Centre name: A designated centre for people with disabilities operated by Three Steps
Centre ID: OSV-0003712
Centre county: Co. Dublin
Type of centre: Health Act 2004 Section 39 Assistance
Registered provider: Three Steps
Provider Nominee: Eilis Cully
Lead inspector: Una Coloe
Support inspector(s): Paul Tierney;
Type of inspection: Unannounced
Number of residents on the date of inspection: 3
Number of vacancies on the date of inspection: 2
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  This monitoring inspection was un-announced and took place over 1 day(s).

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

From: 27 April 2015 09:00
To: 27 April 2015 17:30

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 03: Family and personal relationships and links with the community</td>
</tr>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
</tr>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 06: Safe and suitable premises</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 10. General Welfare and Development</td>
</tr>
<tr>
<td>Outcome 11. Healthcare Needs</td>
</tr>
<tr>
<td>Outcome 12. Medication Management</td>
</tr>
<tr>
<td>Outcome 13: Statement of Purpose</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
</tr>
<tr>
<td>Outcome 16: Use of Resources</td>
</tr>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
<tr>
<td>Outcome 18: Records and documentation</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This was the second inspection of this centre. It was an unannounced monitoring inspection following the registration inspection completed in September 2014. As part of the inspection, inspectors met with social care workers, the person in charge and the deputy manager. Inspectors also met with a behaviour therapist employed by the organisation. Inspectors observed staff interacting with three children. Documentation reviewed included care files and policies.

The centre provided full-time residential care for up to five children but at the time of the inspection there were only three children resident in the centre. An unplanned discharge had taken place since the previous inspection and restrictive practices in the centre had reduced as a result. The admissions policy was reviewed and a comprehensive assessment process was introduced to assess the impact of potential referrals on the children residing in the centre. However, the procedure regarding unplanned or emergency admissions remained unclear. Some improvements were
noted including the removal of CCTV. Behaviour support plans required review to ensure strategies identified were implemented by the team. Management systems had improved but some risks identified on the day of the inspection had not been assessed.

These and other findings are documented throughout the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

The experience of the children living in the centre had improved since the last inspection. One child had been discharged from the service and there had been no new admissions since the last inspection. The admissions policy had been reviewed and an impact risk assessment was developed. This was a tool to assess the impact of a potential residential placement on other children in the service. Inspectors viewed these assessments which had been completed for the children currently residing in the centre.

Children had access to an advocacy service and had information about their rights. The service had sourced two advocacy services for the children, one relating to children in care and another service which supported adults specifically. There was evidence in the files reviewed that the three children availing of residential services had met with advocates. Inspectors reviewed documentation available in the service detailing the role of the advocacy service and reviewed documentation outlining that the children had met with the advocate.

Residents and their families were aware of the complaints procedure and were supported to make complaints if required. Details on how to make a complaint were displayed in the centre. The person in charge advised that letters and the complaints policy were provided to the families and she advised that she spoke with each parent following the information provision to ensure they had awareness of this procedure. Inspectors viewed records to document that this was completed.

Children were consulted about the running of the centre. Inspectors viewed a meal planner in the kitchen which detailed meals planned for the week and documented which child had chosen the meal for that day. There were social goals documented in
the children’s files which gave an overview of the support the children required, to make choice regarding activities and to participate in residents meetings. A range of communication aids to support the children were listed including the use of pictorial exchange and electronic devices. There was a weekly plan in each child’s file which outlined the plan for the week. Inspectors observed that cupboards were labelled with pictures to show what they contained and there were numerous pictures for the children to use as a communication aid. There were opportunities for some children to exercise choice over transition from the service. The person in charge advised that an eighteen year old due to be discharged from the service had participated in a care review and communicated their wishes for the future. Inspectors viewed personal plan reviews which documented that the child had attended the review.

Closed circuit television (CCTV) was no longer used at the centre. This was an organisational decision and had ceased in March 2015.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
Residents were supported to develop and maintain personal relationships and links with the wider community.

Children were engaged in activities in the local community. A community resource pack had been compiled for the centre which outlined various activities the children could be involved in. Inspectors reviewed this folder and observed brochures on events in the local community and activities that the children could participate in the area. There was evidence that children engaged in a wide range of activities. Inspectors viewed activity sheets in the files reviewed which documented activities the child had engaged in such as visiting a funfair, walks on the beach, local amenities, dance classes and other clubs.

