risk register in place. This was dated July 2014 and the provider had contracted an external organisation to facilitate the senior management team in drawing it up. The register was detailed and appropriate and contained sections on issues, risks, controls, ratings, and additional controls. Post incident reviews took place with staff at the end of shifts and records of these meetings were maintained and signed by managers. Inspectors viewed a health and safety statement dated March 2013 and updated March 2014 that was developed with the assistance of an external contractor titled, "Occupational Health and Safety Management System". The document described the responsibilities of the senior managers and employees and covered competence training and awareness, documentation and policies and the on going measurement of health and safety performance. Inspectors saw evidence of risk assessments of the premises dated May 2014. These were centre specific and comprehensive but there were no timeframes included for recommended controls. For example, the actions required to remove a computer server unit from the first floor, and provide a Perspex cover for the television did not have timeframes given for completion.

There was a health and safety officer in place and maintenance records were kept for all work completed at the centre but some risks had not been identified. Inspectors found that the temperature of the water from the kitchen tap exceeded 43 degrees on the day of the inspection and issued an immediate action plan to have this addressed. The centre indicated that a plumber was called to make the necessary change to the water heating system.

There were effective arrangements in place for the management of an emergency. There was an emergency evacuation plan in place dated 09.05.14 which contained telephone numbers of the local emergency services and detailed plans for medical, fire, gas and power loss emergencies. Inspectors also viewed a contingency plan for a full evacuation of the centre.

There were measures in place to prevent infection and colour coded mops were in use at the centre for cleaning purposes. A checklist was in use for cleaning each day and this was signed by staff. There were latex gloves and aprons available as well as a clinical waste bin. Staff told inspectors that no needles were used at the centre and thus a box for the disposal of sharp devices such as syringes was not required.

The systems in place for the management the risk of fire were not robust. Inspectors viewed records of inspection of the means of escape from 18.02.14 to 28.09.14. These were signed by staff and issues were identified on occasion following their inspection. However, there were gaps in records of drills and identifying those who participated. Fire drills were recorded as having taken place on 30.08.13, 25.09.13, 23.10.13 and 13.06.14. While the time and duration of the drill was recorded, the names of those who participated were not. The centre manager told inspectors that s/he was not sure how often fire drills took place at the centre and said that most staff had attended fire safety training or were scheduled to attend. Inspectors found that six staff still required fire training but this was considered when drawing up rosters to mitigate any risk.

Fire equipment at the centre was regularly serviced. The fire alarm was zoned and serviced quarterly most recently on 17.07.14 and on 10.04.14. Automatic door releases were inspected regularly but not always on a weekly basis. Fire extinguishers were inspected monthly between 06.01.14 and 18.09.14. There were nine extinguishers and they were serviced on 18.08.14. This corresponded with the labels on the appliances. Emergency lighting was serviced on 17.07.14 and on 10.04.14.

**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 and practices in place to protect children from abuse and neglect and staff were familiar with these. However, difficulties in managing behaviour that challenged resulted in the on going use of restrictive practices.

Staff had a good knowledge of child protection policies and protocols. There was a policy on child protection in place, dated 2014 that assisted staff to identify steps to take if a report needed to be made to a social worker. Although the name of the child protection liaison officer was not contained in the policy, staff interviewed by inspectors knew who this person was. Two staff interviewed by inspectors were familiar with whistleblowing and protected disclosure. The child protection liaison officer (designated liaison person) told inspectors that two incidents involving allegations against staff had been processed since the centre opened. The investigations were transparent and effective. There was evidence of good quality care being provided to children by staff and inspectors found that staff treated the children in a kind and respectful way; there was evidence of genuine warmth between staff and children, which provided an essential element of safeguarding. Inspectors interviewed staff who were knowledgeable about the signs and symptoms of child abuse. They knew about safeguarding and were familiar who the designated liaison person was and what the role involved. Safeguarding measures at the centre included a sign in book for all visitors, the constant supervision of children, ensuring that visitors are not alone with them (apart from family members) and an awareness of safe practices for staff. There was an organisational intimate care policy in place dated 2014.

