

**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-0004477
<b>Centre county:</b>	Meath
<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>	Tom Flanagan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	6

## **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 1 day(s).

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

From: 09 October 2014 10:00 To: 09 October 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 the first inspection of the centre carried out by the Authority and its purpose was to inform a decision to register the centre.

The centre was newly built and, according to its statement of purpose, intended to provide fulltime residential care to children, male and female, with intellectual disabilities in the mild or moderate ranges. The centre had capacity for a maximum of six children.

As part of this inspection, the inspector met with the manager who was the person in charge, the assistant manager, the provider nominee and the clinical director. The inspector also inspected the premises and viewed policies, procedures and a number

of templates that had been designed for use in the centre.

The centre was located in a large dormer bungalow, which was situated in a rural location several miles from a large town. The centre had its own secure grounds which separated it from neighbouring houses.

The inspector found that the centre was not yet ready to be occupied. Suitable policies and procedures were in place and preparations were being made to ensure that the centre provided a high standard of accommodation for residents. It was proposed to transfer the staff team currently providing a service in another designated centre to the new centre.

The inspector found that the service as outlined in the statement of purpose had the potential to provide children with safe and effective care. Effective management systems were in place. The manager was suitably experienced and competent to manage the service.

Improvements were required in a number of areas. The criteria for admissions needed to be reviewed as the centre was not accessible to children with mobility difficulties. Work on the premises needed to be completed. Centre-specific risk assessments needed to be carried out. The statement of purpose needed to be revised. Further training of staff was required to ensure that all received mandatory training. These improvements that are required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this report.

In addition, the centre will need to be inspected again prior to its registration to ensure that works in the centre have been completed and that the centre is ready for occupation.

**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:**

Systems were in place to ensure that children's rights were supported, their dignity promoted and to ensure that they were consulted in relation to their care.

The manager told the inspector that, prior to the opening of the centre, children, who are prospective residents, and their parents will be invited to the centre in order to see the premises, meet the staff and that they will be given copies of an information booklet which outlines their rights and responsibilities and describes the services to be provided. Copies of these booklets were made available to the inspector and the rights of children were set out in these booklets and will also be displayed on a wall in the centre.

The manager told the inspector that a resident's meeting will be held weekly to ensure that children are consulted about how the centre operates. This will involve children in making decisions about the menu and the activities they take part in and raising any issues they wished about the centre and how it is run. She also envisaged the possibility of children chairing this meeting if they chose to. She also told inspectors that children will also be involved in choosing their rooms and choosing colour schemes and that this will form part of their transition to the centre. Arrangements were also in place for children to be involved in the development of and review of their personal plans.

The manager told the inspector that she will review the minutes of the children's meetings and follow up by ensuring that if children express certain wishes, for example, going to an event by train, she will ensure that this is organised for the child by the child's key worker. The manager also told the inspector that an arrangement has been put in place with a national group who promote the rights of children in care, to ensure that each child will have an advocate and that the advocate will be invited to key

meetings such as personal plan reviews.

There were policies and procedures for the management of complaints, which included a commitment to resolve the complaint quickly. There was also an appeals process in the event of a complainant not being satisfied with the outcome. The inspector viewed the complaints policy, which was satisfactory.

The statement of purpose set out the measures that would be in place in order to safeguard children's privacy and dignity. These included each child having their own room and being able to personalise it, the provision of private space for children to see their families, the provision of accessible information and the care of laundry and personal possessions. There was a policy in place on the provision of intimate care and there were policies and procedures in place to ensure that children's belongings and finances were protected. Sufficient storage has been provided for children's belongings.

The statement of purpose stated that a range of activities would be made available to each child in the centre and in the local community. The manager told the inspector that children will be members of a local gym with access to a swimming pool. They will also be able to engage in horse-riding, bowling and other activities in the community. The manager gave examples of work experience opportunities that will be made available to children should they require them. The manager told the inspector that board games and sensory play opportunities will be made available in the centre and that particular interests children may have, such as baking and cooking, will also be facilitated.

**Judgment:**

Compliant

**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:**

Arrangements were in place for the communication needs of children to be met.

The manager told the inspector that a pre-admission assessment of each child's needs will be carried out and the strengths and needs of the child in the area of communication will be assessed. A child's previous history of assessment and intervention by a speech and language therapist will also be explored. Goals in relation to the development of communication skills will then be set out in the child's personal plan. The inspector viewed templates for both the assessment and the personal plan

and found that the area of communications strengths and needs were addressed.