Residents had opportunities similar to their peers. There were community integration goals identified in the children’s files that included social goals for the children. Goals included attending new clubs with peers, visiting local services and facilities. Inspectors reviewed a personal care plan review which documented that the child’s community integration goals were reviewed and there was evidence that goals had been achieved. The person in charge advised that training was provided for the team on social inclusion.
during a team meeting. The inspectors reviewed the minutes of this meetings which documented that social inclusion was discussed.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

Theme:
Effective Services

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

Findings:
The admissions policy had been updated since the last inspection however, it was not adequately detailed to ensure a transparent process with regard to emergency or unplanned admissions. There had been no new admissions to the service since the last inspection.

The admissions policy required further review to ensure it was adequately detailed in relation to unplanned or emergency admissions. The policy outlined the process to follow relating to both planned and unplanned admissions but it was not consistently detailed to guide practice if there was an unplanned or emergency admission. The person in charge advised that a referrals committee assessed each referral and allocated one key clinician and a potential centre for the child. She advised that key clinicians included a speech and language therapist, an occupational therapist or a behavioural therapist. The key clinician assigned meets with the child and their professional judgment would be incorporated into the impact risk assessment. The admissions policy outlined that the initial assessment process should be completed within ten days however, the person in charge advised that this may be extended and timeframes are decided upon on a case by case basis. The policy outlined that the social care manager had responsibility to complete a pre admissions needs assessment, pre admission risk assessment to include an impact risk assessment.

There was a comprehensive assessment process to determine suitability of children referred for a service. A detailed assessment had taken place for a child referred to the service and following the process, it was decided that the child was not suitable for the service. The person in charge advised that staff members worked with the child from January 2015 to March 2015 in the child’s current placement. Inspectors reviewed documentation relating to this assessment process and found a detailed approach was followed. Impact risk assessments were completed and reviewed on a regular basis
which identified the potential positives and potential risks attached to the placement. The risks were considered for each of the three children living in the centre. The person in charge advised that the director of the service, the disability manager and management in the service made the decision not to accept the referral. She advised that the decision was based on the outcomes of the assessment.

The admissions policy required more details to ensure there was transparent criteria regarding unplanned and emergency admissions. Inspectors reviewed the policy and it was not clear what process should be followed if there was a request for such an admission. The policy stated that the process and tasks required for a regular admission must be followed however it was not clear if an emergency admission was required, could the assessment process be completed. The person in charge advised that she would have autonomy with decisions regarding emergency admissions however the inspectors were not satisfied that the challenges associated with unplanned admissions could be managed in a manner that would protect all children involved.

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

Findings:
The pre admission assessment form was revised since the last inspection to include both social and medical needs. Inspectors reviewed this template which included sections for interpersonal relationships and identity, learning, community participation, education, risks and health care to be assessed and documented. This template allowed for a comprehensive overview of the child's needs. There was evidence in the files reviewed that personal plan reviews for the children had been completed which gave an overview of the health and social care needs of the children. It was also documented that the child's view was obtained for the review using pictorial exchange. There was evidence in children's files that management were monitoring key performance indicators regarding the care plan, goals met, and overview of meetings held.
The process regarding discharges from the service was not adequate and required review. Inspectors reviewed some documentation relating to an unplanned discharge of a child following the previous inspection. Inspector’s reviewed a significant event form, a discharge report and a discharge form dated 31 October 2015 which gave an overview of the situation that lead up to the child's discharge and also recommendations for the child's future care in terms of behaviour, medication and risks for example. There was evidence that the difficulties relating to the child’s care had been discussed prior to the discharge. The child returned to their home in October 2014 following an admission to hospital and did not return to the centre. Documentation was forwarded to relevant professionals within the organisation including the child protection liaison officer, the behaviour therapist, HSE social worker and disability manager. There were a number of serious risks and concerns identified in the discharge report in relation to the child and it was not clear if a formal referral was escalated to the statutory agency for child protection and welfare. The person in charge advised that the Child and Family Agency (CFA) had attended meetings regarding the child. Inspectors reviewed documentation from August and September which outlined that the Child and Family Agency did not identify any child protection and welfare concerns.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

Theme:
Effective Services

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

Findings:
Safety risks identified in the garden area on the grounds of the centre had been assessed and managed appropriately. Inspectors viewed a weekly check log for the garden when was implemented since the last inspection. It included a check on the garden shed, play equipment, front gates and surrounding structures. The centre was clean and warm on the day of the inspection.

