

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004071
Centre county:	Galway
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Ability West
Provider Nominee:	Breda Crehan-Roche
Lead inspector:	Orla Murphy
Support inspector(s):	Conan O'Hara;
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

The inspection took place over the following dates and times

From:	To:
29 April 2015 10:00	29 April 2015 19:30
30 April 2015 09:00	30 April 2015 18:00

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

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

Summary of findings from this inspection

This was the first inspection of the centre by the Authority. The inspection was announced and was carried out by an inspector and a regulatory officer over two days. The purpose of the inspection was to inform a registration decision. As part of the inspection, the inspectors met with the respite manager (person in charge), members of the senior management team, the chairperson of the Board, two staff members and three parents of children. Three additional parents returned questionnaires to the Authority as part of the inspection. The inspectors met with all five children staying in the centre and also observed their interactions with the staff and each other. The inspectors reviewed policies and procedures, children's files, staff files and other records in the centre.

The centre provided respite care to children and young people up to the age of 18 years (in full time education) with a range of dependency needs. The centre was located in an urban area in the west of Ireland. It comprised of the ground floor of a two-storey purpose built property which was set on its own grounds with a secure garden and play area at the rear of the building. Another centre was located adjacent to it. The centre could cater for a maximum of six children per night depending on their required needs and dependency levels. Five children were on a respite break during the inspection. The centre offered respite care of varying frequency for a group of 27 children from the area.

Children receiving respite care in the centre had their needs met to a very good standard of care. Inspectors observed staff caring for and supporting the children positively and respectfully, and staff and managers knew the children well. Child centred communication was good, and key procedures and signage were represented in picture formats which supported children with varied methods of communication. Children were supported to achieve independence in tasks and participated in the community. Children attended various schools and there was good communication between disciplines involved with the children. Parents felt that their children were safe, well cared for and were supported to develop new skills when they stayed in the centre. There were intimate care plans and comprehensive risk assessments in place for all children, and plans were in place for children who required support in feeding and mobilising. Children told inspectors that they loved attending the centre, and inspectors observed very positive peer interactions during the inspection. Staff presented as knowledgeable and accountable in their roles and records were written professionally and respectfully.

There was evidence that there were good management systems in place, and senior managers were accountable in their roles. Managers had developed policies and procedures, staff development systems, fire safety systems, risk management procedures and quality assurance mechanisms in the centre to support its' operation. Parents and children knew who managers were and how to access them. Six monthly unannounced visits by the provider's representative had been carried out. Staff received formal supervision and were provided with a good standard of training and development to ensure they had the appropriate knowledge and skills to meet the children's needs. Recruitment practices were robust and all required vetting was in place.

Inspectors found there were some areas that required improvement. Children's needs had been assessed, but assessments varied in detail and had not included the multi disciplinary team. Individual consultation with children and families was good. However, children and families were not formally consulted with regarding the running of the centre. Minor improvements were needed in relation to the premises and safety. An annual review of the quality and safety of care and support had not yet been carried out, but was scheduled. Restrictive practices were recorded and reviewed as separate events and reported to a Human Rights Committee in the organisation. However, not all restrictions were recorded, and the follow up to notifications to the Authority also needed to improve. The statement of purpose and

function did not meet the Regulations. An action plan completed by the provider is included in this report outlining the deficits and the provider's plans to address these.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

Good practices were observed regarding children's rights and consultation in respect of their routines, choices and daily activities. However, further formal consultation in the running of the centre was needed. Good systems were in place regarding children's finances and the recording of complaints. Children's privacy and dignity were well promoted by the person in charge and the staff team, and children were supported to access a wide range of activities in the community.

Children were consulted about a range of individual preferences. However, formal consultation in the running of the centre by children and families was not yet in place. There were no children's meetings held in the centre but the choices and preferences of children regarding activities, meals and routines were recorded. Inspectors examined this record and found that children influenced their activities, family contact, routines, time spent with staff and meals each time they stayed in the centre. Parents that spoke to inspectors felt well consulted by the staff team and also felt that staff implemented suggestions and changes when they were discussed. Inspectors observed children being consulted with by staff and planning their evenings during the inspection. Parents also informed inspectors that they were asked by staff what skills they wanted children to develop and what activities they wanted children to engage in when using the service. The centre manager felt that consultation was effective individually and informed staff practices. However, inspectors found from discussions with children and parents that the children would benefit from engaging in more formal forums and groups to inform the running of the centre.

Children's rights and advocacy was promoted. Details of local advocacy services and of children's rights were displayed in the centre. All of the parents that spoke to inspectors

were aware of an independent advocacy service locally and how to access this service. The organisation also had an internal social work service. Inspectors found from interviews with staff and parents and a review of care files that the social workers in this service advocated children's and families rights in relation to areas such as additional supports, services and interventions from specialists. One parent reported that this service had helped them significantly.