The manager told the inspector that the staff team are experienced in the use of picture exchange systems, visual schedules and objects of reference and that a behavioural therapist, who is employed by the organisation, provides training to staff and facilitates children and staff to access resources such as relevant communications' applications for electronic devices. She told the inspector that several of the children who are prospective residents of the centre currently use picture exchange systems to express choices and preferences and that the organisation has provided electronic devices to children to further enhance their communication skills.

The manager told the inspector that a wireless internet system will be available in the centre so that children could access the internet on their own electronic devices. Children will also have access to television, dvds and radio.

**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:**

Arrangements were in place for children to be supported in maintaining their relationships and developing links with the community.

The statement of purpose stated that focus will be maintained on developing positive and sustainable relationships between children and their families and friends. The manager told the inspector that, prior to admission a child and their parents will be invited to the centre to familiarise themselves with the premises and the staff.

Furthermore, events will be organised both within and outside the centre to which family and friends will be invited. The level of contact between a child and family will be set out in the child's personal plan and will vary from child to child, depending on their circumstances.

The manager told the inspector that a private room and facilities will be provided, if required, for children to meet their families. They told the inspector that families were welcome to visit the centre but that visits by family or friends would be risk assessed in relation to their impact on other residents. The inspector observed that there was adequate space and facilities available for children to meet their parents and family in

private if required.

The manager told the inspector that each family will be kept informed of their child's well being and will be involved in the child's personal plan meetings and reviews if this is deemed appropriate.

The clinical director told the inspector that careful consideration had already been given by the multidisciplinary team to the mix of children who are prospective residents of the new centre and that matching of children according to their needs, abilities and age would be a feature of future admissions. The manager told the inspector that children will be encouraged to use community facilities and that transport will be provided by the centre in order to take children to and from school and to facilitate shopping trips, outings or individual appointments.

**Judgment:**

Compliant

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

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

**Theme:**

Effective Services

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

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

**Findings:**

Each child will have a written contract. Criteria for admission were outlined in the statement of purpose and the clinical director told the inspector that a process was in place for admissions to be in line with these. However, the admission criteria were not fully transparent.

The manager told the inspector that an application for the service is usually applied for by a funding organisation with the knowledge of the parents and child. The manager will then carry out an assessment of the child's and family's needs. The particular needs of the child and those of other children currently resident in the service will then be taken into account before a placement is offered.

The statement of purpose set out the intention to admit children between 10 and 18 years whose intellectual disability was in the mild or moderate range and also did not rule out admitting children with mobility difficulties. However, the inspector found that the admission criteria were not fully transparent as they did not make it clear that the centre could not cater for children with mobility difficulties.



The manager told the inspector that each child will have a written contract which sets out the services to be provided and that this will be signed by the child, the parents/guardians, a representative of the organisation funding the placement, the manager and assistant manager. The inspector viewed a copy of the proposed contract and found that it was person-centred, detailed and met the requirements of the regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

Children will have personal plans, based on comprehensive assessments of need, which set out their individual strengths, needs, choices and preferences and the supports they require to enable them to maximise their potential and maintain a good quality life.

The inspector viewed the template for personal plans and found it to be satisfactory. The manager told the inspector that the plans would be developed with the active participation of children, their parents/guardians, children's advocates and members of the multidisciplinary team. The plan for each child would be reviewed informally on a regular basis and reviewed formally each year.

The manager told the inspector that pre-admission assessments will usually be coordinated by the manager. Specialist assessments will also be taken into account in the development of the personal plans and copies of specialist assessments will be sourced for the child's file. The pre-admission assessments, as described by the manager, will be comprehensive and include all aspects of the children's lives such as health, education, personal relationships, personal care, communication, activities, eating and drinking, sleep patterns, learning and community participation. The children's needs will be then set out in their personal plans with named workers/organisations responsible for meeting those needs and planned outcomes which will be the subject of review. The manager told the inspector that progress on each child's personal plan will

be discussed with the child's key worker in supervision sessions and that the key worker will prepare a report on the child's progress for the multidisciplinary meeting every three weeks.

Children will be supported as they make the transition between services. The manager told the inspector that each child will have a communications book so that relevant information can be communicated between the centre, the school and the child's home. The manager developed a proposed transition plan for children who it is proposed will transfer to the centre from another of the organisation's centres. This plan included a resident's meeting about the move, specific key work sessions for individual children, social stories and pictorial representations of the move, opportunities for children to visit the new centre and choose bedrooms and colour schemes, planned visits to the new centre with other children and also a handover between staff groups, during which a presentation on each child's profile and needs would be given. The transition will also include social meetings of prospective residents and a leaving party before the children move house.