Staff at the centre struggled to provide high quality care on a consistent basis. From interviews with staff, the reading of records and from direct observation of children during the inspection, inspectors found that there was an on going level of anxiety among staff and children. Staff interviewed by inspectors said that one of the children at the centre was very unsettled and that s/he was regressing emotionally due to stress caused by being in close proximity of another child who displayed a lot of behaviours that challenged. Another child indicated via questionnaire said that s/he would like to stop everyone shouting. Staff said that on occasions they would retreat to the office for safety during episodes of behaviours that challenged. Inspectors were concerned that staff lost control of the situation at times.

Due to the difficulties posed by challenging behaviour, there was a significant number of environment restrictions in place. The corridor leading to the children's bedrooms had a door containing a key pad. This was installed to prevent children accessing other children's. Toilets were also locked due to damage of doors and fittings and children were not able to develop independence in their own personal care. The living area was not conducive to a relaxed or homely place for the children.

There was infrastructure in place to review children's rights but many restrictive practices remained in place. The Rights Review Committee met on a monthly basis and was composed of clinical staff from within the provider organisation and representatives from two external organisations. The group considered individual rights restrictions, restrictive behaviour support plans, allegations and investigations, the issue of consent

and the use of psychotropic medications as prescribed by a psychiatrist. The full policy statement asserted that the provider was "committed to providing the least restrictive physical and social environments to facilitate individuals to live autonomous and dignified lives with an appropriate level of staff support". The assistant manager told inspectors that staff needed additional supports to manage behaviours that challenged. The chairperson of the rights review committee told inspectors that the situation was discussed at the committee meeting on 22.09.14 but this had not resulted in any improvement in the situation or alternative ways to try to manage the needs of children in the least restrictive way. The rights review committee was made up of the child protection liaison officer (also the designated liaison person as required by Children First guidance), the behaviour therapist, the centre assistant manager and the psychologist. In general, it functioned well and the minutes viewed by inspectors showed that the meeting reviewed significant events and restrictive practices that took place at the centre between February and September 2014. However, the needs of the children in terms of challenging behaviour meant that it was unable to promote a rights-based approach to care.

There was some evidence that alternatives were considered before restrictive procedures were employed. There were other restrictive practices in operation in the centre. These included the use of a harness in the car, the key code on the door to the children's bedrooms and the occasional locking of the kitchen. Inspectors viewed a policy on managing behaviours that challenge and restrictive practices. A log was maintained of restrictive practices which were risk assessed and reviewed by the rights review committee. However, the critical issue that impacted on the running of the centre was that the admissions policy and practices did not comprehensively assess the compatibility of children in the centre and this led to a situation that resulted in a child being discharged in an unplanned way.

**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 system for ensuring that notifications were made was effective. The centre manager maintained a record of notifications to the Chief Inspector as well as to statutory child protection services.

Notifications made to the Authority were in compliance with regulations. Inspectors viewed notifications to the Authority in July 2014 regarding a power outage (25.04.14), restrictive procedures (10.06.14) injury to a child (07.06.14). Other incidents notified included a slip in the shower and an injury to a child.

**Judgment:**

Compliant

**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:**

Educational opportunities for children at the centre were poor. Some children were supported to avail of educational opportunities at school while other children had no school placements. One parent indicated via questionnaire that s/he did not feel that their child's social and developmental needs were being met because s/he did not have a school placement or home tuition and this was directly linked to the child's behaviours.

Two children living in the centre had school placements and attended school every day. One child had not been in school since May 2014 and an application had been made for home tuition but s/he was not receiving even this minimal service. The fourth child had a school placement but had not attended school since s/he came to live in the centre due to psychological and emotional issues, worsened by his/her exposure to the levels of challenging behaviour in the centre.

Staff told inspectors that one child had recently started attending an activity in a local town for a few hours one or two evening each week. This was aimed at helping him/her to make friends outside of the centre and was evidence of some better practice.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