Judgment:
Compliant

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:**
The risk management policy had been updated and risks identified during the last inspection were being monitored. However, some hazards were identified during the inspection which posed a risk to children. All children had participated in fire drills and regular checks were completed regarding fire equipment.

Systems to manage risks had improved however some risks identified during the inspection had not been adequately assessed. The risk management policy was updated and inspectors found that this was in compliance with the regulations. The deputy person in charge advised that risk assessments were reviewed more frequently than in the past and a risk matrix system was used to determine the level of risk. The person in charge advised that all risk assessments were reviewed monthly by the rights review committee and placed on the risk register depending on the severity of the risks. Some risks identified during the previous inspection were being monitored including the temperature of the water in the kitchen which exceeded the recommended limits during a previous inspection. A system was implemented to monitor this which the inspectors viewed. Inspectors tested the temperature and found it was within safe limits.

Inspectors identified some risks that had not been assessed in the centre. Some risks were identified on the day of the inspection which had not been assessed and the person in charge took immediate action to address the issues. There was a broken perspex panel identified in one room which posed a risk of injury to children. Maintenance were called to fix this during the inspection. Restrictors on the windows had been removed since the last inspection. The person in charge advised that the risk of absconding had reduced and therefore a decision was made to remove the restrictors. She provided inspectors with a risk assessment that related to this issue. However, inspectors observed a team meeting in the centre and it was noted that a child residing in the service had exited the building recently via a window. The person in charge advised inspectors that this was an attention seeking behaviour and did not believe there was a risk attached. Inspectors requested that safety precautions be put in place and the centre took immediate action to have the window restrictors reinstalled. Other risk assessments reviewed detailed that the fire extinguisher had been removed from the car due to behaviour that challenged and although there was a behaviour management plan to address such behaviours, the vehicle remained without suitable fire fighting equipment.

There were regular fire drills completed in the centre. Inspectors reviewed logs of fire drills and four drills had taken place since December 2014. Fire drills were completed every three months. The names of the children who participated in drills were recorded.
and any difficulties encountered were logged. Inspectors were advised that the fire
brigade visited the centre in February 2015 to view the centre and identify the closest
water hydrant. All staff had attended training in fire prevention and this was confirmed
in training records reviewed by inspectors. Inspectors viewed logs that regular health
and safety checks were completed. There was no documentation to evidence that
bedding and furnishings were fire retardant. Inspectors were provided with a risk
assessment of potential fire risks relating to bedding, soft furnishings and curtains in the
centre. This risk assessment highlighted that a discussion took place with a fire officer
who advised that that beds and soft furnishings purchased from reputable stores should
comply with fire regulations. Inspectors were advised that an email has been forwarded
to the relevant stores to seek clarification but there was no response on the day of the
inspection.

Judgment:
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 08: Safeguarding and Safety</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

| **Theme:** |
| Safe Services |

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

| **Findings:** |
| The quality and safety of the care of the children had improved since the last inspection and significant incidents were being reviewed. The number of restrictive practices had reduced however the use of as required (PRN) medication to manage behaviour was used on a number of occasions for one child. |

Staff were kind and caring towards the children and interacted with them in a respectful manner. Inspectors observed interactions between staff and the children and communicated with the children. There were two children living in the centre subject to statutory care orders. The required information including a statutory care plan and minutes of review meetings were available in the files. The child protection policy was updated to include the name of the designated liaison person. The person in charge told inspectors that there were no referrals to the child and family agency since the last inspection. However, she advised that one issue was being monitored which had been escalated to the child's allocated social worker.
Significant events had reduced since the last inspection, however there were a number of incidents of behaviour that challenged. The annual review of the quality and safety of care and support completed in the centre highlighted that there was a significant reduction in the number of significant events from October 2014 to December 2014. Inspectors reviewed a sample of significant events which related to behaviour that challenged. The significant event templates allowed for a comprehensive overview of the event and identified the professionals who were made aware of the incidents. There was evidence that incidents were reviewed and follow up discussions took place at multidisciplinary meetings. There was a reliance on the use of as required (PRN) medication to manage behaviour in January and February 2015.

