<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003257</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 3</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>Stepping Stones Residential Care Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Darren Wright</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Eva Boyle</td>
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<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>2</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
  ▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
  ▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
  ▪ to monitor compliance with regulations and standards
  ▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
  ▪ arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**
From: 16 March 2015 09:00  
To: 18 March 2015 18:00

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

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<thead>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 17: Workforce</td>
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**Summary of findings from this inspection**
This was an 18 outcome inspection, carried out for the purpose of registration. It was the second inspection of the centre and as part of the process inspectors reviewed policies, records, spoke to and observed children's interaction with staff, met members of the staff and management team and observed the delivery of the service. One questionnaire was returned from a family member. The centre was located in a three storey house in the city of Dublin. The centre provided a comfortable home for the children and their visitors.

The service was provided by Stepping Stones who had applied to register the centre as a designated centre for four children from the ages of 10-18 years with a diagnosis of autism and or learning disability who were able bodied and did not
require nursing care. The provider was a limited company with two directors. The services manager was the nominated person in charge and was suitably qualified and experienced. The day to day operational management of the centre was delegated in the absence of the service manager to the manager. The service manager was present in the centre on three days per week and was involved in on-going monitoring of the centre.

Two children were resident in the centre at the time of the inspection. The children were aged between 11 and 13 years, had mild-moderate learning disabilities, displayed behaviour that challenged. One child was on the autistic spectrum and the children's ability to effectively communicate verbally varied. Due to the needs of the two children in the centre, high staffing levels were in place. One of the children had been admitted for respite in recent days and was not accessing education at the time of inspection. The child who resided in the centre on a full-time basis was receiving home tuition.

Staff were attentive and respectful towards children. Children's choices were promoted by the staff and managers. Children had access to a wide range of physical activities. The assessment of children's needs was not comprehensive and personal plans did not reflect all of children's assessed needs. Some medication administration and management processes were not in line with good practice. The staff team were challenged by one child's limited diet and inspectors did not find evidence that a dietician was consulted, despite the child being supported by the organisation's behavioural psychologist. The staff team highlighted children's positive behaviours as well as those behaviours that were challenging.

Risk management practices were not robust. Inspectors found that the temperature of hot water was a risk to children as it was measured at 44.6 degrees Celsius and there was a risk of burning to children. The Authority took an unusual step and issued an immediate action plan. The provider responded with assurances that the hot water was regulated to a safe temperature.

There were sufficient staff with appropriate qualifications in place to meet the needs of children. There were gaps in staff's mandatory training and professional development. There was little evidence in training records of specialist training in key issues in the provision of services to children with autism and learning disabilities.

However, inspectors found that the physical layout of the premises along with the high ratio of staff to children meant that the centre was not sufficiently large to ensure that four children would have sufficient privacy in the centre.
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):
No actions were required from the previous inspection.

Findings:
There was a focus on children's right to choices in the centre. No information on children's rights was on display in the centre. Complaints were dealt with in a timely manner but the complaints process was not in line with the Regulations. None the less, one child had made a complaint to staff

Formal consultation mechanisms were not in place in regard to seeking children's views on the running of the centre. The resident's guide referred to house meetings, but house meetings were not occurring. However, there had only been one child resident in the centre until a few days prior to the inspection and children regularly met with their keyworkers. Despite this, inspectors did not find evidence of discussion on the running of the house. Inspectors did not find that children's wishes or preferences were taken into account in relation to their personal plans where appropriate.

Children were aware of their right to choice, but information on children's rights was not displayed in the centre. Children were aware of their right to have choices about food, clothing and activities. However, children's religious rights were not referred to in their personal plans, so it was unclear if they had been considered. No independent advocate was available to children, but inspectors found that staff advocated on specific issues relating to children such as their need for specific services. Children were given choices. Inspectors observed staff giving children options in relation to the activities that they wished to engage in. Children went shopping with staff for new clothes and shoes when required and this was referred to in children's individual files. This gave children options around choices and also promoted independence.

The privacy and dignity of each resident was respected. Inspectors observed staff being
respectful in their interaction with children on the days of the inspection. Children were provided with space whenever they wished to spend time on their own in their bedroom. Staff told inspectors that they were mindful that one child preferred to spend time alone and needed encouragement to spend time outside of their bedroom, and staff were observed appropriately encouraging the child to come into the kitchen.

Children were aware of their right to complain. One child had made a complaint to staff. Part of the complaint made by a child was recent and part fell into the remit of child protection and the matter had not been resolved at the time of the inspection. The centre had a complaints process but it was not comprehensive and was not in line with the Regulations. Information in relation to the complaints process was on display in the centre in order for children or parents to be able to access. The manager and service manager was responsible for dealing with complaints. The policy did not refer to an appeals process but referred to the service manager reviewing the complaints process. There had been five complaints recorded in the complaints log, one was made by a child, two by parents and two by neighbours. The outcome of complaints and whether the complainant was satisfied with the outcome was not recorded on the log of complaints as required by Regulation 34 (2)(f). There was not one nominated person to be available to residents to ensure that all complaints were appropriately responded to or to ensure that the complaints log was in line with regulations. Inspectors found that some changes were made in the centre as a result of complaints. For example, a bedroom was not used by a child as neighbours complained that they were disturbed due to the level of noise.

There were some measures in place to protect resident's belongings. However, there was no effective system in place to manage children's monies. The child who resided on a full time basis had decorated his/her bedroom with stickers. Not all of the children's bedrooms had sufficient storage space in their room where items of clothing could be kept. While children's ability to manage their monies were comprehensively assessed by staff. There were no formal arrangements in place in relation to recording if the children had any money in their possession. The manager told inspectors that children did not receive pocket money and the children did not have money in their possession in the centre.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
Not all measures were in place to ensure that children could communicate effectively. Children accessed the centre’s telephone to contact family members and the staff team regularly updated parents.

Children's communication needs were not adequately assessed. It was not clear from children's assessments or their personal plans what their communication needs were. Children did not have individual communication passports, so it was not clear that staff were provided with information on how to communicate with children effectively. The centre had a draft communication policy which used pictures to explain the different ways that children can communicate. However, the policy did not refer to how children’s communication needs are assessed or how staff are provided with guidance to communicate effectively with children. In addition, it did not refer to whether children could assess assistive technology in the centre or staff training in the area of communication methods.

Communication aids were not consistently used. The service manager told inspectors that the exchange of pictures were used with one child. However, inspectors found that pictures were stored in a press in the kitchen and staff told inspectors that they were not needed any more. No pictures or child friendly notices were displayed in the centre. None the less, inspectors observed staff communicating with children using clear and simple language, and staff members checked with children that they understood the message. None of the children used assistive technology in the centre to communicate.

Children had access to radio, television and music systems, but did not have access to the internet. The service manager explained to inspectors that this was due to the specific supervision needs of the full time resident.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
Children were supported to maintain relationships with family members, but were not involved directly in the local community. Family members were updated on the resident’s progress regularly by staff. The child who was permanently resident in the
centre had access to a range of one to one activities.

Staff members supported the children to have regular contact with their families. The full time resident's family came to the centre for a half day each week and the child went home for an overnight stay at weekends. These regular visits between the child and their family helped maintain important attachments. The personal plan for the child had an identified goal of working on the child's relationship with their family. A parent visited their child who was on a respite stay in the centre on the second day of the inspection and inspectors observed parent and child playing in the back garden.

The facilities for facilitating visits within the centre were limited. The centre had a sitting room which could be used for family visits, but the resident's guide requested that visits be arranged in advance in order to maintain the privacy of other children, but this was not in line with the Regulation 11(2). Inspectors found that due to the level of staffing and number of children, that the facilities in the centre would be challenged to facilitate more than one visit for a child either with their family, friends or professionals.

Staff had regular contact with family members and kept them up to date. Inspectors reviewed the children's files and found that there was regular contact between staff and family members both at formal meetings such as care planning meetings as well as by telephone contact where staff gave updates on the children. However, family members had not been given copies of the children's personal plans.

Children had limited opportunities to develop and maintain personal relationships. Minutes of the full time resident's review meeting outlined that the manager would seek opportunities for the child to socialise and planned to liaise with an external organisation to seek opportunities for the child. While no friends visited the centre, the service manager told inspectors that they would be open to facilitating visits from friends where appropriate. A socialisation programme was in place for the child, but it was not clear from the child's personal plan what this plan consisted of or how this plan was implemented. Staff told inspectors that the socialisation plan focused on the child's development of social skills in public settings such as in shops and restaurants in the community and this was evidenced in the child's care diary.