Children will also be supported in preparing for adulthood. The manager told the inspector that children will be encouraged to be involved in decision-making and to give their opinions in relation to their weekly routines. They will also be involved in the practical running of the centre by planning meals, shopping and assisting with meal preparation if they wish. The manager told the inspector that the needs of children as they mature are discussed at multidisciplinary meetings and she outlined plans in relation to a series of groups that are being organised for children on subjects such as appropriate risk-taking, social skills and sex education. The clinical director told the inspector that careful consideration has been given to matching the young people who will participate in the groups and that social nights for the young people will be organised in conjunction with the group programme.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

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

**Findings:**

The design and layout of the centre was potentially suitable for the provision of

residential care to children. However, the premises did not have access for children with mobility difficulties and work intended to make the premises safe for children had not yet been completed. The centre was not yet furnished or re-decorated.

The centre was located in a large dormer bungalow, which was situated in a rural location several miles from a large town. The centre had its own secure grounds which separated it from neighbouring houses. The premises was previously used as a domestic dwelling and the provider had rented the property from the owner on a 10-year lease. The premises was in a good state of repair both internally and externally. The layout was as described in the statement of purpose and provided adequate private and communal space. There were seven bedrooms in total, six for the use of residents and one bedroom for the use of sleepover staff. Of the children's bedrooms, each of the three bedrooms upstairs and one of the three bedrooms downstairs had en suite toilet, shower and wash hand basin facilities. The remaining two downstairs bedrooms were close to a bathroom which contained a bath, a shower, a toilet and a wash hand basin.

There was a large kitchen. There was a dining room, a sunroom and a sitting room, all of which were large rooms which were fully accessible and also provided ample space for recreation. There was a utility room and a pantry. There was a large converted garage adjacent to the premises which provided for safe storage of equipment. There was no assistive equipment in place and the manager told the inspector that none was required.

Other facilities included a large office with a storage room off this and en suite toilet, shower and wash hand basin. There was also a staff bedroom which had en suite shower, toilet and wash hand basin.

There was an electronic gate which allowed controlled access. A tall hedgerow provided safety and privacy to the front of the centre. Wooden fence panels were in the process of being installed around the remainder of the perimeter of the premises. Parking was provided to the side of the premises.

The manager told the inspector that a large area of lawn to the front will be used as a play area for the children and that equipment will be transferred from another centre for this purpose. However, at the time of inspection the lawn and surrounding area had not yet been made safe for the purpose of play and no equipment was yet in place.

There was no suitable access provided for children with mobility difficulties. Three of the children's bedrooms were located upstairs and there was no lift available. The provider nominee told the inspector that it was the provider's intention to install wheelchair accessible ramps prior to the registration of the centre.

The centre was clean and, apart from the downstairs corridor, had plenty of natural light. It had not yet been furnished or re-decorated. Some wiring remained to be secured and hazards such as a breakfast counter with sharp edges had not yet been modified. Some work had begun on making it child friendly. For example, stencilling and murals decorated some of the corridor and sitting room walls. The provider nominee told the inspector that works required to finish the premises were on-going but the inspector was not given a date by which the works would be completed.

A further inspection will be required prior to the registration of the centre to ensure that works in the centre have been completed and that the centre is ready for occupation.

**Judgment:**

Non Compliant - Moderate

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

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

**Findings:**

There were some measures in place to promote the health and safety of children, visitors and staff. However, a health and safety statement needed to be developed, hazards in the centre had not yet been identified and a risk register had not yet been put in place. Further improvements were required in fire safety management systems prior to the registration of the centre.

There was no health and safety statement in place as yet and no risk assessments had been carried out on the centre. The provider nominee told the inspector that an external contractor had been engaged to carry out these risk assessments during the week of 13 October 2014, that an action plan would be put in place to address any risks identified and that a health and safety statement would be developed following this.

Some measures had been taken to ensure the safety of children, visitors and staff. Electronic gates had been installed and secure fencing was in place for most of the perimeter of the premises and work was underway to complete this. The premises and surrounding gardens were secure. Closed circuit television (CCTV) cameras were in place which monitored the outside of the premises and the communal areas within the premises. A policy on CCTV was in place which set out the responsibilities of the provider under data protection legislation but this had not been made centre specific. No signage for CCTV was yet in place.