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



<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b> The healthcare needs of children living at the centre were not being addressed in a comprehensive way. There were deficiencies in how the healthcare and nutritional needs of children were managed and there was evidence that additional resources were required to be able to provide the necessary levels healthcare.</p> <p>Children did not have access to multidisciplinary services in a timely way. The assistant manager told inspectors that a general practitioner (GP) had refused to come to the centre saying that it was not part of the service agreement. Not all the children had a full health assessment and examination on admission to the centre. One child had waited a year for a specialist appointment. This meant that the child's health may have deteriorated in the intervening time. The service level in place with the GP did not meet the children's needs. A request for a nutritionist to provide advice in relation to one child had been made by members of the multidisciplinary team but this had not been forthcoming. The provider had taken no other steps to access this service.</p> <p>There was evidence of specific meal plans for two of the children at the centre. Inspectors saw the records of food intake in the daily logs of each child. One child had stopped eating for 2-3 days and his/her nutritional intake was recorded for the multidisciplinary team. There was no evidence of guidance from a nutritionist on how to manage situations of this kind.</p> <p>Inspectors observed that children had plenty of good quality food and they were able to exercise choice in this regard.</p>
<p><b>Judgment:</b> Non Compliant - Moderate</p>

<p><b>Outcome 12. Medication Management</b> <i>Each resident is protected by the designated centres policies and procedures for medication management.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre's first inspection by the Authority.</p> <p><b>Findings:</b></p>

Medication management at the centre was effective but staff's competency to administer medication had not been assessed.

The medication management policy seen by inspectors was dated 2014 and applied to all of the centres across the provider organisation and was adequate. The policy contained a section on contingencies that provided specific instructions to staff for a range of scenarios.

There were adequate measures in place for the safe storage of medication. The locked medication cabinet was stored in a staff bedroom on an upstairs level. The room was accessed via a secure key pad on the door leading to a stairs. There was a second locked cupboard within the locked cabinet for the storage of controlled drugs and a fridge available for the storage of medications. Each child had a shelf in the cabinet for their medications and had their photograph and name on a prescription and administration sheet. This involved two staff signing and checking that the correct medication was being given to the correct child. There was evidence that some children's parents signed for the receipt medications before their child went home for visits. A staff member interviewed by inspectors was knowledgeable about the correct procedures to be followed for the safe administration of medication and staff at the centre outlined to inspectors how medication was administered.

There was evidence of good practice in the medication management records. Inspectors viewed medication folders for the children in the centre which contained a photograph of the child, consents from parents or guardians, a prescription sheet and an administration sheet.

Competency assessment of staff administering medication was not formalised. The staff member at the centre responsible for medication management was the medication officer. S/he had a nursing background and had trained staff in medication management before the centre opened. S/he had not completed a train the trainer course and no formal competency tests were carried out to assess competency of the staff.

Training was available to staff in the administration of medication. Refresher courses were available every two years for staff in the safe administration of medication. The most recent medication training took place in September 2013. Inspectors saw evidence of an 'as necessary' (PRN) protocol that was in place for one child. This was to be used after all de-escalation strategies were explored. The protocol and its use was reviewed by the multi disciplinary team and by the rights review committee. Staff confirmed that no children were on drugs controlled by the Misuse of Drugs Regulations 1988 at the time of inspection.

Systems for dealing with medication errors were effective. There had been one medication error identified since the centre opened. Inspectors saw evidence of learning following from the incident and actions were taken to address the issue. Staff recorded the error and contacted the parent and social worker for the child. Work was undertaken with staff on the recording and signing of the administration sheet to prevent a repeat of the incident. The medication officer carried out monthly checks on medications to see that they were in date and there was a procedure displayed for staff in relation to the disposal of medications. The procedure was in place since 07.07.14 An assessment was

carried out as to whether one child would be able to self administer medication but s/he was deemed not to be competent to do this. This assessment was a positive initiative as it was a step aimed at maximising the child's independence.

**Judgment:**

Non Compliant - Moderate

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

There was a statement of purpose in place that contained information on the aim and objectives of the centre, details of the house and of the services provided there as well as information on education and the complaints process. The information was laid out in a clear and concise way and included a floor plan as well as details on fire precautions and emergency procedures.

The statement of purpose for the centre did not reflect the reality for the children who lived there. Inspectors found that children did not enjoy a 'low stimuli environment' as described in the statement and staff could not meet the needs of children whose behaviour was significantly challenging. This was due to the mix of children living there and the admission of children to the centre, although the service could not meet their needs.

**Judgment:**

Non Compliant - Moderate

**Outcome 14: Governance and Management**

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

**Theme:**

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

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

**Findings:**

There was a defined management structure at the centre but it was not effective in delivering a quality service to children.