**Judgment:**
Non Compliant - Moderate

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

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

**Theme:**
Effective Services

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

**Findings:**
Children's admissions were in line with the statement of purpose, but care agreements were not in line with the Regulations. The admissions process considered the needs and safety of the individual child being admitted, but it was not evident that the needs of current residents were considered as part of the admissions process.

Children's admissions were in line with the statement of purpose and were timely. The centre had policies on referrals and admissions, but they were not comprehensive. The referral policy briefly outlined the process for the child being referred to the centre and referenced the manager and/or service manager reviewing reports on the child. If the child was deemed a suitable admission, a day service placement was offered in order to assess the child's needs. Neither policy outlined how the service manager took on board the needs of existing resident's needs or wishes when making decisions on new admissions, nor was any reference made to respite admissions or the process regarding children transferring to other residential services or the temporary absence of residents. A respite arrangement was in place for one previous resident of the centre at the time of the inspection and there was uncertainty regarding the duration of the child's placement. The director of the service told inspectors that s/he did not review the current situation as an emergency admission as the child was well known to the service. The service manager and the director made the final decision in relation to admissions. Inspectors found that the mix of children placed in the centre was appropriate.

There were good planning processes in place to admit a new child to the centre. Inspectors reviewed the minutes of a planning meeting to admit a child, and found that there was clear and comprehensive planning. Parents told inspectors that staff visited their home to meet the child and subsequently, the child and their parents visited the centre, prior to moving in on a full time basis. This was documented on the full time resident's records.

There were written agreements between the provider and the full time resident's parent, but they were not in line with the requirements of Regulation 24 (4). The agreements outlined the services and facilities provided to the child, but it did not refer to any additional charges to be charged. The service manager told inspectors that no fees were charged to the children or their families. There was a children's version of the contract, which used child friendly language and pictures and it referred to some of the services and activities available to the child. The agreement was signed by the child, their parents and the service. No written agreement was in place between the provider and the child who was on respite.

Children were discharged from the service in a timely manner where appropriate. One child had been transitioned home since the last inspection.

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

Findings:
Assessments and personal plans were not robust and children's views and wishes were not reflected in their personal plans. Transitions of children were well-managed by staff and children were involved in practical tasks in relation to life skills for adulthood.

Children's needs were not adequately assessed. Assessments were completed prior to children's admission to the centre, but were not re-assessed by staff when there was a change in circumstances. Inspectors reviewed two assessments and found the assessments that there was insufficient information contained in the assessments. For example, under visual needs, it was recorded that a child had an eye examination, but the outcome of the examination was not included in the assessment. Therefore it was unclear if the child had specific needs in this area. In addition, the assessment it noted that a child had a poor diet but no further information and therefore this information gave no specific information in relation to the child's dietary needs.

Children's personal plans were not comprehensive. Not all of the children's assessed needs were outlined in personal plans and the actions outlined in personal plans were not clear. For example in one child's personal plan it was outlined that the child had a socialisation programme, but the next action outlined was that staff were going to identify suitable clubs for the child, so it was unclear what the child's current programme consisted of. The personal plans outlined goals such as the staff team were to encourage the child to contact his/her parents daily, but it was unclear how the staff team measured the outcomes of the identified goals.

Children's views, wishes and preferences were not reflected in their personal plans. The resident's had the ability to communicate their preferences. There was no child friendly version of personal plans in place. Therefore the child could not access their personal plan in an accessible way. Parents had not received a copy of the personal plan, so parents may not have been aware of the goals that their child was working towards.

Children's personal plans were regularly reviewed. Inspectors found that the full time resident's personal plan had been reviewed regularly. The majority of the multi-
disciplinary team attended the reviews and the meeting was chaired by a professional external to the centre. The reviews did not focus on all of the child's needs but focused on specific needs such as a child's education and mental health. Inspectors reviewed the minutes of these meetings and found that key actions were agreed and assigned to specific professionals.

Transitions were managed well. Multi-disciplinary meetings were held as part of the planning process for children both to commence a transition into the centre or on discharge from the centre. Inspectors found that the staff team supported children well in these moves. Minutes of multi-disciplinary meetings outlined that children were supported to move home, by staff facilitating the child to spend longer times in their family home and this was increased to overnights over a period of time. As part of one child's transition plan, it was planned that the child would be supported through their transition home by the child availing of respite in the centre.

Children were involved in practical tasks in preparation for adulthood, but it was not reflected in children's personal plans. Inspectors found that the children's keyworkers focused on tasks such as changing bed clothing and putting the clothing into the washing basket. However, these practical tasks were not outlined in the personal plan or were not identified as goals that the child was working on as part of their development of life skills.

**Judgment:**
Non Compliant - Moderate

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**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):**
No actions were required from the previous inspection.

**Findings:**
The design and layout of the centre was in line with the statement of purpose and met the needs of the current residents. However, inspectors were of the view that the centre was not sufficiently spacious to meet the needs of four children. The centre was homely and well maintained. It had recently been painted and used child friendly stencilling throughout the centre. There was suitable heating, lighting and ventilation. The centre had sufficient and comfortable furnishings and fittings. There was a kitchen/dining room area which was appropriately equipped with cooking facilities and there was a separate sitting room. There were four en-suite bedrooms, 2 on the ground floor, one
on the first floor and one on the upper floor. An additional bedroom was used as a classroom at the time of the inspection. There were adequate toilets, bathrooms and showers to meet the needs of residents.

There was limited space outside for children to play. There was a small enclosed external back garden, with a surrounding wall and there was a gate at the end of the garden to prevent children exiting. There was an enclosed roofed area, where there was a sand pit, boxing bag and a section of the wall had a water feature. Staff explained to inspectors that the water feature which was made up of pipes and plastic bottles was created by staff for the full time resident. Inspectors observed the children using the outside space, playing ball and running. The statement of purpose referenced four children living at the centre, but there was insufficient space for four children to play in the enclosed back area.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Risk management systems were not robust. Inspectors found a number of risks during the course of the inspection, including the temperature of hot water and the Authority took the unusual step of issuing an immediate action plan. Infection prevention and control and fire safety practices required some improvement.

The risk management system was not effective and did not lead to all risks being identified, managed, reduced or eliminated. There was an organisational health and safety statement with supporting local documentation on environmental hazards and risks. Risk assessments were also completed on individual children and other organisational risks. Inspectors observed a number of safety measures which had been put in place to address risks such as the appropriate installation of window restrictors, sharp knives and chemicals being locked away. However, risk assessments had not identified a number of other hazards and risks including very hot water in the taps, ineffective window restrictors and metal poles in the front garden. The metal poles were removed by staff during the first day of the inspection and a window restrictor was shortened. The temperature in the taps was recorded as 44.6 degrees Celsius. This was higher than accepted norms and posed a risk of burning or scalding the children. An immediate action plan was issued to the provider and the Authority received a
satisfactory response, within the required timeframe, with assurances that the water was regulated to a safe temperature.

There was a risk management policy in place, but it was not fully implemented by staff and it was not compliant with Regulation 26. The policy provided some guidance to staff in relation to identification of risk and how the staff team implemented measures and actions to control identified risks. The policy referenced other policies in relation to managing unexpected absence of a resident, accidental injury and self harm and their behaviour management policy which referred to dealing with aggression and violence. However, the policy did not guide staff on how to record, investigate and learn from serious incidents and adverse events. Nor did it identify the arrangements in place to ensure that risk control measures were proportionate to the risks identified and the impact on the quality of life on the resident. This meant that incidents and risks may go unidentified and residents may be subject to risk control measures that impacted on their quality of life.

There was a process for reporting accidents and incidents. Inspectors found that the incident form recorded all accidents and incidents that occurred in the centre. This meant that the provider was able to trend and appropriately manage and mitigate hazards and risks in the centre.

The centre had a risk register which had been recently introduced to the centre. Inspectors found that a number of risks were on the register but not all of these risks were at a level to warrant inclusion in line with the policy. The service manager was responsible for the register and acknowledged that the register was evolving and s/he had started the register by including all risks on the register. This meant that the register was not effective as low managed risks were mixed with significant risk that required further action. The service manager told inspectors that s/he reported significant risks with a score of 20 or more to the provider but this process was not clearly recorded.

New staff members had not received mandatory training in health and safety. Three members of staff had not received training in manual handling, while two had not received training in first aid. Therefore, there was a risk that staff may not be aware of how to safely carry out all aspects of their responsibilities.

The centre's vehicles were appropriately maintained. Staff had the use of two cars. Inspectors found that they were appropriately maintained, taxed and insured.