Policies and procedures were in place for the prevention and control of infection and the management of waste materials. The provider told the inspector that the organisation had a contract with an external contractor to carry out a deep clean of the premises on a regular basis. Daily and weekly cleaning schedules were in place to ensure that the premises was clean and free of infection.

A risk management policy was in place which was comprehensive and met the requirements of the regulations. Specific forms were available for recording accidents

and incidents. The provider nominee told the inspector that all serious incidents would be reviewed daily by the provider nominee and the manager of alternative care services and that any actions arising from these would be addressed immediately. The manager told the inspector that risk assessments will be carried out on each child prior to admission and as part of the personal planning process. The inspector viewed a template for the risk assessment of children and this provided for a comprehensive risk assessment of a child to be completed by the referrer and was satisfactory.

An emergency plan for the safe evacuation of the premises and for responding to other emergencies had yet to be developed.

A number of fire safety precautions were in place. A fire alarm had been installed and this was commissioned on 29 September 2014. Suitable fire fighting equipment had been installed in recent months and was located at strategic locations throughout the premises. Certificates were maintained for the installation and servicing of fire prevention and fire fighting equipment. Emergency lighting and emergency exit signs were also in place. The provider nominee told the inspector that fire doors had been installed recently. The manager told the inspector that all staff had been trained in fire safety but that they would be trained in relation to specific fire safety measures in the centre prior to its opening. The manager told the inspector that a daily check on fire safety measures would be undertaken and that fire drills would be carried out at least every two months. The inspector viewed templates for the recording of these checks. Fire evacuation notices had not yet been put in place.

The provider nominee submitted to the Authority written confirmation that the centre was in compliance with fire safety and building control regulations.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

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

**Findings:**

Measures were in place to safeguard children and protect them from abuse.

The training and development manager was the designated person for reporting allegations or suspicion of abuse and neglect in accordance with national guidance. They had completed post-graduate training in child protection and they told the inspector that they had completed training in Children First: National Guidance for the Protection and Welfare of Children (2011). They demonstrated their knowledge in relation to the reporting of any allegations of abuse or neglect and outlined the steps they would take in the event of an allegation of abuse of a child by a staff member. When interviewed, they and the manager demonstrated awareness of their responsibilities in relation to the protection of children. The manager told the inspector that they had made child protection referrals in relation to children in another centre, that they were very familiar with the process and that copies of the standard report form for making referrals would be available in the centre.

The training and development manager told the inspector that training in Children First (2011) is mandatory for all staff in the organisation. There was a policy in place to guide staff in ensuring that children were protected from abuse and neglect, which included guidance for staff of recognising signs and symptoms of abuse and neglect and guidance on when and how to report any suspicions or concerns in relation to child protection. The inspector reviewed policies and procedures for the centre and found that safeguarding measures such as vetting for all staff, protection of children from bullying, supervision for children while accessing the internet, the provision of advocates, the review of restrictive practices by the residents' rights committee and a number of other measures to protect children were outlined in these.

There were detailed policies and procedures on the provision of positive behaviour support, which included a commitment to providing the least restrictive physical and social environments in order to facilitate children to live autonomous and dignified lives with an appropriate level of staff support. Documentation in relation to pre-admission assessments demonstrated that these assessments assisted in identifying the underlying causes of behaviour that was challenging in relation to individual children. Procedures were in place for behaviour support plans to be drawn up for children who demonstrated behaviours that challenge and for these plans to be reviewed regularly by the multidisciplinary team and the residents rights committee, which included external professionals and to which children's advocates were invited. The policy on managing behaviour that challenges stated that restrictive practices can only be used within the context of a behaviour support/management plan and may only be considered after a range of less restrictive options have been tried. Measures were in place for any such practices to be recorded and reviewed.

The provider nominee told the inspector that training in a recognised form of behaviour management was mandatory for all care staff and that further training and guidance on therapeutic interventions was provided by a behaviour therapist employed by the organisation.

**Judgment:**  
Compliant

**Outcome 09: Notification of Incidents**

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

**Theme:**

Safe Services

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

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

**Findings:**

The manager was knowledgeable on how to report incidents, accidents and notifiable events to the Authority. They told the inspector that a record of all incidents occurring in the centre will be maintained and that they will counter-sign all accident and incident forms. The assistant manager was also knowledgeable regarding notifiable events and was clear about how and where to access further detail on the notification process should this be required.

**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:**

Systems were in place to support the rights of children to have an education, to socialise with their peers and to participate in activities in the community.