Neither the provider or the person in charge were able to provide a service which complied with regulations. The failure to control the admissions to the service, to provide a safe service and one which upheld children's rights was a cause of serious concern, as detailed in many of the non compliances described in this report and in the action plan. The centre manager noted that recent months had been very challenging for the centre and that the staff team needed to get some perspective on ensuring that the needs of all the children were being met.

There were some limited management processes in place. The centre manager met with the alternative care manager every four to six weeks and s/he was accountable to him/her. Performance appraisals took place each year. There were some systems in place to promote effective sharing of information relating to the care of children at the centre. Inspectors saw evidence of staff team meetings taking place and saw minutes of meetings held on 31.07.14, 13.08.14, 27.08.14 and 10.09.14. These were handwritten notes and items on the agenda included activities for the children, medication management, restrictions and behaviour management.

The person in charge was proactive and committed to his/her own professional development. The person in charge supported by the assistant manager and line managed by the alternative care manager was responsible for the running of the centre. S/he had worked with the provider since 2010 and had a qualification in applied social studies and was currently studying for a masters degree in family support. The assistant manager and the medication officer managed the centre when the PIC was not available. The centre manager told inspectors that s/he would have daily contact with his/her line manager to discuss significant events relating to children or staff.

Inspectors met with the deputy person in charge or assistant manager on the day of the inspection and later arranged to meet with the person in charge. The assistant manager had a degree in social care and had worked with the provider for over three years. S/he had been working in this centre since it opened thirteen months ago. The assistant manager told inspectors that the team were struggling to manage the risks posed by the behaviours of children. S/he was scheduled to attend training for persons in charge during the month of October 2014 and s/he told inspectors that s/he had recently participated in child protection training and in leadership and conflict management. The assistant manager was knowledgeable about the requirement to notify HIQA about the absence of the person in charge and was also able to explain clearly what was involved in protected disclosure or whistleblowing.

There was evidence of an emerging culture of audit at the centre. Significant events

were reviewed daily by the centre manager and issues were discussed in supervision and at debriefing for staff. Internal house audits were carried out by the manager and three monthly and yearly audits were undertaken by the alternative care manager who was his/her line manager. Inspectors viewed one internal audit dated 23.09.14 completed by the alternative care manager. The audit reviewed the children's files, placement planning, complaints, health and safety and the rights policy. Inspectors saw evidence of meetings on 27.05.14 and 10.04.14 which followed on from audits about work which needed to be done on children's files at the centre. Inspectors viewed an internal audit of the centre completed by the deputy head of social care dated 23.09.14. The centre manager told inspectors that s/he kept a close watch on daily and weekly logs and s/he utilised the monthly audits carried out by her line manager to improve the service to children. The provider nominee, also the designated liaison person, told inspectors that there was a practice of disseminating the learning from inspection reports across the organisation in order to promote the quality of the services. However, 10 months on since the commencement of regulation, no date was available for the review of safety and quality at the centre.

**Judgment:**

Non Compliant - Major

**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 person in charge was on leave on the days of the inspection but was interviewed at a later date. The assistant manager told inspectors that s/he was available to manage the centre if the person in charge was not available and that his/her line manager, the alternative care manager was in regular communication with him/her relating to this and other matters pertaining to the centre.

Another member of the staff team, the medication officer, moved into the role of assistant manager when the person in charge was unavailable. The person in charge was aware of the regulations requiring the Authority to be notified in the event of a prolonged absence.

**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 was not able to manage resources due to the financial systems in the service.

Inspectors were told by the assistant manager that s/he did not have a dedicated budget for the centre but that key performance indicators and spread sheets were available to detail and report on spending on food, pocket money for children and the use of the centre credit card. There were resources made available for the running of vehicles, for utilities and for food as well as for other spending including pocket money for children and repairs and maintenance throughout the centre. The centre manager told inspectors that a new approach was being developed by the provider and that resources would be allocated in a different way allowing centres to cater for the individual needs of children over a longer period of time. S/he said that s/he did not currently have responsibility for staffing budgets but that this would change in the new system. As a result, the centre manager did not have any autonomy in the resourcing of the centre and the assistant manager told inspectors that s/he did not know what the budget was for the centre. The person in charge did not have control of the staffing resources to ensure that staff were available to bring children out on activities when they were needed.