The use of as required (PRN) medication was used to manage behaviour that challenged but interventions to prevent escalation in behaviour had not been used as outlined in the child's behavioural support plan. Inspectors reviewed significant event forms where as required (PRN) medication was used as a technique to manage behaviour for one child on five occasions during January and February 2015. There was a behaviour management plan in place for the child which outlined steps for staff to follow during an incident. However, the recommended procedures were not detailed on the significant event forms reviewed and therefore it was not clear if the documented strategies was followed. There was an internal review of the child's behaviour and use of PRN medication. Techniques to support the child were discussed at this meeting and there were recommendations of interventions to be completed with the child. Further recommendations were discussed at a multidisciplinary meeting held in March 2015 which identified strategies to support the child which included for example, an emotional literacy programme, facilitated by a counsellor, an identity board, a review of access visits to the child’s home and the child to complete a journal as well as attend weekly music therapy. Inspectors reviewed records of work completed with the child in relation to contact with his family, feelings and use of PRN medication. Some meeting records were not dated and therefore it was difficult to ascertain timelines however there was evidence that the child's situation was being reviewed.

The person in charge advised that training in behaviour management was required on a yearly basis and there were two internal trainers available to provide this training. She told inspectors that all staff were up to date with this training which was confirmed when inspectors reviewed the training records. Inspectors met with the behaviour support therapist as part of the inspection. She advised that her role included attending multidisciplinary meetings to give input on children’s behaviour. She also advised that she delivered some training and was in the process of tailoring a piece of training for the team.

Some behaviour support plans were not comprehensive and guidance contained within the plans was not always followed. Inspectors reviewed a sample of behaviour support plans. A behaviour support plan for one child was reviewed in April 2015 following a number of incidents of behaviour that challenged. Inspectors observed that the possibility of the child being prescribed a mood stabiliser was noted as an action on a significant event form which related to aggressive behaviour. It was not clear if the child's behaviour support plan was reviewed by the behaviour therapist and the guidance provided was not comprehensive to guide staff in managing the behaviour.
The behaviour therapist stated that the creation of behaviour support plans was not consistent as some were completed by staff in the centre and other plans were compiled by the behaviour therapist. She said that she was working with one child in the centre as part of a pilot programme and advised that a positive behaviour support plan would be compiled following her assessment of the child. Inspectors reviewed minutes of a multidisciplinary meetings held in January 2015 which outlined that the behaviour support plan for this child was reviewed. There was no evidence in the child's file that the plan had been reviewed. The person in charge advised that the behaviour support plan was not updated as it was identified that the child's behaviour was linked to difficulties on family access and access arrangements had been changed as a result. She provided an overview of the meeting where this decision was made which was attended by deputy person in care, the alternative care manager and a doctor.

A number of restrictive practices had ceased since the last inspection but some restrictive practices had not been reviewed to ensure they were the least restrictive. Restrictive practices which inspectors observed on the previous inspection had ceased and following this children were able to access their bedroom and toilets freely. The person in charge advised that key pad systems inside the unit were no longer in place but inspectors observed a key pad system on the main exits of the building. There was a car harness in place for one child. The person in charge advised that this was due to unpredictable behaviour while travelling. Inspectors reviewed minutes of a meeting from June 2014 which highlighted the need for this restrictive practice and inspectors reviewed one incident where the child had broken a car window with his foot. However, there was no further documentation to outline that the situation was reviewed to ensure it was the least restrictive practice for the least amount of time. A staff member interviewed advised that restrictive practices had reduced since the last inspection and stated that the children were happier now. The deputy person in charge advised that staff morale had improved and the quality of life for the children had improved due to the reduction of incidents of behaviour that challenged.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Health and Development

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

**Findings:**
All children living in the centre had educational placements however two children attended school on a part time basis.