In the statement of purpose, the organisation set out its intention to ensure that children had access to an appropriate educational facility and to provide transport to and from school where this was not provided by the school. This intention was supported by detailed policies and procedures on education. The provider nominee told the inspector that the children whom it is proposed will be admitted to the centre already have educational placements and that these will be maintained. The pre-admission assessment enquires about the young person's education needs and the template for the personal plans for children contains a section on education with guidelines for staff

on a range of possible needs and supports to be considered in relation to education. The manager told the inspector that, if children have individual educational plans, copies of these will be maintained in their files in order that key workers can assist children to achieve their goals. The manager also told the inspector that there will be on going communication with school staff by means of contact between the key workers and school staff and by the use of communication books and attendance at meetings. Key workers will also consult with children's teachers and special needs assistants prior to reviews of personal plans.

Policies on education and on general welfare and development set out a commitment to facilitate children to avail of opportunities to socialise with their peers and engage in social activities both inside and outside the centre.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Policies and procedures were in place for children's healthcare needs to be met.

The manager told the inspector that a pre-admission assessment of a child's healthcare needs would be carried out and that this would include a medical assessment by the child's general practitioner (GP). The inspector viewed the assessment template to be used and found that it was adequate. Each child will have their own GP and the manager told the inspector that an on-call GP service is available in the nearby general hospital should a health issue that required medical attention arise out of hours.

There was a policy in place regarding the promotion of the general health of children and this emphasised the importance of facilitating children to exercise and the intention to ensure that children were provided with a healthy and nutritious diet. The policy stated that a healthy diet would be provided in line with the HSE's guidance and that records of the children's diets would be maintained in their daily logs. The provider nominee told the inspector that the organisation was considering the possibility of engaging a dietician or nutritionist to review the meals provided to children in their centres. The policy also emphasised the importance of mealtimes in the life of children.

The template for a child's personal plan included a health plan and this set out a wide



range of needs and possible supports that a child may require. The manager told the inspector that consent will be sought from a child's parents/guardians in relation to healthcare matters and provided documentation regarding the records of health related issues that will be maintained for each child. These included records of specialist assessments, appointments and reports and records of routine visits to the GP, dentist or other professional.

**Judgment:**  
Compliant

## **Outcome 12. Medication Management**

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

**Theme:**  
Health and Development

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

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

### **Findings:**

Policies and procedures were in place to manage medication in order to protect children.

A policy and procedures on medication management was in place. The policy was an organisational policy and the provider nominee told the inspector that the same system of medication management is used in all of the organisation's centres.

The manager told the inspector that medication will be stored securely in a locked cupboard and the keys held by the shift leader. The inspector viewed the medication cupboard which had been installed in a small room off the staff office. The cupboard was secure and contained a smaller locked cupboard to be used for controlled drugs should they be required. The inspector viewed templates of the prescription sheets and administration sheets which allowed for all required information to be recorded, including sections for the regular review of medication by the child's GP. The administration sheets will contain photos of the children, their names and addresses. Signature sheets will be available for staff.

The policy on administration allowed for all care staff to administer medication and for two staff members to sign the administration sheet on each occasion of administration. The training and development officer told the inspector that all staff working in the centre will be trained in the safe administration of medication.

A medication officer will be appointed when the centre is operational. Their responsibility will include monthly audits of medication management and returning out of date or unused medication to the pharmacy.

The policy made provision for individual medication plans to be put in place for each child and for PRN (to be administered as required) medication protocols to be developed when PRN medication was prescribed. It also stated that children should be encouraged to learn about their medication and be assisted to take responsibility for their medication according to their age and ability. Provision was also made for an assessment of children's competency to self-administer medication.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**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 detailed statement of purpose which set out the aims, objectives and ethos and the services and facilities provided. However, the intention to accommodate children with physical disabilities could not be met.

The centre set out its intention to provide fulltime residential care to six children between the ages of 10 and 18 years, male and female with intellectual disabilities in the mild to moderate range. The provider nominee told the inspector that this was with a view to accommodating the needs of a group of children who were currently in another of the provider's centres and who may transfer to this centre upon opening. The statement of purpose also included the possibility of admitting children who may also have physical or mobility difficulties. However, the centre was not accessible for children with mobility difficulties at the time of inspection. Furthermore, three of the children's bedrooms were upstairs and there was no lift.

The statement was available in an accessible form for children and their representatives.

**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:**

Leadership, Governance and Management

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

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

**Findings:**

There were effective management systems in place to ensure that the service provided was safe, appropriate to the residents' needs and consistent.