The staff at the centre required additional supports during the month of August 2014. The cook from another centre came to work there to assist with the preparation of meals. The plan was for him/her to come once a week but s/he did not feel safe in the centre and left. The assistant manager told inspectors that the need for extra support was raised with the alternative care manager in the organisation. Staff told inspectors that shopping and food preparation took away from staff being able to be with the children on a one to one basis.

**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:**

There was not always sufficient staff in place to provide the service as outlined in the statement of purpose. The staff complement at the centre was made up of 18 whole time equivalents, 13 permanent staff and five relief or contract staff, including the manager and assistant manager. There were three staff on per night on sleepovers and seven managers shared an on call system across the provider organisation at weekends. Local managers were on call during weekday evenings on a week on week off rota. The person in charge told inspectors that the roster was created by the assistant manager and that s/he would see it before it was finalised. The rosters were drawn up by the assistant manager one or two months in advance. The person in charge noted that the roster was the best tool available to maintain a positive staff team in terms of their morale. There were five staff working at the centre on the day of the inspection including the assistant manager. The person in charge told inspectors that as a rule, at least one staff member along with the manager or assistant manager would have fire training on each shift.

Staffing numbers in the centre were not always adequate. Inspectors found that there were insufficient staff on duty and when staff were cooking were unable to undertake personal care with children. S/he noted that the centre used a lot of agency staff during the month of August 2014, mainly due to regular staff being on holidays, but that they tried to maintain consistent staffing.

There was some evidence of training being prioritised by the provider. Inspectors saw details of a training needs analysis being compiled by the training and development officer. The results of this analysis was due in October 2014. Six staff at the centre had not received training in fire safety but all staff had received training in manual handling, First Aid, Children First (2011), and behaviour management. The centre manager confirmed to inspectors that s/he ensured that at least one staff member with fire training was on the roster every day along with a manager who had also attended fire training. However, staff were not sufficiently trained, skilled or knowledgeable in managing behaviour that challenges and this contributed to the difficulties in providing a safe service.

Staff supervision was not always regular and completed performance reviews were not in place for all staff. Performance reviews were available for some staff. These were

detailed and signed but not dated. Inspectors viewed a performance review document for the assistant manager dated 16.01.14. The document rated performance across a range of domains including time management, legislation, policies, professional development, attitude and character and calmness under pressure. Inspectors saw notes from staff supervision and this took place every six to eight weeks. The person in charge said that most staff engaged with the supervision process and that on occasions dynamics involving the children forced the cancellation of supervision sessions. The assistant manager told inspectors that the morale of the staff team had been affected in recent months and that some staff were feeling drained and stressed. Additional staffing had been put in place to meet the needs of children and relieve pressure on staff but the situation was not resolved the issue.

Recruitment practices were effective at the centre although not all required documents were available in personnel files. The person in charge told inspectors that s/he had been on interview panels for staff working in children's disability centres. S/he noted the importance of successful candidates having a good sense of who they were as people, having the ability to give relevant examples of their skills, communication techniques, knowledge of abuse and examples of creativity in their work. Inspectors viewed five staff files and they contained the required documentation with the exception of two which did not contain qualifications in the case of one and a registration document in the case of the second. Vetting forms for An Garda Síochána were contained in all of the files sampled including on those files where staff had worked abroad.

**Judgment:**

Non Compliant - Major

**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 maintenance and management of records at the centre. Inspectors reviewed a range of operating policies and procedures under Schedule 5 of the Regulations but there was no policy in place for the monitoring and



documentation of nutritional intake. This was of particular significance considering the needs of some children in the centre. Some of the policies in use at the centre were organisational wide-policies and not centre specific.

Records were securely retained and were accessible. The assistant manager told inspectors that files were archived at another centre run by the provider. There were no files relating to children at this centre archived at this time. Records were in locked cupboards and in filing cabinets both in the staff office and the upstairs office. There was a directory of residents containing the details of five children, one of whom was discharged. The directory contained information about the dates of admission and discharge as well as aftercare work being undertaken.

Inspectors found that staff were familiar with a range of policies that were relevant to the care and support of children at the centre as well as policies that related to the management and governance of the centre. There was a policy review committee in place at the centre and this group reviewed policies across a wide range of areas.