There were some practices in place in relation to infection prevention and control. The centre was observed to be clean. There were separate mops used for the bathroom and a steam mop was used to clean other floor surfaces. Staff had access to preventative, protective equipment (PPE) such as gloves and inspectors observed staff using gloves appropriately. There were no schedules in place in relation to cleaning and the oversight in relation to cleaning was not clear. The service manager told inspectors that cleaning spot checks were undertaken on a regular basis but there was no documentation to support this. Appropriate cleaning practices had been raised at a number of team meetings and the cleanliness of the centre had also been raised by the provider following a visit to the centre. There were appropriate wash hand basins available and
hand gel was also available to staff. Inspectors found that staff had not followed directions that were on display in the kitchen in regard to labelling food in the fridge and freezer, as no foods were labelled. Therefore, it was unclear what period of time that frozen foods had been opened or frozen. There was no system in place for the ongoing monitoring of the temperature of the fridge or freezer which was not in line with good practice. The service manager identified that staff were scheduled to receive training in food hygiene at the end of the month.

There were measures in place in relation to fire prevention but there was no contingency plan in the event of an evacuation of the centre. The centre had a fire alarm which was sounded during the inspection. All fire equipment was found to be maintained and tested on a regular basis. There was no fire safety policy but fire drills occurred on a regular basis, included children and staff and occurred both in the day and night. Bedding and furnishings used in the centre were fire retardant. Daily fire checks of escape routes and fire extinguishers were maintained. Two new members of staff had not received training in fire safety, so not all staff members may know what to do in the event of a fire. Training in fire safety was scheduled for July 2015, but these staff were rostered to work with colleagues who had training in fire safety. A fire assembly point was located in the front garden. There were child friendly directions in place in the centre to remind children of the steps to take in the event that the fire drill was sounded. The centre had an emergency plan. An appropriate contingency plan was in place if the children and staff needed to evacuate the centre.

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

Findings:
Safeguarding practices in the centre were not robust. Not all staff had been trained in Children First (2011). There were delays in notifications of allegations of abuse being formally referred to both the Child and Family Agency and the Authority.
Improvements in safeguarding measures were required. Staff members treated residents with respect and warmth and were observed by inspectors as being attentive to the needs of the children. Some safeguarding measures such as risk assessments on individual children, completion of staff vetting and absence management plans were in place in the event that a child went missing. However, inspectors found that a safeguarding issue in relation to the conduct of a staff member was not reported to the service manager in a timely way by a number of staff members. Despite this delay, once the information was brought to the attention of the service manager a comprehensive internal investigation took place. Staff routinely recorded if children had bruising on their bodies. However, inspectors found that the reason for children having bruising or grazing was not consistently recorded. For example, one child's file recorded that s/he cut their finger when they broke a window, but other records gave no explanation. In addition, there was no system in place for persons visiting the centre to record their attendance at the centre and therefore it was unclear how the service manager tracked who visited the centre and had potential contact with children.

There was insufficient guidance available to staff in relation to the provision of intimate care to children. Only one child required assistance with showering in the centre. No specific intimate care plan was in place but individual practice guidance was completed in March 2015 which referenced that a child needed assistance with showering. While, this guidance in relation to intimate care placed an emphasis on the safeguarding of staff, it compromised the dignity and privacy of the child. The practice guideline advised that if the child requested a member of staff to leave the bathroom, that a second staff member should go out of the building and observe through a window. The service manager accepted that this practice guideline was not acceptable and advised that this guidance would be amended.

There was a delay in an allegation of abuse being reported to the Child and Family Agency and the Authority. The service manager was the designated liaison person and the manager was the deputy designated liaison officer. However, neither had received any additional training in regard to this role, but told inspectors of their responsibilities under Children First (2011). Inspectors found the centre manager had received a report from the Child and Family Agency in relation to a previous allegation of child abuse that staff had reported. This matter was referred to in the last inspection report, as inspectors found that despite a child protection concern being referred appropriately, staff had not followed up on the referral. During this inspection, inspectors found that a child had recently made an allegation of physical abuse but it was not evident from centre records that the referral had been forwarded to the Child and Family Agency using a standard report form in line with Children First (2011). The manager told inspectors that the child's social worker had been advised of the incident. However, there was no plan in place to formally follow up on the allegation at the time of the inspection. A query had been forwarded to the Authority prior to the inspection in relation to whether a formal notification was required and inspectors confirmed that it was required. A notification was subsequently sent to the Authority of the allegation. The services manager was aware of the allegation.

Four members of staff were not trained in Children First (2011), therefore there was a possibility that staff may not be aware of all of their responsibilities in relation to the protection and safeguarding of children. However, staff who met with inspectors were
aware of the role of the designated liaison person and the requirements of Children First (2011).

Staff managed the children's behaviours in a positive way, but not all staff were trained in behaviour management. The centre's policy on behaviour management references one specific model of behaviour management, but some staff were trained in an alternative model. Inspectors found from discussions with staff that staff were familiar with the alternative model, which was not mentioned in the centre's policy. Six members of staff were not trained in behaviour management, so there was a risk that not all staff members may be able to manage the children's behaviours that challenged. None the less, inspectors observed staff using distraction techniques to effectively manage children's behaviours.

There were improvements in the practices relating to behavioural management in the centre since the last inspection. Inspectors reviewed one behaviour management plan and found that it very detailed and used technical language. It outlined the physical intervention strategies that could be applied and this was also outlined in individual crisis management plans. Therefore, the behaviour management documents provided clear and consistent guidance for staff. Inspectors found that staff had a good knowledge of the children's triggers and the appropriate de-escalation techniques to use. Behaviour incidents were recorded by staff on separate incident forms and were reviewed by the manager and service manager. Inspectors found that the manager and or service manager made recommendations regarding specific incidents. Physical intervention had been assessed as being an inappropriate intervention for one child, despite this inspectors found that the child had one physical hold during December 2014. This incident had been reviewed by the service manager and no further physical restraints were recorded since that date.

Restrictive practices were employed in the centre but the approval and review process for their use was not robust. Risk assessments were completed in relation to restrictive practices, but there was no external review mechanism for the use of restrictive practices employed in the centre. Restrictive practices such as locked external doors and physical restraints were employed. Risk assessments outlined that there were specific safety concerns that were assessed by staff to require the external doors to be locked, which was appropriate given the risks identified by staff. Staff told inspectors that physical restraint was used as a last resort and that it could not be used with one of the children. However, notifications of restraints to the Authority outlined that a previous resident had been restrained by staff. The centre's policy on behaviour management referred to quarterly reviews of restraints, but the records for the previous resident were archived and not available for inspectors to review during the inspection, so it was not possible to establish if quarterly reviews were held in regard to that child's restraints.

Judgment:
Non Compliant - Moderate

**Outcome 09: Notification of Incidents**
A record of all incidents occurring in the designated centre is maintained and, where
**Theme:**
Safe Services

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

**Findings:**
There were some delays in the Authority receiving notifications from the centre since the last inspection. Quarterly notifications were submitted as required and a notification in regard to the misconduct of staff was submitted in a timely manner. However, inspectors found that a notification of alleged abuse was not notified to the Authority within the appropriate timescales but was subsequently sent to the Chief Inspector at the request of the inspector. This issue had been identified on a previous inspection.

**Judgment:**
Non Compliant - Moderate

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**Outcome 10. General Welfare and Development**
*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**
Health and Development

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

**Findings:**
Residents had opportunities for some new experiences, but the level of social participation with peers outside of the centre was limited. One child was availing of home tuition, while the second child was on respite and was recently placed and was not attending a local school during the days of the inspection.

The children in the centre participated in a range of activities both in and outside of the centre. Inspectors observed children playing with puzzles and ball games in the centre. The personal plan of the full time resident did not outline the child's interests and activities, so not all staff members may be aware of the children's interests. Children also participated in activities such as bowling, swimming, going to the beach and had outings outside the centre and these were documented in children's individual records. Inspectors observed a child listening to music and dancing during the inspection.

Children's educational needs were assessed by staff, but the assessments were not...
comprehensive. The centre had a policy on education which referenced the relevant legislation. However, it did not refer to the staff's role in facilitating children's attendance at school, their involvement or access to the child's individual educational plan and it did not give sufficient guidance to staff in relation to their role in promoting children's educational progress. Assessments of young people's educational abilities were available in the one child's file that described the supports they required in a learning environment, but it identified that an updated educational psychological assessment was required. The psychological assessment was outstanding. However, the child's goals from their individual educational plans were not referenced in the assessment of the child's needs, therefore not all staff may be aware of the child's educational ability. Staff told inspectors that they were involved in the process of drawing up the child's individual educational plan along with their tutor, so staff were aware of the child's educational goals.