The inspector viewed an organogram, which set out a clearly defined management structure which identified the lines of authority and accountability in the centre. Staff reported to the assistant manager and the manager, who in turn reported to the alternative care manager in the organisation. The alternative care manager reported to the head of social care, who, in turn, reported to the two owner/directors of the organisation. A clinical team, which provided services across the entire organisation, reported to the clinical director, who was also one of the owner/directors.

The organisation had recently reviewed and reconfigured its senior management structures. Other members of the management team included a general manager, a financial controller, an operations manager, a human resources manager and a training and development manager. The inspector was given a copy of the organisation's service plan for 2014 - 2016.

The centre was managed by a suitably experienced and qualified person in charge. When interviewed they were able to demonstrate sufficient knowledge of the legislation and her/his statutory responsibilities. The manager told the inspector that they participated in accredited supervision training provided by the organisation. They were committed to their own professional development and had recently begun a relevant post-graduate training programme. The manager was currently managing two designated centres, one for adults and one for children. The provider nominee told the inspector that the manager would be managing this centre only when it is registered.

The person in charge told the inspector that they will be engaged in the governance, operational management and administration of the centre on a regular and consistent basis. Both the manager and the assistant manager told the inspector that they worked full time but that they will not be engaged in direct work with children. Instead their role will be to oversee the operation of the centre, liaise with other professionals, provide supervision and be available as a support for staff. They also told the inspector that they were available to be called by staff outside of their normal working hours in the event of a crisis on weekdays and that there is a member of management on call at weekends. The manager told the inspector that they will prepare the staff rota and that they and the assistant manager had the authority to sanction extra staffing in the case of an

emergency. They told the inspector that they will review any serious incidents on a daily basis, that they will review and sign records in residents' files and they will ensure that key performance indicators in relation to individual residents are developed monthly. The manager was supervised by the alternative care manager and both the manager and assistant manager had the added support of regular meetings attended by all the centre managers and assistant managers in the organisation.

The organisation had a residents' rights committee which met every six months to review safety issues in relation to the care of the residents. There were regular care reviews, which were attended by staff of the service, parents and external professionals which reviewed the appropriateness of care to each child. There was a programme of mandatory training in place. Staff received supervision every six to eight weeks to ensure consistent adherence to good practice. The organisation had a policy of supporting staff to identify and undertake additional relevant training. Managers who were interviewed told the inspector that the organisation carried out annual appraisals on staff and that good career development structures were in place for staff within the organisation.

A number of quality assurance initiatives had been put in place in recent months. The training and development manager had recently reviewed and updated all policies required by the Regulations. The alternative care manager had begun a programme of regular quarterly visits to centres to complete audits of compliance with the National Standards and the Regulations. The provider nominee told the inspector that this process of regular audits of each centre would provide the basis for an annual review of the quality and safety of care and support within the service.

As the centre was not yet operational and had not yet been registered, there was no service level agreement in place with the HSE.

**Judgment:**

Compliant

**Outcome 15: Absence of the person in charge**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The provider nominee and the person in charge were aware of the requirement to notify the authority regarding the continued absence of the person in charge for 28 days.

The provider nominee told the inspector that, in this event, the assistant manager of the centre would deputise as the person in charge. The inspector interviewed the assistant manager who was suitably experienced in the provision of care and understood the responsibilities of the person in charge.

**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:**

Systems were in place to ensure that the centre was sufficiently resourced to deliver effective care and support to children in line with the statement of purpose.

The premises had the potential to provide children with a high standard of accommodation and adequate space both inside and outside the centre and, in so doing, reflect the statement of purpose. Significant resources had already been committed by the organisation in relation to installing fire prevention measures such as a fire alarm, fire doors and fire fighting equipment. The provider nominee told the inspector that resources such as the children's furniture would transfer with them from the centres where they currently resided and that play facilities such as swings and climbing frames would also be transferred. Similarly, facilities and equipment for staff would also be transferred.

The provider nominee told the inspector that a staffing complement of approximately 18 staff will be made available to provide the service in the new centre but that exact numbers will depend on the needs of and consequent staffing ratio for each of the children. The manager had the authority to arrange the roster of staff and had the support of various other departments and skilled professionals within the organisation to ensure that a high quality and consistent service will be delivered.

The provider nominee told the inspector that, initially, there will not be a discrete budget for the centre but that work was currently taking place within the organisation to ensure that there would be a set budget for the centre in the future.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The proposed number of staff was sufficient to meet the needs of children and to provide continuity of care.

The statement of purpose stated that the proposed staff team would comprise the manager, the assistant manager and 18 care staff and that each staff member will work approximately 169 hours per month. The provider nominee told the inspector that all the staff members who will work in the centre are currently employed in another designated centre and that they are qualified and experienced.