The centre had insurance policies in place. Inspectors viewed documentation from the centre's insurers dated 06.12.13 confirming that employers' liability and public liability insurance cover was in place. Another letter dated 07.02.14 confirmed the existence of a motor fleet insurance policy for vehicles at the centre.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Paul Tierney  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Three Steps
<b>Centre ID:</b>	OSV-0003712
<b>Date of Inspection:</b>	29 September 2014
<b>Date of response:</b>	15 December 2014

### Requirements

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

The needs of the children placed at the centre were not being met and their right to a quality safe service was undermined due to the impact of the poor group mix of the children.

One child had been discharged without an onward placement.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

One child could not exercise any choice in his/her move to adult services.

**Action Required:**

Under Regulation 13 (1) you are required to: Provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.

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

The Training and Development Manager scheduled a full review of all policies in January 2015. The centres admission policy was afforded priority and criteria for admissions, areas of assessment to determine suitability and impact on others, roles, involvement in this process by the PIC and responsibilities of decisions in this process have been amended and clearly outlined in the devising of 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.

Following the inspection process one young person was discharged from the service without an onward placement identified. As outlined above the centre has developed a robust admission processes to limit the possibility of a breakdown in placements due to unsuitability.

The centre has organised for the young person identified in the report (re choice in adult placement) to avail of an external advocate; the young person is scheduled to meet with an advocate from the national advocacy service on Wednesday 17th December. Management and key-workers will continue to advocate on behalf of this young person to be involved in all important life decisions.

**Proposed Timescale:** 30/01/2015

**Theme:** Individualised Supports and Care

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

Children and their families did not have sufficient information on the complaints procedures.

**Action Required:**

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

Keyworkers have revisited the complaints procedures with all the young people. This was completed in a child friendly manner specific to each individual's needs, through individual work and is documented in the integrated planning folders.

The centre manager has commenced a scheduled plan involving the revisiting of the complaints policy with family members. All families will be provided with a second parent's booklet and the centre manager plans to meet with all parents to discuss any questions/queries they may have in terms of the complaints policy. The centre manager is documenting all such efforts and evidence of same can be found on the young people's working files.

**Proposed Timescale:** 30/01/2015

### **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:**

Opportunities for children to be involved in activities in their local community were limited.

**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.

The PIC plans to complete training on the importance of social inclusion during a team meeting scheduled in January 2015.

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. Families will be encouraged to be involved in this process.

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.

**Proposed Timescale:** 30/01/2015

#### **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 admissions process did not consider the impact of new admissions on children already living in the centre and there had been poor outcomes for all children involved.

**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 centre have amended their admission policy 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 will be amended and clearly outlined in the devising of 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:**

The pre admission assessment was not comprehensive and used a medical mode.

**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:**

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:

The alternative care manager has scheduled to review and amend the current pre admissions needs assessment to include a broader scope with a balance of medical and social needs focus. This will then be included in the new admissions procedures that are planned to take place.

**Proposed Timescale:** 15/02/2015

### **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 safety of the garden was poorly monitored.

**Action Required:**

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

The centre have implemented a weekly garden check as part of their health and safety procedures. This is completed by the Health and Safety Officer with records of same maintained in the centre. This is further reinforced by management who have included the checking of the completion of this process in their weekly management checklist.

**Proposed Timescale:** 30/11/2014

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

**Theme:** Effective Services

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

Not all risks in the centre were assessed and managed. Hot water temperature in a kitchen tap exceeded 43 degrees Celsius.

Staff were not familiar with risk management.

Timelines were not specified in risk assessments.

**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:**

Water temperature – (This was completed as part of the immediate action plan forwarded following inspection feedback)

The Centre contacted Three Steps contracted qualified Plumber to seek advice re situation. The plumber completed a check of the water system and ordered a unit mixer to be delivered in order to ensure that water temperature could be controlled in both the boiler and kitchen sink, wash basins.

The unit mixer was ordered and was installed by Three Steps contracted qualified plumber. This will ensure the water temperature is controlled to an appropriate temperature.

Steps 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.

**Risk Management**

The Organisation Training and Development Manager drafted a risk management policy based on the feedback from the inspection process and items required as outlined under the regulations. This policy has been reviewed by the organisation Policy Review Committee and approved to include in the centres policies and Procedures. The centre PIC has discussed the new policy during a team meeting with the staff team in the centre. The PIC will also utilise supervision and training to further inform their team about risk management.