Educational achievements were valued in the centre, but it was not clear how staff monitored the child's educational attainment. One child was receiving home tuition in the centre for up to twenty hours per week. However, there was a recent change in tutors and the child was in the process of building a relationship with a new tutor. A room was specifically assigned as a classroom. Inspectors found that the possibility of re-integrating the child into a school setting was on the agenda of review meetings, but timeframes were not laid down for this. The service manager told inspectors that the child was not at the stage of re-integrating to a school environment at this point in time, but this situation was reviewed regularly. In addition, the minutes of the review meeting did not provided sufficient information to establish if the child was progressing towards meeting their identified educational goals. Therefore, it was unclear how the child's educational attainment was monitored. Staff members were observed by inspectors playing educational games where the child had to make words using letters and this was positive as it reinforced the goals of the child's individual educational plan. The second child was on respite and was not attending a local school. However, staff told inspectors that they had contacted a school in the local area that the child had attended previously to discuss the child attending the school, if the child's stay was extended.

Staff communicated and engaged regularly with the child's tutors. Records from the child's file, outlined that the tutors and staff discussed the progress of the child, and on occasions the staff team supported the tutor where required. For example, on an occasion, when the child's behaviour was challenging and aggressive towards a tutor, and staff appropriately assisted in managing the situation.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
Children's health care needs were generally met, but there were deficiencies in documentation. Children had timely access to medical practitioners and the centre had access to the services of some allied health professionals such as a behavioural psychologist. Despite this, staff were challenged to ensure that one child was consuming a healthy and balanced diet and it was not evident that the service manager had made arrangements for the services of a dietitian to be employed.

Full medical histories of children were not available. Some medical background information was available but full information in relation to immunisations was not recorded on children's files. However, staff had written to parents seeking this information on the full-time resident's file. This gap in information could place the child at risk if a parent was not contactable. There were some gaps in relation to information on a child's mental health, as inspectors found the assessment was not available to the staff team. The service manager had made efforts to obtain a copy of this assessment.

Children's medical assessment were completed by their general practitioners (GP) in a timely way. The child who lived in the house on a full time basis was assessed by their GP within a number of weeks after their admission. No specific medical treatment was recommended from this assessment. The second child who was on respite in the centre had a medical appointment on the second day of the inspection for a general medical assessment. Therefore, staff members endeavoured to ensure that children's medical needs were appropriately assessed.

Children had timely access to their own general practitioner (GPs). One child had their own medical card and this was held in the centre's office. Staff had assessed children's ability to take responsibility for their own health and medical needs. The contact details of a GP service and local hospitals were available to staff.

Children were encouraged to participate in healthy living choices. They were involved in daily physical activities such as involvement in ball games, going for walks and going to playgrounds.

Children's dietary consumption was adequately documented and monitored by staff. Inspectors found on the first day of the inspection that there was limited fresh food in the centre and very limited options for children to have fruit as there were only two apples in the fruit bowl. Staff told inspectors that a grocery shopping was completed on a Sunday, but the service manager told inspectors that due to a second child being present in the house that the shopping wasn't completed. On the second day of the inspection, there was a greater variety of fresh and nutritious food available to children. None of the children required assistance by staff with eating or drinking. Inspectors observed a child requesting a hot chocolate and staff responded positively to the request.
Staff were challenged to ensure that all children consumed a nutritious and varied diet. One child consumed a range of nutritious foods. While, inspectors found that the full-time resident's diet was extremely limited and their evening meal always consisted of chicken nuggets that were prepared by a fast-food outlet. A programme with a behavioural psychologist was in place to encourage the child to eat and to gradually expand the range of foods that they ate. The behavioural psychologist told inspectors that rice cakes and apples had been introduced to the child as part of the programme and as the child mastered these foods, that other foods will be introduced to him/her. The child was prescribed a multi-vitamin and a medical assessment recorded that the child consumed a limited diet. However, there was no evidence on the child's file that a dietician had been consulted or had involvement in the choice of foods that were being introduced to the child as part of their programme. The service manager told inspectors that a dietitian was consulted but that it was not documented, but a dietitian did not form part of the multi-disciplinary team that reviewed the child's dietary progress.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Medication management practices within the centre required improvement. The majority of staff had up to date training in the safe administration of medication. However, the centre's medication management policy was not in line with the requirements of the Regulations. There were no specific arrangements in place in relation to the management of controlled medication.

The centre's medication management policy was inadequate. It did not provide sufficient guidance to staff in relation to the ordering, receipt, prescribing, administering, storing and disposal of medication so staff may not be aware of good practice and relevant legislation. The processes in place for the handling of medicines were not optimum and in parts not in accordance with legislation. For example, controlled medicines were not stored appropriately within a double locked cabinet and records of administration were not in keeping with legislation. There was no controlled drugs register in place for recording and reconciling controlled medication used in the centre. Inspectors found that some staff had no knowledge about controlled medicines and told inspectors that it had not been covered in their training.
Prescribing was in line with good practice. Prescription sheets were reviewed and found to be complete, accurate and signed by a medical practitioner. Each child had a practice guidance sheet on their file which outlined their prescribed medication routine and some guidance for staff in relation to the prescribed medication including purpose and contra-indications.

Not all practices in relation to the administration of medication was in line with good practice. All administration sheets had the name of the child, photographic identification, the name of each medication, time of administration, dosage and space for two members of staff to sign off the administration of the medication. However, inspectors found that the date and time of administration was pre-populated for a week in advance and therefore if there was any variation in the time of administration of medicines the sheet did not facilitate this other than a comment being placed in the comment section for the seven day period. Inspectors found only one such comment but also identified in medication error forms, that other variances had occurred but had not been recorded in the comment section. Not all staff members had signed off on a signature sheet. Therefore, the administration of medication may not always be traceable.

No out of date medication was held in the centre and there were systems in place for the recording of medication that was returned to the pharmacy. However, there was no formal process in place for providing parents with the child’s medication when children stayed away overnight.

There was a system in place for the recording and review of medication errors but improvements were required. Inspectors reviewed the four medication error forms from December 2014 to the 24 February 2015 and found that the records related to incidents rather than errors. Three of the forms related to one specific date, when a child got sick after ingesting their newly prescribed medication on three separate occasions in the day and the child was successfully re-administered the medication on each occasion. However, there was no record that staff had consulted with the child's doctor prior to re-administering the medication to establish that it was safe to do so or to report the issues with this new medication. On the fourth date, the child threw their medication down the sink and it was recorded that the medication was re-administered later.

All staff who were administering medication had appropriate training in the safe administration of medication but some staff members competency had not been assessed. Competency assessment of medication administration had recently been introduced and had been completed for some staff. Inspectors reviewed a sample of these competency assessments and found that the manager had identified some practice issues in regard to staff's administration of medication such as staff members not checking the medication against the prescription. The manager told inspectors that s/he had spoken with the relevant staff re the practice issues. No further retraining had been identified for any of these issues. Staff told inspectors that they had a medical reference book available to them if they had a query in relation to a specific medication. Three new members of staff had not received safe administration of medication training but inspectors found that they were the second person witnessing the administration of medication. This meant that they may not have had sufficient knowledge in the administration of medication to safely witness that the appropriate medication was being
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The centre had a statement of purpose, but it did not contain all of the requirements of Regulation 3.

The statement of purpose outlined that the centre provided medium to high support residential and respite care to children aged between 10-18 years with a diagnosis of autism and or learning disability who were able bodied and do not require nursing care. No emergency admissions are accepted into the centre. The statement of purpose adequately described the following; the aims, objectives and ethos of the centre, model of care, therapeutic techniques, staffing complement, activities for children, educational arrangements, arrangements for contact between the child and their family and their representatives.

There was inadequate information provided in relation to the following areas
- the arrangements for privacy and dignity for children
- the arrangements for a contingency plan in the event of an evacuation of the centre
- admissions and re-admissions to the centre.
- complaints
- the organisational structure.

The statement of purpose had some omissions;
- religious arrangements for children were not outlined
- the specific arrangements for children to have private time with their social worker
- the dimensions of rooms was not included
- the arrangements for supervision of therapeutic techniques
- day care

Inspectors found that there were elements contained in the statement of purpose that were not operational in the centre at the time of the inspection. For example, no
children's meetings were occurring.

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

**Findings:**
While there was a clear management structure in place, management systems were not sufficiently robust. A number of the management systems in place were evolving and required to be embedded. Risk management systems and quality assurance mechanisms in relation to safe, quality care were in the early stages of being developed and required improvement to meet the regulations.