The staff rota will be planned in advance. The inspector viewed a copy of the proposed rota which was developed on the basis that six children were in residence and that dependency levels of the children required one to one staffing for four children and 0.5 to one staffing for two children. On this basis the staff rota provided sufficient staffing during the day time. There were no staff rostered for waking nights but three staff were rostered for sleepover. The provider had put in place an alarm system for sleepover staff to indicate that a child's bedroom had been opened. The provider nominee told the inspector that specific night time evacuation plans will also be put in place. The staffing levels took account of the needs of the children and the size and layout of the premises. The manager and assistant manager will be working from 9am to 5pm on Monday to Friday in a management capacity and not to provide staffing for individual children. The organisation also has its own relief workers who could be included in the staff rota if permanent members of staff were unavailable because of sickness or leave.

The training and development manager told the inspector that the first stage of an analysis of training needs had been completed for all care staff in July 2014 and that a copy of the analysis for each staff member was contained in their staff file. They told the inspector that the findings were currently being collated and that the results will form the basis of a programme of training for staff during the coming year. They provided the inspector with the overall training records of six members of the proposed staff team. The records showed that two staff members had not received training in Children First (2011) and one had not been trained in fire safety. Training in manual handling and in a

recognised form of behaviour management was not up to date for two staff members. Five staff members had either not received training in the safe administration or required refresher training. The training and development manager told the inspector that some of the staff who had been trained in the safe administration of medication did not have their competency to do so assessed.

The staff files viewed by the inspector contained copies of annual appraisals and records of supervision sessions, which were carried out frequently and were of good quality.

There was a recruitment policy in place. The inspector viewed a sample of four files of staff from the proposed staff complement. The files were well-maintained and arranged in such a way as to make retrieval of required documents easily accessible and they contained all the information and documents specified in Schedule 2 of the Regulations.

The manager told the inspector that no volunteers would be working in the centre.

**Judgment:**

Non Compliant - Moderate

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

Arrangements were in place for comprehensive records to be maintained securely on the children and the care provided to them.

A suite of policies and procedures had been developed on the matters set out in Schedule 5 to guide the practice of staff. The person in charge demonstrated a thorough understanding of how the policies would be implemented in practice. The inspector viewed policies and procedures and templates such as those for assessments, personal plans, risk assessments and for record keeping and found that they were adequate.

The person in charge told the inspector that, should they be required for this centre,

secure storage facilities were available in another of the organisation's premises for archived material and that this material was stored in fire-proof containers.

A child-friendly Resident's guide and an information booklet for parents had been developed and these provided adequate information on the centre and the services provided.

The inspector viewed a copy of a statement from the centre's insurers which outlined the insurance cover put in place by the provider. Adequate insurance was in place against injury to children. The policy was due for renewal on 13 November 2014.

**Judgment:**

Compliant

## **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:***

Tom Flanagan  
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-0004477
<b>Date of Inspection:</b>	09 October 2014
<b>Date of response:</b>	08 December 2015

### Requirements

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

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

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

**Theme:** Effective Services

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

The admission criteria did not make it clear that the centre could not cater for children with mobility difficulties

**Action Required:**

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in

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

accordance with the statement of purpose.

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

The purpose and function outlines how the centre will not exclude children with disabilities who have a comorbid physical disability or mobility issue. The operations manager has since ensured that the centre has been modified to cater for children with mobility issues. A wheelchair accessible ramp to access the house and hand rails have been installed. There are three bedrooms on the ground floor which will be allocated for young people with mobility issues should the need arise.

Centre risks identified including lose wiring and sharp edges on work tops have since been altered to promote a safe and suitable environment. The operations manager co-ordinated the completion of all modifications by 30.10.14. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**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 lawn and surrounding area had not yet been made safe for the purpose of children's play and no equipment for play was yet in place.

**Action Required:**

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

Following Inspection, the operations manager co-ordinated ground works, lawn maintenance and the erection of the remaining surrounding fence area. All adaptations were completed by 30.10.14 to ensure safe and suitable premises.

Play equipment has been purchased and will be installed on the 28.11.14.

**Proposed Timescale:** 28/11/2014

**Theme:** Effective Services

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

The centre was not yet furnished.