The Training and Development Manager and Alternative Care Manager have devised new risk assessment forms that are based on the MAPA decision making matrix system for assessing risk. These include review timelines to be completed and also note progression or deterioration. All staff receive training on the decision making matrix in their MAPA training prior to employment and through annual refresher training.

**Proposed Timescale:** 15/11/2014

**Theme:** Effective Services

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

The recording of fire drills was not adequate and the centre manager was unsure of the frequency of the drills.

**Action Required:**

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

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

Following the Inspection the Health and Safety Officer completed a fire Drill that included all young people and the staff team, records of same are maintained in the centre. Fire Drills now take place every Three Months and as required i.e. a new admission to the centre. The Centre Health and Safety Officer is responsible for completing and recording all fire drills.

Management have included Health and Safety checks as part of their internal audits and the Alternative Care Manager has included Health and Safety Checks as part of their audit process. Records of all audits are maintained and available for review in the centre.

**Proposed Timescale:** 15/11/2014

**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:**

The use of restrictive practices prevented other children from being able to access their bedrooms and toilets.

**Action Required:**

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

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

All staff receive training in Child Protection training prior to employment which includes a module on the use of restrictive practices.

Three Steps now have two internal MAPA trainers that act as support to the centre and can provide extra skills and training e.g. environmental assessments, updates on de-escalation skills etc. as required outside of the annual refresher process. All staff receive training on the Management of Actual and Potential Aggression (MAPA) prior to commencing work in the centre. This is mandatory training and is subject to annual refreshers.

The restrictive measures identified in the report were put in place as a short term safety measure in an attempt to maintain this young person's placement whilst the HSE sought an alternative placement for them. All restrictions were reviewed by the Rights Review Committee and although some amendments could be made it was determined that to remove all measures would create a greater risk to all young people. Following the discharge of this young person all restrictive measures that were introduced as a short term safety measures were discontinued.

Any use of restrictive practice will continue to be reviewed by the rights review



committee and notified to HIQA.

**Proposed Timescale:** 31/10/2014

**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 challenging behaviour and this impacted on other children's emotional and psychological 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:**

As outlined earlier in this action plan the centre have amended their centre's admission policies and procedures to ensure suitability of all future admissions and reduce any possible impact on other residents.

All young people continue to be afforded emotional support from the staff team and members of the centres clinical team to ensure any emotional or psychological impact that they may have experienced is acknowledged and addressed.

There are numerous trainings provided across the organisation aimed at supporting staff in understanding and managing challenging behaviour with further details outlined in the organisational TNA for 2014.

All staff receive training in the Management of Actual and Potential Aggression (MAPA) prior to commencing work in the centre. This is mandatory training and is subject to annual refreshers. Three Steps now have two internal MAPA trainers that act as support to the centre and can provide extra skills and training as required outside of the annual refresher process.

The centre will continue to be reviewed by The Rights Review Committee.

**Proposed Timescale:** 30/01/2015

## **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:**

Two children at the centre did not have school placements.

**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:**

As a result of one young person's challenging and risk behaviour they had recently being expelled from their school placement. The centre immediately contacted the education welfare officer for the area and were advised to seek for home tuition. The Education Welfare Officer advised that due to the behaviour presented by this young person that they could not seek a school placement for them at this time. The centre PIC had liaised with the Education Welfare Officer who applied for home tuition and were awaiting response at time of inspection.

The other young person did have a school placement at time of Inspection but was not yet attending. This was as a result of a paperwork delay from the HSE regarding seeking an assigned SNA; which the school required in order for this young person to commence their placement. The PIC attended a meeting with the school and agreed that they would send staff to school every day to act as an SNA whilst the necessary paperwork was approved and an appropriate person assigned. An SNA has now been assigned which resulted in staff no longer attending in replace and this young person continues to attend their school placement.

**Proposed Timescale:** 15/10/2014

## **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Children experienced delays in specialist services.

Some services such dietetics were not available to children, even in acute situations.

The service level agreement with the GP did not include visits to the centre.

**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:**

One young person was delayed in attending some appointments specifically for bloods and appointment for Gastroenterology review. This was a result of an administration error by the HSE as they provided the wrong address for this young person which resulted in the centre not receiving the appointment letters. This has since been amended and all letters now come to the centre. The young person has attended their Gastroenterology review in October 2014 and is scheduled to receive their blood test on 15.01.15.