There was a management structure in place with clear lines of authority and accountability. Staff who spoke with inspectors were clear about their reporting relationship and what they were accountable for. All staff reported to the manager of the centre, who in turn reported to a services manager who reported to the provider. Inspectors met with the provider of the service and found that s/he had a good knowledge of the children living in the centre and a good understanding of day-to-day operational issues that arose. S/he was aware of his/her responsibilities under the regulations.

The service manager, who was the nominated person in charge (PIC), was experienced and appropriately qualified. S/he was appointed to the role in November 2014 and had a good knowledge of the regulations and statutory responsibilities. S/he had good knowledge of the children living in the centre. The service manager spent three days per week in the centre and a manager was delegated responsibilities in his/her absence. Staff and children knew the service manager and staff told inspectors that s/he attended team meetings on a monthly basis, but their day to day interaction was with the manager of the centre.

Appropriate deputising arrangements were in place, but the on-call arrangements were
not robust. The manager of the centre was identified to take over the role of person in charge in the event of this occurring. Inspectors met with the manager and found that they were appropriately qualified, had a good knowledge of the role of the person in charge and their statutory responsibilities. An on call system was in place, but the arrangements were not formally documented. Therefore it was unclear how staff were aware of what manager was available to contact out of hours.

Management systems were evolving and required further development. Inspectors found that there was good communication systems in place with management and team meetings, day to day interaction between the manager and staff, services manager and provider. Staff told inspectors that they felt that there was good communication within the centre and that the manager communicated well with them. Inspectors reviewed the minutes of the last four team meetings and found that the agenda included the roster, training, the children, the Authority and other issues such as cleaning and report writing. Monthly management meetings did not have a standing agenda. Minutes of meetings reflected that items discussed included the risk register, staff vetting, specific incidents in the centre, staffing, discharges of children, preparation for registration inspection and petty cash. Meeting minutes did not reflect that complaints were reviewed even though there had been a number of complaints logged. However, the provider told inspectors that s/he was informed of any complaints on a weekly basis. Inspectors found that the meeting minutes did not reflect that there had been a review of any outstanding actions from the previous meetings, so it was not clear how the directors tracked and monitored progress on agreed actions.

The provider received separate weekly reports from the manager and service manager. This was an effective system of ensuring that the directors were aware of matters arising in the centre. Inspectors found that these weekly reports were a mechanism used to request resources such as further petty cash. The service had a service plan in place with clear goals for 2015 but the resource planning arrangements were not clear.

Other management systems in place included policies and procedures for staff. These were in place to guide staff, but there were limited systems in place to monitor their implementation. Staff demonstrated a working knowledge of policies and procedures. Risk management systems were not effective as they had not identified a number of risks within the centre. The process and recording of decisions made about children and the running of the centre were not always clearly documented. Therefore, it was not always apparent why decisions were made.

Quality assurance systems were in the early stages of development. Both the provider and services manager had undertaken some audits of the service, but it was unclear what impact the findings of these audits had on the care delivery to the children. A significant number of actions arising out of the audits related to physical changes to the environment including painting of the house, and installation of a wash hand basin for staff. Other actions identified remained outstanding, for example, the quality of record keeping and training gaps. The service did not undertake any questionnaires, evaluations, satisfaction surveys. Inspectors did not find that there were adequate systems of ongoing monitoring of the quality and safety of care in the centre in relation to issues such as the quality of personal plans. There was no evidence of a six monthly unannounced visit to the centre with a written report on the safety and quality of care...
and support provided in the centre or any plans to address any deficits found. In addition there had not been an annual review of quality and safety of care and support completed in line with Regulation 23 (1)(d).

There were arrangements in place for staff to exercise their professional accountability if they had concerns about the service, but not all staff were aware of the process. There was a protected disclosure policy in place. While some staff told inspectors what the process was others were unaware. This meant that staff may not be aware of the processes of raising specific concerns about the quality of care in the centre.

There was a service level agreement in place with the Health Service Executive (HSE) 2014. However, it was only signed by the director of the service and no signature on behalf of the HSE was on the document. The provider advised that the 2015 service level agreement was being developed.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The provider had not completed a change in person in charge notification within the required timescale. The previous person in charge had left the service in October 2014, but the provider did not notify the Authority within three days as the regulations require. The information provided was not in compliance with Regulation 33.

**Judgment:**
Non Compliant - Moderate

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**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):
No actions were required from the previous inspection.

Findings:
The management of existing resources was adequate to meet the needs of the residents. While the centre did not have a designated budget there were sufficient financial resources in place to deliver care and support in line with the statement of purpose. Workforce planning was good. Additional staff members had recently joined the staff team as the number of children had increased to two.

There were sufficient resources in place to support children to achieve their personal plans. While the centre did not have a designated annual budget, petty cash was provided over a month period to run the centre and items such as grocery shopping, and other incidental expenses were met through petty cash. The manager reviewed the receipts on a weekly basis and completed a weekly return to the directors in regard to the expenditure of petty cash. Inspectors reviewed a sample of weekly returns and found that the returns corresponded with the receipts. Inspectors found that in December 2014 the manager requested an increase in the amount of petty cash and this co-coincided with two children residing in the centre on a full time basis. The financial accounts provided to inspectors were combined accounts for two services in the organisation dated 31 December 2013. The accounts showed that there were sufficient financial resources in place for the continued running of the centre.

The service had an organisational plan developed for 2015. The provider outlined that this plan outlined the financial planning for the service. However, inspectors found that the document did not outline how resources were prioritised for the service.

Judgment:
Substantially Compliant

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

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
There were sufficient staff to meet the assessed needs of residents. There were sufficient staff rostered to work in the centre and staff files were in line with the Regulations. However, there were gaps in training and not all staff had received mandatory training.

There were sufficient staff rostered to work in the centre. Inspectors reviewed rosters and found that four staff were rostered to work during the day and this was dependant on the number of children who were in the centre. The services manager told inspectors that s/he spent three days per week in the centre but was not included on the roster, so therefore it was not always possible to track when the service manager worked in the centre. At night, one member of staff was on sleepover while the second staff member was awake. The services manager maintained a planned and actual roster. The rota did not indicate who was in charge when the manager was not working and the on-call arrangements were not included on the rota. Therefore, this could lead to confusion for staff members.

Not all staff files met the requirements of schedule 2. Five staff files were reviewed. Inspectors found that all staff had been vetted by An Garda Síochána, full employment histories, qualifications and appropriate references were in place and references had been verified. There was evidence of disciplinary processes on some of the staff files that were reviewed. One staff file did not contain evidence of the staff member’s identity. Staff files did not contain any documents in regard to a probation process. The service manager told inspectors that a probation process had not been in place, but that new staff have a probation process of s/he put a probation process in place following her appointment and new staff will be subject to it. A probation period was referred to on the employment contract of staff.

New staff underwent a period of induction, but it was not comprehensive. A staff member who was recently appointed told inspectors that s/he was given time to read children’s records and shadowed colleagues for a few days. Inspectors reviewed an induction folder and found that there was information for new staff on systems within the house such as processes around handing over information at the end of a work shift. However, staff had not received mandatory training prior to their commencement of employment so staff may not be aware of how to meet the needs of children in all areas.

Staff received formal supervision but the quality of supervision varied. Staff members were supervised by the manager of the centre, who was supervised by the service manager, both managers were trained in providing supervision. Issues discussed at supervision included the staff member’s wellbeing, the children, other general concerns and training. Staff members did not receive timescales on agreed actions so it was unclear how actions were prioritised. Inspectors reviewed a sample of supervision records and found that usually supervision had been provided on a regular basis up to January 2015. However, in the sample of supervision records no supervision had been completed in February and March 2015. Staff told inspectors that they had supervision every four to six weeks by the centre manager and they discussed their roles in keyworking children as well as how they were progressing in their role.
There were gaps in staff's compulsory training and in continuous professional development. No training needs analysis had been completed. This meant that the training provided to staff did not fully reflect the training and development needs of the staff team as it was not informed by the needs of the children. There was little evidence in training records of specialist training in key issues in the provision of services to children with autism and learning disabilities.