Two children were attending school on a daily basis however their educational programme was tailored due to their emotional and behavioural needs. School placements had been sought for the two children who were not attending school at the time of the previous inspection however both children attended their placement on less than a fulltime basis. Personal plan reviews detailed that discussions took place regarding children's school placements and an individual education plan was in place in one of the files reviewed. The person in charge advised that one child had difficulty remaining in school for the full day due to behaviours that challenged. It was noted in the minutes of a multidisciplinary meeting held in March 2015 that the child had been suspended from school due to behaviour. The maximum time the child attended school was two hours and was accompanied by staff members at all times in school. She advised that the child was separated from the class for some pieces of work and joined her peers for some activities such as a dance class. There was evidence that the child’s educational placement was discussed regularly and it was a set agenda item for multidisciplinary team meetings. However, the child's right to an education was impacted due to the limitations of the placement.

The person in charge advised that another child was unable to manage being in the class room for a full day. She advised that this was discussed at a multidisciplinary meeting. There was evidence documented in individual work report forms that staff worked supported the child regarding this issue. Inspectors reviewed the child's personal plan review and there was evidence that this issue had been discussed.

Judgment:
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
Improvements had been made regarding the promotion of children's health needs since the last inspection and a policy on nutrition was devised.

Health action plans were implemented for the children following the last inspection. They were present for each child and included a description of the health needs, the
health action required, a date the action was required to be completed and a review
date for the action. The health action plan outlined that the children had access to and
were reviewed by relevant medical practitioners including the G.P. There was evidence
on files for two children that medical assessments were completed however this had not
been completed for one child. The person in charge advised that the third child living in
the centre would not engage with the medical practitioners and the centre staff were
supporting the child regarding this. There was a personal health passport in one file
reviewed and health needs were discussed at personal plan review meetings which were
reviewed by inspectors.

A policy on nutrition was formulated since the last inspection. The person in charge
advised that a staff member was completing a course on nutrition and implementing the
learning from this in the centre. Inspectors observed meal plans on display in the
kitchen and there was an adequate range of healthy food options on the menu.
Inspectors also observed healthy food items stored in the centre and observed a staff
member preparing a nutritious meal for the children.

During a previous inspection it was noted that the centre's service level agreement with
the G.P. did not include visits to the centre. The deputy person in charge advised that
the situation remained the same however an on call doctor was available to the centre if
required.

Judgment:
Substantially Compliant

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

Theme:
Health and Development

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

Findings:
A competency assessment for staff administering medication had not been formally
assessed at the time of the last inspection. A new training programme was delivered to
eleven staff members and the deputy person in charge advised that the competency of
staff to administer medication was assessed. She provided a copy of the multiple choice
questions which was completed by staff during the training. It was not clear, however
what the implications were if questions were answered incorrectly and there was no
evidence that staff members were observed administering medication as part of their
competency assessment.
There was one medication error since the last inspection. A significant event form outlined that a child had not received a medication. It was documented that advice was sought from a G.P. and the issue was escalated to management on call. Other actions noted on the form included the need for a team discussion regarding the error, communication to be enhanced at handovers and the shift leader to check that all medication was administered each morning.

**Judgment:**
Substantially Compliant

---

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The statement of purpose was updated in February 2015. The statement of purpose contained all of the required information. The centre catered for five children ranging in age from 9 to 18 with a mild to severe level of disability that may display challenging behaviour. This criteria was broad and could impact on the quality of service the children received should maximum occupancy be reached in the centre. The deputy person in charge stated that that optimum number of children the centre could cater for was four. Some of the client group that were residing in the centre during the last inspection had been discharged and a new admissions criteria was put in place in the centre to manage future admissions to ensure the service provided was in accordance with the statement of purpose.

**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:
There was a clearly defined management structure in place and the management systems in the centre had improved. An annual review of the quality and safety of care in the centre was completed but this was not comprehensive.

Systems to monitor the safety and quality of the service had been implemented. The admissions process had changed and there was evidence that children’s needs were considered when determining if a new referral was accepted to the service. An annual review of the quality and safety of care and support in the designated centre was completed. Inspectors were provided with a report from this review which was dated 2014. The review covered areas such as restrictive practices, complaints, child welfare referrals significant event notifications, key performance indicators for residents, care meetings, audits and staffing. Information was depicted on graphs to highlight increases or decreases in the use of restrictive practices or incidents for example. The annual review was not comprehensive as it had not been fully completed. There were gaps in relation to staff training and there was no evidence that the children or their representatives were consulted with.