The centre now have a policy on nutrition included in the centre's policy and procedures. The reviewing of nutritional intake is now reviewed at tri-weekly MDT meetings. Where a young person has specific dietary requirements this will be included

in the new Health Action Plan section of the Person Centred Plans and will be supported by house specific recording sheets. The centre will also ensure that referrals are sought through the young person's GP where applicable for external services including dietetic services.

The centre have contacted the current GP and requested a meeting to take place in the New Year to discuss the possibility of including visits to the centre as part of the service level agreement. The centre will continue to utilise the on-call Doctor system where a young person refuses or can't attend the GP.

**Proposed Timescale:** 30/01/2015

### **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:**

Following the completion of the company training needs analysis research recently completed by the Training and Development Manager, 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 commences in January 2015. This will be completed on a roll out basis and the Training and Development manager will provide a schedule to the PIC for completion. All new staff commencing employment will complete the training as part of their induction process.

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

### **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 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:**

One young person has since been discharged from the centre and this has resulted in the removal of all short term restrictive measures that were in place to ensure safety and returned the house to be reflective of the statement of purpose and function.

As outlined earlier in the action plan a new robust system for admissions is scheduled to be introduced to ensure suitability of placements and that the environment remains reflective of the statement of purpose and function.

**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 set to commence the formal review of quality and safety at the centre in January 2015. The first phase includes the devising information gathering format and approval of the audit tool. The review will include consultation with residents and family members. Following the information gathering processes, a formal report will be devised and available for review by all residents, relevant professionals including HIQA and family members.

**Proposed Timescale:** 05/03/2015

**Theme:** Leadership, Governance and Management

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

The provider and centre manager could not provide a safe quality service to the children.

**Action Required:**

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

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

A new robust admissions process is scheduled to be introduced in January 2015 as the centre acknowledges the link between the importance of the admissions process and criteria in ensuring a safe and quality service can be provided.

Audits will continue to be conducted by House management and Alternative Care Manager, with evidence located on centre files.

The CPLO will continue to review the centre through the Rights Review Committee process.

A date for the review of safety and quality of the centre has been scheduled for January.

**Proposed Timescale:** 30/01/2015

**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 of children's needs as s/he did not have any budgetary responsibility. This impacted on the quality of the children's lives.

**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 early 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:** 20/01/2015

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were insufficient staff on duty at times.

Staff did not have sufficient skills and knowledge to manage behaviour that challenged.

Not all documents as required under schedule 2 were contained in the staff files sampled. There was no PIN registration for the medication officer and there were no qualifications on file for the assistant manager at the centre.

Not all staff were trained in fire safety.

Staff did not always receive regular supervision.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Three Steps now have two internal MAPA trainers that act as support to the centre and can provide extra skills and training as required outside of the annual refresher process. All staff receive training in the Management of Actual and Potential Aggression (MAPA) prior to commencing work in the centre. This is mandatory training and is subject to annual refreshers.

Staff qualifications are on file for the assistant manager.

Staff PIN registration is now on file for the medication officer. Inspectors were shown staff PIN number through online format at time of inspection.

Fire training has been scheduled for all remaining staff for 3.02.14.

An organisational Training Needs Analysis has been completed and recommendations are currently being addressed in terms of overall findings and house specific findings.

This was disseminated to the centre manager during a management meeting in November and a review will take place in January 2015.

The Centre PIC will ensure that staff now receive supervision within the specific timeframes as outlined in the centre's policies. This will be audited by the Alternative Care Manager.

As identified in the report during times of personal care and meal preparation staff struggled to balance all duties due to one young person's challenging behaviour and staff requirement of a two to one. The centre no longer experience this difficulty due to the client group in the house. However, the centre are currently sourcing a domestic staff to ensure that such situations could be avoided in the future.

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

## **Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some policies were generic and not centre-specific.

There was no policy on monitoring and documentation of nutritional intake.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

There is now a policy on documentation and monitoring of nutritional intake included in the centre's policies, this was informed by the recent HSE publication on nutritional intake.

A full review of all policies is scheduled to take place in January 2015.

It will be determined what policies can remain in generic format and will introduce centre specific policies as required. This will be completed and approved by the policy review committee. All new policies will be distributed to the team and reviewed through forums including training, house meetings, working groups and supervision.

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