Three new members of staff had commenced employment recently and they had not received any mandatory training from the provider. Four members of staff in total were not trained in Children First. The provider had not provided training in manual handling, fire training or first aid for three new members of staff. Therefore, it was not clear how new members of staff were provided with the skills and knowledge to ensure that they could support children in all aspects of their care. There were gaps in the training in behaviour management training, with six staff in total requiring training in behaviour management so some staff may have had the knowledge to safely manage children's behaviour. Some additional training was provided in the administration of a specific medication for children with epilepsy and supervision training was provided to the manager of the centre. Some staff members told inspectors that they had requested training in report writing and this training was scheduled in the training programme. The services manager told inspectors that the training schedule for 2015 had taken on board identified training needs. The provider said that they also had financed specific additional training and attendance at conferences, and said that they would provide finance for any necessary training. Inspectors reviewed a training schedule for 2015 that gave dates for training in food hygiene, epilepsy, report writing, first aid and behaviour management. Other training courses such as Children First were listed in the training plan but no specific dates were provided.

Staff told inspectors that they could access copies of the Regulations and Standards in the office, and inspectors found that staff had a good knowledge of them.

**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):
No actions were required from the previous inspection.

Findings:
The centre maintained records and had recording systems and procedures in place. However, improvements were required in the quality and consistency of records in order to maintain good quality records on children's care. The centre did not have all of the required policies under the regulations and some policies did not provide sufficient guidance to staff.

The majority of records required by schedule three and four of the regulations were in place. Reports from inspections and checks/servicing by external contractors in regard to fire were maintained. The complaints log did not record if the complainant was satisfied with the outcome of the complaint and contracts did not outline any information in relation to charges for children's care as outlined in previous outcomes. There were no systems in place in relation to the safekeeping or management of children's finances as is required by schedule three and copies of previous notifications sent to the Chief Inspector had been archived. The quality of recording required improvement so that concise clear records were maintained in relation to children.

The resident's guide did not meet the requirements of the regulations. It was written in a child friendly manner and provided sufficient information on the services, facilities, arrangements for children's involvement in the running of the centre. However, it did not include information of where a child could access previous inspection reports on the centre or sufficient information on the terms and conditions relating to a child's placement. A register of residents was maintained and it was compliant with the regulations as the dates that the children were discharged were recorded.

Paper records were well ordered, indexed and stored securely to prevent data protection breaches and preserve the children's information in a confidential manner but they were not all up to date and complete. Children's files included a photograph, some medical details, next of kin details, name of the organisation that arranged the admission to the centre and some correspondence relating to each child. Reports and correspondence from schools and other professionals were consistently on children's files. Inspectors found that not all records were dated and signed off by the team leader or relevant staff member. There were no records of children having accessed their own records.

Not all policies were in place in relation to Schedule 5. Policies had been reviewed by the directors during 2014 and were due to be reviewed on a yearly basis. Inspectors found that there were no policies in place in relation to intimate care, children's personal property and a draft communication policy was in place. Specific policies were identified by inspectors as not providing sufficient guidance to staff. For example, the admissions policy, child protection, policy on nutritional intake and medication management policies. Therefore, all staff may not be aware of their responsibilities and duties in these specific areas.

The centre was appropriately insured to the end of May 2015.
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:*

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003257</td>
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<tr>
<td>Date of Inspection:</td>
<td>16 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 July 2015</td>
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Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not evident that children were consulted in relation to the running of the centre.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
• Residents meetings to be created and implemented fortnightly.
• Residents concerns/suggestions in respect of the centre to be discussed at team meetings and feedback to be given to residents by keyworkers.
• If a child requires additional support around understanding the feedback from staff, staff will utilise their communication tools as set out in their communication passports.

**Proposed Timescale:** 12/06/2015
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No independent advocacy was available to the children.

**Action Required:**
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

**Please state the actions you have taken or are planning to take:**
• Independent advocacy services are now available for each resident.
• Staff contacted an advocacy service on the 11th of May 2015, and are due to visit the residents date pending.
• Information packs from the advocacy service are due to arrive to centre in the next few days and will be delivered to residents and families.
• Residents corner to be created inline with their communication need and to include advocacy service information, complaints and appeals procedure, residents rights and residents handbook.

**Proposed Timescale:** 13/07/2015
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
It was not evident that children's wishes or preferences was taken into account in their personal plans.

**Action Required:**
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

**Please state the actions you have taken or are planning to take:**
• It is now evident that children’s wishes and preferences are taken into account in their personal plans.
• Keyworkers support the children in communicating their preferences and wishes on a fortnightly basis and apply these to their personal plans.
• If the child requires additional support around communicating their preferences and wishes staff will utilise their communication tools as set out in their communication passports.

**Proposed Timescale:** 13/07/2015

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not of the children’s bedrooms had sufficient storage space for clothing.

**Action Required:**
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

**Please state the actions you have taken or are planning to take:**
• Sufficient storage space is provided outside of residents bedroom due to prior risk assessment highlighting safety concerns.
• Staff are currently assessing residents in regards to returning clothing storage space to resident’s bedrooms.
• Screening is in place and risk register will be updated in respect of this.
• Keyworkers to develop and implement a programme around caring for your own belongings.

**Proposed Timescale:** 12/06/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Children did not have access to an independent advocate.

The availability of advocacy services to facilitate residents to make a complaint was not outlined in the policy.

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

**Please state the actions you have taken or are planning to take:**
• Children have access to an independent advocate.
• This advocacy service available is a standing item on the agenda of the childrens fortnightly meeting.
• The advocacy service is visually displayed in the childrens corner located in the kitchen of the centre.
• Updated complaints policy accounts for the childs access to advocacy services
• The Complaints procedure is in a child friendly format in line with the communication needs as identified in the childrens communication passports.

**Proposed Timescale:** 15/06/2015
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The there was no nominated person responsible for ensuring that all complaints were appropriately responded to and that all aspects of the requirements of 34 (2) f were recorded.

**Action Required:**
Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

**Please state the actions you have taken or are planning to take:**
• A nominated person is available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained. Effective as and from 30/4/15.
• The complaints process to be updated by the services manager by the 30/5/15.
• The Nominated person will monitor all complaints monthly in respect of response, and recording maintained. This will be achieved via the examination of onsite documentation and through consultation with young people, guardians, staff and management.

**Proposed Timescale:** 12/06/2015
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not in an appropriate format to meet the needs of the residents.

**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:
• Complainant procedure has been updated and is now in a child friendly format that is in line with the communication needs as identified in the childrens communication passports.
• This complaints procedure is a standing item on the agenda of the childrens fortnightly meeting.
• The complaints procedure is visually displayed in the childrens corner located in the kitchen of the centre.

Proposed Timescale: 12/06/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The outcome of complaints and whether the complainant was satisfied with the outcome was not recorded on the complaints log.

Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
• Complaints log updated to account for the outcome of a complaint and whether the complainant was satisfied with the outcome.

Proposed Timescale: 13/07/2015
Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints process was not in line with the requirements of the regulations. No appeals process was referred to in the complaints policy.

Action Required:
Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

Please state the actions you have taken or are planning to take:
• Complaints process has been updated and refers to a appeals process.
• It is now in a child friendly format that is in line with the communication needs as identified in the childrens communication passports.
• This appeals process available to children is a standing item on the agenda of the childrens fortnightly meeting.
• The appeals process is visually displayed in the childrens corner located in the kitchen of the centre.

**Proposed Timescale:** 12/06/2015

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### Outcome 02: Communication

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Children's communication needs were not outlined in personal plans and children did not have individual communication passports.

**Action Required:**
Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

**Please state the actions you have taken or are planning to take:**
• Communication needs are now outlined in personal plans and communication passports have now been created and implemented for all children.

**Proposed Timescale:** 13/07/2015

**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Staff and managers were not clear if there was a need for a picture exchange system for one child.

**Action Required:**
Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

**Please state the actions you have taken or are planning to take:**
• Placement plans now clearly state the use of a picture exchange system.
• Behaviour support plan will identify where and when to implement this.
• Practice guidelines will provide clear and concise instruction as to when to use picture exchange system.
• Staff to be trained in the use of picture exchange system
Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was a requirement for visits to be pre-arranged.

Action Required:
Under Regulation 11 (2) (a) you are required to: Ensure that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

Please state the actions you have taken or are planning to take:
• Stepping Stones Care policy is to welcome visitors, manager and services manager will review and update policy to reflect this.

Proposed Timescale: 26/06/2015

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was not sufficient communal room for four children to receive visitors.

Action Required:
Under Regulation 11 (3) (a) you are required to: Provide suitable communal facilities for each resident to receive visitors.

Please state the actions you have taken or are planning to take:
• Service provider is reducing occupancy to three residents.
• Statement Purpose and Function forwarded to inspector that reflects this.
• Communal areas available include sitting room, kitchen, education room/chill out room and offsite access available.

Proposed Timescale: 13/07/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Children had limited opportunities to develop and maintain personal relationships.