Unannounced visits were completed in January 2015 and April 2015. A range of issues were assessed during the visit in January including medication, multidisciplinary input, behaviour management, health and safety and management checks. A report compiled following the visits documented a range of recommendations relating to the environment, governance, files and the statement and purpose. The inspectors noted that all actions outlined on this documented were marked as completed.

A management checklist was introduced and inspectors reviewed checklists completed by the management team in January, February and March 2015 however risks identified on the day of the inspection had not been assessed. The checklists ensured oversight in areas such as communication, daily logs and contacts, medication and event recording. Inspectors also reviewed daily checklists which were completed by staff in areas such as daily logs, medication, night checks and staff to child ratios. The person in charge said it was the responsibility of management to oversee these checks were completed. Systems had improved however some risks were not identified, it was not clear if behaviour support plans were followed and training in behaviour management was outstanding for some staff.

Team meetings were held on a regular basis. Inspectors observed a team meeting on the day of the inspection and staff members and management were observed engaging in a consultative process in relation to issues such as protected disclosures, community participation and relevant issues in relation to the young people. Inspectors reviewed
minutes of other staff team meetings which were regular and covered a variety of topics. A staff member interviewed as part of the inspection advised that she could contribute to the agenda for team meetings.

There was evidence that management in the centre were engaged in training days. Inspectors reviewed records of a training day attended in November 2014 and January 2015. Topics discussed included policies in the organisation, medication, on call systems, action plans following inspections, budgets, audits and training needs. Inspectors also reviewed minutes of management meetings which were attended by management teams across the organisation. The minutes of the meetings outlined that quality and risk were discussed as well as education and advocacy.

Judgment:
Non Compliant - Moderate

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:
Use of Resources

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

Findings:
A new system was introduced following the last inspection to ensure management had responsibility for resources within the centre as budgetary responsibilities had been allocated to the person in charge. A specific budget was allocated to the centre for resources and staffing allocation. Inspectors viewed the current system of monitoring budgets and observed that there was a petty cash system in operation for the allocation of resources required by the children. The person in charge advised that staff completed accounts of the spending and this was monitored by the person in charge. There was a book for staff to record spending and the person in charge also maintained a spreadsheet to ensure she had oversight of spending in the unit. The person in charge also advised that a credit card was used for household needs. She identified that some spending was recorded as miscellaneous and put measures in place to rectify this to ensure there was accountability. Inspectors viewed this on a computerised spreadsheet. The person in charge advised that projected costs were developed for the centre and these were reviewed at quarterly budget meeting with financial controllers in the organisation. The person in charge was satisfied with the system and advised that having autonomy over staffing allocation had supported the centre in ensuring the best use of resources.

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

Findings:
Staffing levels in the centre were sufficient to provide the required service to the children. A training needs analysis was completed and there was regular supervision for the team and staff files contained all of the required information.

Inspectors reviewed a sample of staff files. The required information which was absent during the previous inspection with regard to was in place. This included evidence of qualifications and pin registrations.

There was sufficient staff on duty to provide for the needs of the children. Staff to child ratios had reduced since the last inspection. There were three staff members scheduled on a daily basis to support the three children living in the centre at the time of the inspection. This was confirmed in the rotas reviewed by inspectors and the deputy person in charge advised that staffing levels in the unit were adequate. Inspectors were advised that the staffing levels had reduced at night time from 3 to 2 as the need for additional support during these times was no longer required. There was a sufficient reduction in the need for agency staff since the last inspection. Inspectors viewed timesheets for agency staff and it was noted that 8 shifts were covered in a one week period in September 2015 by agency staff and this reduced to one agency staff required in the month of February and March 2015. It was identified by the deputy person in charge that the centre was no longer as stressful to work in and this may indicate why there was a reduction in the use of agency staff. The deputy person in charge advised that a recruitment process for a domestic staff member was in the final stages. He advised that in the interim of the commencement of this position, a staff member from another unit employed in the same capacity provided support on occasion in relation to domestic duties.