**Action Required:**

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by

residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

All Furnishings and equipment have been purchased and the house is now fully furnished and decorated to a high standard. This was completed by the operations manager and the PIC. As part of the transitional program the young people have been involved in choosing soft furnishings and decorative pieces for the house. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**Theme:** Effective Services

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

The centre was not accessible to children with mobility difficulties. Three of the children's bedrooms were located upstairs and there was no lift available.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The purpose and function outlines how the centre will not exclude children with disabilities who have a comorbid physical disability or mobility issue. The operations manager has since ensured that the centre has been modified to cater for children with mobility issues. A wheelchair accessible ramp to access the house and hand rails have been installed. There are three bedrooms on the ground floor which will be allocated for young people with mobility issues should the need arise. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**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:**

Hazards in the centre had not yet been identified.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated

centre.

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

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

Contracted External Health And Safety Company have carried out risk assessments on the centre that are comprised into a risk register. Risk Assessments were completed on the following areas: External Areas, House, Transport and General Risks and Hazards. The risk assessments are based on an identification of the hazards and an assessment of the risks and the control measures necessary for the elimination or reduction of the risk to an acceptable level. The risk assessment is based on the likelihood of the accident occurring and the severity the outcome, if it occurs.

All risk assessment documents will continue to be updated once the young persons have transitioned to the house. Person in charge will ensure that follow up takes place with External Health And Safety Company. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**Theme:** Effective Services

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

A risk register had not yet been developed and measures and actions to control risks in the centre had not yet been set out.

**Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Contracted External Health And Safety Company have carried out risk assessments on the centre that are comprised into a risk register. Risk Assessments were completed on the following areas: External Areas, House, Transport and General Risks and Hazards. The risk assessments are based on an identification of the hazards and an assessment of the risks and the control measures necessary for the elimination or reduction of the risk to an acceptable level. The risk assessment is based on the likelihood of the accident occurring and the severity the outcome, if it occurs.

All risk assessment documents will continue to be updated once the young persons have transitioned to the house. Person in charge will ensure that follow up takes place with External Health And Safety Company. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**Theme:** Effective Services

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

The system for responding to emergencies in the centre had not yet been set out in an emergency plan.

**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:**

An Emergency action plan has been completed for the centre by the Person in Charge. The plan outlines emergency personnel names and phone numbers, evacuation routes, emergency phone numbers for local Garda Station, Local Fire Brigade, Local Hospital and Ambulance, Utility company emergency contacts and emergency reporting and evacuation procedures.

A contingency plan has also been devised for the centre by the person in charge which outlines the protocol to be followed in the event that requires full evacuation of the centre for a period of time. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**Theme:** Effective Services

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

The procedures to be followed in the event of a fire had not yet been displayed throughout the centre.

**Action Required:**

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

An emergency evacuation plan has been devised by the PPIM that is specific to each room of the centre. This is displayed throughout the centre which outlines the procedure to be followed in the event of a fire or an emergency situation. Practice drills will be completed with all young people when they transition to the centre, and regular fire drills will take place and be documented in the centre. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

**Theme:** Effective Services

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

Staff had not yet received training in the centre-specific emergency procedures, building layout and escape routes, location of fire alarm call points, and fire aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

**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:**

All staff are trained in management of Fire Safety with evidence of same located on staff personnel files. Centre specific training will take place with all staff on the 27.11.14 which will focus on the fire alarm panel, location of fire alarm call points, escape routes, evacuation of residents, building layout and arrangement's for emergency situations. Evidence of completion will be documented in the centre. ACTION COMPLETED  
27/11/14

**Proposed Timescale:** 27/11/2014

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose included the possibility of admitting children who may also have physical or mobility difficulties but the centre was not accessible for children with mobility difficulties. Three of the children's bedrooms were upstairs and there was no lift.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The purpose and function outlines how the centre will not exclude children with disabilities who have a comorbid physical disability or mobility issue. The operations manager has since ensured that the centre has been modified to cater for children with mobility issues. A wheelchair accessible ramp to access the house and hand rails have

been installed. There are three bedrooms on the ground floor which will be allocated for young people with mobility issues should the need arise. ACTION COMPLETED

**Proposed Timescale:** 02/12/2014

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Not all staff had received training in Children First (2011), fire safety and the safe administration of medication.

Some staff required refresher training in the safe administration of medication, manual handling and in a recognised form of behaviour management.

Some staff had not had their competency to safely administer medication tested.

**Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All staff have received training in Children's First Person in charge is sourcing the certificate from the training provider to be placed on staff's personnel file. Fire Safety and refresher training dates have been assigned for the staff team.

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 complete the new training program by 30.01.14 with the Training and Development manager providing a schedule to the PIC for completion.

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