Children did not have friends to visit.
**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:**
- Friends are always welcomed and encouraged to visit the unit as per visitor’s policy.
- Supported and assistance are now offered to residents by staff via personal plans which utilise their routine to place the young person into the wider community e.g going to local park or shop.
- With the view to assisting the resident in joining a youth club in the local area as the need arises in conjunction with a risk assessment.

**Proposed Timescale:** 13/07/2015

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### 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 policies on referral and admission did not consider the impact of new admissions on current children's needs.

**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 service will now ensure that admission policies and practices take account of the need to protect residents from abuse by their peers. All subsequent admission will complete a pre-admission risk assessment and impact risk assessment prior to admission to the centre.

**Proposed Timescale:** 20/07/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
No additional charges were outlined in the contracts of care.

**Action Required:**
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.
Please state the actions you have taken or are planning to take:
• All additional charges are now outlined in the residents contracts of care.

**Proposed Timescale:** 13/07/2015

**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:
Assessments of children's needs were not adequate.

**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:
• The service will now 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.
• The current resident assessment form is being reviewed and updated by the management team due to deficits noted in the inspection report.

**Proposed Timescale:** 24/07/2015

**Theme:** Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Assessments were not updated when there was a change in a child's circumstances.

**Action Required:**
Under Regulation 05 (1) (b) 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 as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

Please state the actions you have taken or are planning to take:
• A follow up assessment form to be developed by management that takes into account a change in a residents circumstances.
• All assessments are now updated when there is a change in a residents circumstances by a healthcare professional.
<table>
<thead>
<tr>
<th>Proposed Timescale: 30/06/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
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<tr>
<td>No child friendly version of personal plans were available and parents had not received copies of personal plans.</td>
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<tr>
<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.</td>
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<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>• The service will develop and ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.</td>
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<tr>
<td>• Parents now receive copies of personal plans.</td>
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<th>Proposed Timescale: 30/06/2015</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
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<tr>
<td>Updated personal plans did not record in detail the specific actions and who was specifically responsible.</td>
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<td><strong>Action Required:</strong></td>
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<tr>
<td>Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.</td>
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<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
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<tr>
<td>• Placement plans will now record clear goals and actions and who is responsible for each.</td>
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<th>Proposed Timescale: 20/06/2015</th>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td></td>
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<tr>
<td>Residents wishes, views and preferences were not reflected in their personal plans.</td>
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</table>
Action Required:
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident’s wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
• All new residents placement plans will be developed within 28 days of admission to the centre.
• All placement plans will account for children's wishes and preferences.
• Keyworkers support the children in communicating their preferences and wishes on a fortnightly basis and apply these to their personal plans.
• If the child requires additional support around communicating their preferences and wishes staff will utilise their communication tools as set out in their communication passports.

Proposed Timescale: 13/07/2015

Outcome 06: Safe and suitable premises
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited space for four children to play.

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:
• Service Provider reducing occupancy to three residents.
• Routine to allow residents adequate access to play areas on daily basis both internally and externally.

Proposed Timescale: 13/07/2015

Outcome 07: Health and Safety and Risk Management
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the arrangements for the recording and investigation of, and learning from, serious incidents or adverse events involving residents.
Action Required:
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
• Risk Management Policy to be reviewed and updated in respect of identification, recording and investigation of and learning of incidents/adverse events involving residents.
• Manager to attend Risk Management Training on 20th May 2015.
• Staff to be trained in the recording of serious incidents and adverse events involving residents

Proposed Timescale: 13/07/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not outline the arrangements in place to ensure that risk control measures were proportionate to the risks identified and the impact on the quality of life on the resident.

Action Required:
Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

Please state the actions you have taken or are planning to take:
• The service will now ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.
• A subcommittee has been developed, all risks are referred to this committee for review and approval.
• The committee will meet on a monthly basis or more often as requested by the manager.

Proposed Timescale: 30/05/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all hazards were identified in the designated centre. Hot water was recorded at
44.6 degrees Celcius.

**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:**
Registered Plumbing Contractors visited the site on 19/3/2015 and again on 20/3/2015. A Thermostatic mixing valve was fitted and tested by 11am 20/3/15. Temperature is now set to a maximum of 43 degrees Celsius. Attached please find technical details on mixing valve & confirmation of installation from contractor. Risk register to be reviewed and updated. Provider’s update:
• Technicians report available at centre.
• Risk register to screen the temperature of the water by manager and services manager on monthly basis.

**Proposed Timescale:** 13/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Cleaning procedures and oversight were not clear.

Food management systems were not effective.

**Action Required:**
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

**Please state the actions you have taken or are planning to take:**
• Cleaning procedures and food management systems are now updated.
• All staff have now been trained in carrying out cleaning procedures and food management systems in line with best practice.
• Manager is now monitoring compliances with standards of cleaning and food management by completing weekly spot checks and audits of practice.

**Proposed Timescale:** 13/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Two members of staff had not received fire training.
**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:**
- In house fire training has been completed by the manager with staff,
- Formal fire training completed.

**Proposed Timescale:** 13/07/2015

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**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:**
Not all staff had been trained in the management of behaviour that challenged.

**Action Required:**
Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

**Please state the actions you have taken or are planning to take:**
- The service will now ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.
- All staff are trained in how to manage challenging behaviour.

**Proposed Timescale:** 13/07/2015

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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The mechanisms for the review and approval of the use of restrictive practices were not clear.

**Action Required:**
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**
• The service will now ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.
• A subcommittee has been developed, all restrictive practices are referred to this committee for review and approval.
• The committee will meet on a monthly basis or more often as requested by the manager to address restrictive practices within the centre.
• The Committee’s decision will be final in relation to the approval of restrictive practices.

**Proposed Timescale:** 13/07/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
No standard report form had been completed in relation to an allegation of physical abuse.

**Action Required:**  
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

**Please state the actions you have taken or are planning to take:**  
• The service will now ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.
• We acknowledge that no standard report form had been completed in relation to an allegation of physical abuse.
• A standard report form has been submitted by the manager in relation to an allegation of physical abuse to the child and family agency.

**Proposed Timescale:** 13/07/2015  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Guidance in relation to the provision of intimate care was not sufficient. No specific intimate care plans were in place for individual children.

**Action Required:**  
Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident’s personal plan and in a manner that respects
the resident's dignity and bodily integrity.

**Please state the actions you have taken or are planning to take:**
- Intimate care policy to be reviewed and implemented
- Intimate care plans for each resident per assessment of need will be created and implemented.
- Update policy in respect of procedure of intimate care plan.

**Proposed Timescale:** 11/07/2015  
**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Not all staff had been trained in Children First (2011).

**Action Required:**  
Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

**Please state the actions you have taken or are planning to take:**
- The service will now ensure that where children are resident, staff will receive training in relevant government guidance for the protection and welfare of children.
- All staff are now trained in Safeguarding and Child Protection

**Proposed Timescale:** 13/07/2015  
**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Some improvements in safeguarding measures were required.

**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:**
- All staff are trained in safeguarding and child protection.
- Policy on Child Protection now accounts for safeguarding of residents  
- Safeguarding and Child Protection guidelines have been implemented for each resident and is located in their file.

**Proposed Timescale:** 30/06/2015
### Outcome 09: Notification of Incidents

**Theme:** Safe Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
A notification of an allegation of abuse was not submitted to the Authority within 3 working days.

**Action Required:**
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

**Please state the actions you have taken or are planning to take:**
- Notification submitted by manager on 26th March 2015.
- Updated notification submitted by services manager on 2nd April 2015
- All proceedings of notifications will be forwarded by management to HIQA inline with Regulations.

**Proposed Timescale:** 13/07/2015

### 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:**
Individual educational plans were not referenced in children's assessments.

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

**Please state the actions you have taken or are planning to take:**
- Individual educational plans will be referenced in the new children assessment forms

**Proposed Timescale:** 28/08/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The educational arrangements for the child attending respite services was not clear.

**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:
• A plan for the educational arrangements of the young person in respite is now in place, the minutes of young person’s review dated 01/5/15 recorded this action.
• The service will now ensure that all new residents are supported to access opportunities for education, training and employment.