A training needs analysis was completed in 2014 which gave an overview of training provided and required. Inspectors reviewed training records and mandatory training was up to date for the staff team.

Supervision was taking place on a regular basis. Inspectors reviewed supervision records.
and staff members had received between 3 and 5 supervision sessions since the last inspection. A staff member interviewed as part of the inspection advised that she participates in supervision every 4 to 6 weeks. The supervision agenda included a review of previous actions required, achievements since the previous supervision, difficulties and a plan following the session. It was clear the individual children were discussed during the supervision.

**Judgment:**
Compliant

**Outcome 18: Records and documentation**

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

**Theme:**
Use of Information

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

**Findings:**
All policies were reviewed since the last inspection by the policy review committee. Some policies had been made centre specific, for example, the child protection policy and complaints policy detailed management within the centre. The intimate care policy was not centre specific and referred to people as opposed to children.

**Judgment:**
Substantially Compliant

**Closing the Visit**

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

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

*Report Compiled by:*

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

| Centre name: | A designated centre for people with disabilities operated by Three Steps |
| Centre ID: | OSV-0003712 |
| Date of Inspection: | 27 April 2015 |
| Date of response: | 16 July 2015 |

Requirements

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

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions policy was not sufficiently detailed regarding unplanned or emergency admissions.

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

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The admissions policy will be reviewed by the policy review committee and amended to clarify and detail the process for emergency admissions.

Proposed Timescale: 30/08/2015

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:
A discharge from the centre was not completed in a planned and safe way.

Action Required:
Under Regulation 25 (4) (b) you are required to: Discharge residents from the designated centre in a planned and safe manner.

Please state the actions you have taken or are planning to take:
Three steps policy review committee are reviewing their discharge policy with intent to amend the policy. Any future discharges will reflect the discharge policy to ensure discharges as far as is practical occur on a planned basis and safe manner with the process documented effectively.

Proposed Timescale: 30/08/2015

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was insufficient consultation with the child and the child's parents in relation to the discharge.

Action Required:
Under Regulation 25 (4) (d) you are required to: Ensure the discharge of residents from the designated centre is discussed, planned for and agreed with residents and, where appropriate, with residents' representatives.

Please state the actions you have taken or are planning to take:
Three steps policy review committee are reviewing their discharge policy with intent to amend the policy to include a focus on consultation with young people’s parents for any discharge procedures and plans.

Proposed Timescale: 30/08/2015
**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:**

Some risks identified during the inspection had not been assessed.

**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:**

Following any incidents of aggression or property damage staff will complete a room check to ensure there are no damages that may be hazards in the room. Where any hazards are observed they will be documented in the maintenance log for maintenance staff to attend to in order of level of urgency. If items require urgent attention this will be organised with the maintenance staff through the Operations Manager.

Records of room checks will be documented in the SEN form under “actions undertaken in response to this event”. Management will then add this to their management check list as part of reviewing SEN’s and as a further safeguarding measure.

**Proposed Timescale:** 14/07/2015

**Theme:** Effective Services

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

A fire extinguisher had been removed from the centre's vehicle.

**Action Required:**

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

Fire Extinguisher has now been placed in the house car.

**Proposed Timescale:** 10/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that bedding and furnishing in the centre were fire retardant.

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

**Please state the actions you have taken or are planning to take:**
All bedding and furnishings will be purchased in conjunction with all fire safety regulations for retail agents that provide documentation to state same. Such documentation will be available on site of the centre.

Guidelines have been sought form the National Bed Federation regarding flammability of beds, sofa –beds and headboards. This information is placed in the centre to ensure it is referred to when purchasing any bedding.

Fire retardant spray continues to be utilised on relevant items.

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

---

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Behaviour support plans were not consistently detailed to guide practice. It was not evident that staff employed all strategies as listed on the behaviour management plan during incidents 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:**
Management of the centre held a team meeting on the 24.06.2015 and another is scheduled for 7.08.15 where the BSP’s of two young people will be reviewed in full with the team.

There is now a new referral system is now in place for Behaviour Support Services. One young person has been referred to the Behaviour support services for review of all BSP’s.

The process involves full functional assessment (Behaviour therapist to complete) approx. 4-6 weeks, MDT workshop based on Functional assessment outcomes, and guided by MAPA risk matrix (incorporating our MAPA training skills into practice), behaviour intervention plan (BIP) developed by Behaviour therapist includes: common triggers, proactive and reactive strategies, generalisation and maintenance strategies,
and also identifies appropriate replacement behaviour/skills for any challenging behaviour that need to be taught and will be added to Individual Learning-Therapeutic plan. Part of the BIP involves staff training and coaching for all components of plan and ongoing observations/supervision with fidelity checks for implementation of plan. The BIP will be reviewed at MDT 6-8 WEEKS Ongoing.

Each resident will be referred for Behaviour Support as required utilising the new referral process.

**Proposed Timescale:** 15/08/2015

**Theme:** Safe Services

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

It was not clear if restrictive practices were reviewed to ensure all alternative measures were considered before a restrictive practice was used.

**Action Required:**
Under Regulation 07 (5) you are required to:
- Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

**Please state the actions you have taken or are planning to take:**
There is now a new process for the reviewing of restricted practices. Bi-monthly reviews are now completed on site between management and the Alternative care manager or CPLO. The process looks at learning from all incidents, reviews the use of restricted practices and any rights based issues, action points are formed and acted upon. A new restrictive practice form is completed for the use or introduction of any new restricted practice, this is completed and agreed by the MDT at the tri-weekly MDT meetings. This process is then supported by a full rights review and restricted practice committee where external professionals sit on the committee, all evidence gathered from the bi-monthly process is reviewed at this meeting for further learning and reviewing.

**Proposed Timescale:** 12/05/2005

**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

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

Two children had school placements on less than a full time basis.

**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:**
Both young people have been allocated full time schooling hours, due to their individual needs they were unable to attend school on a full time basis. Staff will continue to support these young people and work in collaboration with the specific schools to ensure these young people are given every opportunity to engage in a meaningful way in their education. School meetings will take place at the start of the new school year to ensure all supports necessary are identified and facilitated.

**Proposed Timescale:** 01/09/2015

### Outcome 11. Healthcare Needs
**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A medical assessment had not been completed for one child and therefore health needs had not been thoroughly assessed.

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

**Please state the actions you have taken or are planning to take:**
The young person referred to in the report has since succeeded in having a full medical and dental assessments completed since the inspection took place.

**Proposed Timescale:** 14/05/2015

### Outcome 12. Medication Management
**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Observation of practice did not form part of the formal competency assessment regarding the administration of medication.

**Action Required:**
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.
Please state the actions you have taken or are planning to take:
A qualified external medication trainer delivers the medication training to the staff team, they have agreed to include this aspect as part of the training going forward.

Proposed Timescale: 01/09/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The admissions criteria for the centre was broad and it was not clear that the centre could cater for the maximum amount of children given the range of needs the centre catered for.

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

Please state the actions you have taken or are planning to take:
The purpose and function of the house is currently being reviewed with the aim to amend the admissions criteria to include a more specific criteria as opposed to the current broader criteria. Once amended management will forwards to HIQA for review.

Proposed Timescale: 30/08/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some risks had not been identified which were highlighted during the inspection.

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:
Following any incidents of aggression or property damage staff will complete a room check to ensure there are no damages that may be hazards in the room. Where any hazards are observed they will be documented in the maintenance log for maintenance staff to attend to in order of level of urgency. If items require urgent attention this will be organised with the maintenance staff through the Operations Manager.
Records of room checks will be documented in the SEN form under “actions undertaken in response to this event”. Management will then add this to their management check list as part of reviewing SEN’s and as a further safeguarding measure.

**Proposed Timescale:** 14/07/2015  
**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 of care and support was not fully 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:**  
The annual review of quality and safety of care and support is now completed in full.

**Proposed Timescale:** 01/05/2015

---

**Outcome 18: Records and documentation**

**Theme:** Use of Information

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The policy on intimate care was not centre specific.

**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:**  
This policy will be amended to become centre specific. This will remain supported with individual BSP's for relevant young people.

**Proposed Timescale:** 30/08/2015