Proposed Timescale: 13/07/2015

<table>
<thead>
<tr>
<th>Outcome 11. Healthcare Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Health and Development</td>
</tr>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>There was no record of consultation or ongoing involvement from a dietitian in formulating the dietary plans for one specific resident.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• A record of all consultations with the dietician is in now in place and recorded in the young person’s file.</td>
</tr>
<tr>
<td>• All ongoing involvement from the dietician and any dietary plans are also recorded here.</td>
</tr>
</tbody>
</table>

Proposed Timescale: 13/07/2015

<table>
<thead>
<tr>
<th>Theme: Health and Development</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Information in relation to immunisations was not held on children's files.</td>
</tr>
<tr>
<td>An up-to-date mental health assessment was not available to the staff team.</td>
</tr>
<tr>
<td><strong>Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>• Immunisation were requested by the manager to Social Worker.</td>
</tr>
<tr>
<td>• Social Worker informed manager of no records on file.</td>
</tr>
<tr>
<td>• Manager requested records from parents.</td>
</tr>
</tbody>
</table>
• Parents have no records present at home.
• Manager requested parents to contact local health centre and update manager accordingly.

**Proposed Timescale:** 13/07/2015

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**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:**

The policy on the administration of medication was inadequate as it did not provide sufficient guidance to staff in relation to appropriate prescribing, administration and recording.

Medication management systems were not in line with good practice as pre-populated administration sheets were in use.

Medication incidents were being inappropriately recorded on medication error forms.

Not all staff involved in medication administration were trained or had had their competency assessed post training.

**Action Required:**
Under Regulation 29 (4) (a) 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 any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**
* Administration of medication policy has now been updated and now gives staff clear and efficient guidance in relation to prescribing, administering and recording medication appropriately.
* New medication management systems have been created and implemented and are now in line with good practice.
* All Medication incidents are been recorded on a new medication incident form which allows management to audit the incidents on a regular basis.
* All staff are now trained in medication administration and regular competency spot checks are implemented by management.

**Proposed Timescale:** 13/09/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
There were no policies or procedures in place in relation to controlled medications.

There was no register for recording and reconciling controlled medications.

Storage facilities for controlled medication were not in line with legislation.

Not all staff were knowledgeable about controlled medication used in the centre.

**Action Required:**
Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
•The manager has put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.
•The Manager has implemented the above practices within the policy and procedure of controlled medication.
•A register is now in place for reconciling and recording controlled medication.
•A new storage system is in place for controlled medication (a locked box within a safe affixed to a wall in the office).
•Staff have been trained in its use by the manager in-house.

**Proposed Timescale:** 13/07/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Statement of purpose had not been provided to children's families.

**Action Required:**
Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

**Please state the actions you have taken or are planning to take:**
•Statement Purpose and Function reviewed by Manager and Services Manager and Service Provider.
•Statement Purpose and Function to be delivered to staff, residents and parents/guardians.
•Child Friendly Statement Purpose and Function to be completed.
**Proposed Timescale:** 12/06/2015  
**Theme:** Leadership, Governance and Management  

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The statement of purpose did not meet all the requirements of Regulation 3.

**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:**  
- Statement Purpose and Function updated and reviewed in lines with requirements of Regulation 03.  
- Statement Purpose and Function to be delivered to staff, residents and parents/guardians.  
- Child Friendly Statement Purpose and Function to be completed.

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**Proposed Timescale:** 12/06/2015  

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**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:**  
The annual review of quality and safety had not been completed.

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

**Please state the actions you have taken or are planning to take:**  
- Annual review completed by external consultant on behalf of the service provider on 31st March 2015.  
- Copy on file at centre.  
- Next annual review scheduled by external consultant on behalf of the service provider in March 2016

**Proposed Timescale:** 13/07/2015
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no unannounced visits to the centre on at least a six monthly basis with a written report on the safety and quality of care and support provided in the centre with a plan to address any concerns regarding the standard of care and support.

**Action Required:**
Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

**Please state the actions you have taken or are planning to take:**
- Unannounced visit took place on Tuesday 28th May 2015 and report on file within the centre.
- Action plan completed by manager in respect of last unannounced visit.
- Unannounced visits to occur at least once every six months and to be monitored by Service Provider.

**Proposed Timescale:** 13/07/2015

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**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Management systems were not always effective and robust to ensure that the service provided was safe and consistent and appropriate to the residents needs.

**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:**
- The service has implemented management systems in the centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
- In house management meetings completed weekly that record the decisions made by the management team,
- Meetings with the management team are recorded daily that log daily decisions made in the management communications log,
- Manager to complete daily monitoring and record,
- Service report completed weekly by the management team,
- Weekly report sent to the provider by the management team
- Health and Safety audit completed monthly by manager or Health and Safety Rep.
- Six month annual monitoring in place completed by the manager.
- Annual external monitoring completed by external consultant on behalf of provider.
- Management has attended risk management training 20/5/15.
- Unannounced monitoring visits completed by service provider on a monthly basis.

**Proposed Timescale:** 13/07/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
No annual review of quality and safety had been completed so children and families had not been consulted as part of the process.

**Action Required:**
Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

**Please state the actions you have taken or are planning to take:**
- Annual review completed by external consultant on behalf of the service provider on 31st March 2015.
- Copy on file at centre.
- Next annual review scheduled by external consultant on behalf of the service provider in March 2016.
- Questionnaire forwarded to family and residents, in order to provide consultation with the service.

**Proposed Timescale:** 13/07/2015  
**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not all staff were aware of the protected disclosures policy or procedure.

**Action Required:**
Under Regulation 23 (3) (b) you are required to: Facilitate staff to raise concerns about the quality and safety of the care and support provided to residents.

**Please state the actions you have taken or are planning to take:**
- Policy to be updated and delivered to staff team.

**Proposed Timescale:** 12/06/2015  
**Theme:** Leadership, Governance and Management
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As no annual review had taken place there was no report.

**Action Required:**
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

**Please state the actions you have taken or are planning to take:**
- Annual review completed by external consultant on behalf of the service provider on 31st March 2015.
- Copy on file at centre.
- Next annual review scheduled by external consultant on behalf of the service provider in March 2016

**Proposed Timescale:** 13/07/2015

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no copy of a six monthly report maintained in the centre

**Action Required:**
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Please state the actions you have taken or are planning to take:**
- The service acknowledges that their was no copy of a six monthly report maintained in the centre
- The centre will now maintain a copy of the report of all unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

**Proposed Timescale:** 13/07/2015

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

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a delay in sending a notification of a change in person in charge to the Authority.
**Action Required:**
Under Regulation 33 (2) (c) you are required to: Give notice in writing to the Chief Inspector of the name, address and qualifications of the person who will be or was responsible for the designated centre during the absence of the person in charge.

**Please state the actions you have taken or are planning to take:**
- Any future changes of the person in charge will be notified inline with regulations, the provider has reminded the person in charge of this requirement.

**Proposed Timescale:** 13/07/2015

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### 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 did not have a designated budget and the organisational plan was not sufficient in outlining how resources were prioritised.

**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:**
An organizational plan that is inclusive of budgets is now in place that outlines how resources are prioritised.

A designated budget has been devised in conjunction with the provider, management team and company accountant.

This budget is informed by:
- Previous years expenditure
- Future plans for the centre
- Current occupancy levels
- Staffing requirements
- Training and staff developments
- Input from the management team in consultation with the services users, their families and significant others.

All new referrals to the centre are allocated funding for direct resources required by them eg:
- Staffing levels
- Therapeutic intervention
- Education/training
• Unforeseen expenses

Service users needs are prioritised on initial referral information and in consultation with social work department, family/guardian, significant others, service user, therapeutic team and management. All resources are reviewed on a weekly and monthly basis. Prioritising of resources outside of the requirements of each service user are reviewed monthly by management and the care team.

There is a fund in place for Unforeseen expenditure that falls outside of the annual budget that can be accessed by management directly.

**Proposed Timescale: 13/07/2015**

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Photo identification was not on one staff file.

**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:**
• Manager went through all staff files one by one.
• Error found and resolved.
• All current and new staff will be audited by management on a 3 monthly basis

**Proposed Timescale:** 13/07/2015

**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 mandatory training in fire, child protection, manual handling, first aid and the management of behaviour that challenged.

There was no continuous professional development plan for staff.

There was no training needs analysis undertaken to inform the training and continuous professional development plan.

**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 now access to appropriate training, including refresher training, as part of a continuous professional development programme.
• Training schedule has been developed by manager.
• PDP’s are in place for all staff and will account for further training

Proposed Timescale: 30/06/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The quality of supervision and relevant notes varied.

Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
• Current notes being reviewed and new template to be developed.

Proposed Timescale: 10/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all policies required under schedule 5 were in place.

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:
• Management will develop policies missing that are required under Schedule 5. e.g residents personal property, personal finances and possessions, monetary and documentation of nutritional intake, temporary absence and discharge of residents and provision of information to residents.
Proposed Timescale: 18/09/2015