Complaints were received and managed effectively and the process was compliant with Regulation 34. Complaints officers were identified in the policy and in practice, and their pictures and contact details were on display in the centre. The centre manager facilitated the resolution of complaints. The area services manager was designated to manage complaints at certain stages of appeal or those regarding the centre manager. The procedure identified the provision of advocacy to support people in making a complaint. Parents that spoke to inspectors and completed questionnaires said that they were clear on the process to make a complaint, and how to progress a complaint if dissatisfied with an outcome. There was an appeals process outlined in the procedure to support this. The Chief Executive Officer (CEO) informed inspectors that she received reports on complaints on a monthly basis and had oversight of all complaints. Complaints were reported into senior managers via an electronic reporting system and a senior manager was designated to ensure all complaints were handled appropriately and in line with the organisations procedure. Complaints were discussed at senior management team meetings and reported to the Board, and this was reflected in the minutes seen by inspectors.

Inspectors reviewed the complaints log for the centre which reflected that there were no complaints currently open, and there had been four complaints received in the year prior to the inspection. These complaints were both from families and children. Complaints related to peer behaviour, clothing and respite allocation. The log set out the actions taken in response to the complaints and any changes that were introduced from complaint findings. The log showed that all complaints were responded to and resolved in a timely way. Children had access to an 'easy to read' complaints policy/procedure with symbols and pictures. Leaflets, which provided an easy read version of the full policy for children were on display in the centre and inspectors found that these were of a good standard.

Children were treated with dignity and respect by the staff team. Inspectors observed that practices and routines were centred around the children and their wishes. Inspectors found from interviews and a review of records that the children accessing the centre had a wide range of needs from mild intellectual disabilities to complex physical and intellectual disabilities. For some children inspectors found that they had a good understanding of the care they received and what they should expect in the service. Others observed by inspectors appeared to have a more limited understanding of the care provided to them. Inspectors observed staff respecting children's personal space and speaking to the children in a respectful manner. Staff encouraged children to express their wishes and choices through conversation, play, engagement in tasks and in self care. Children's rights were displayed in the centre in pictorial and sign language formats such as the right to feel safe, to complain, and to be well cared for. Some of the children told inspectors about their rights and their experiences while staying in the centre. Inspectors observed that children were very attached to staff and described

them to inspectors as "kind", "funny" and "very helpful". Inspectors observed all children accessing all parts of the centre with ease, and seeking staff guidance and support when they needed it. The children appeared comfortable and secure in the centre during the inspection. Parents told inspectors that their children enjoyed attending the centre and that some children requested to stay in the centre regularly. Parents also told inspectors that staff were respectful and considerate to the children and to families.

Children were provided with information and support to maximise their ability to make choices, and this was facilitated well. The children were provided with a range of tools to support this. Inspectors observed children choosing their meals, activities and routines. They did this verbally and by utilising picture boards and packs which were available throughout the centre. Some children also used signing and gesturing to communicate their wishes to staff. Staff supported children to complete tasks as independently as their abilities allowed. There were books in the centre which held pictures and symbols of meals and activities which some children utilised to make choices. In addition, easy access packs of symbols were on display in the centre so that children could take these and utilise them to tell staff what they wanted.

Children were given opportunities to participate in activities, in community facilities and to develop their interests while they stayed in the centre. Inspectors found that staff knew the children well and children's personal profiles recorded their interests. Three parents told inspectors that their child's interests were facilitated in the centre and that staff ensured the children had a range of experiences. Returned questionnaires from parents also identified that activities in the centre were good. However, one parent wanted to see more one to one activities with staff for their child. The centre was situated on the sea front and activity records seen by inspectors showed that children made good use of this, going for walks along the front and on the beach. Inspectors observed the children choosing a cinema activity on the first evening of the inspection, then choosing a film from those showing in the cinema. On the second day of the inspection the children in the centre had chosen to stay so they could attend a weekly school disco that was held that evening. Inspectors observed that the children were very excited to engage in both activities. A tour of the building showed that there were a range of age appropriate toys, a ball pool, music, dvd's and craft materials in the centre to support children's interests inside the centre. There was adapted play equipment in the enclosed rear garden of the centre and this area was used by the children. They had a number of games, books and audio/visual equipment in their bedrooms for their own use and they visited shops, the beach, restaurants, entertainment venues and leisure facilities on a regular basis. Staff were observed occupying children skilfully during the inspection through conversation, play, chores and activities.

Judgment:

Substantially Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children were assisted and supported to communicate effectively, and systems were in place to support this. Staff were aware of children's communication needs and preferences.

The centre had a comprehensive policy and supporting procedures in place regarding communication. Inspectors found that children communicated in a range of ways such as verbally, through a picture exchange communication system (PECS) and a form of sign language. Some children also used their personal electronic devices such as tablets to assist them to use PECS. Inspectors found through observation of the children's interactions and through interviews that staff were very aware of the communication methods and needs of the children attending the centre.

Inspectors observed that a number of children could communicate verbally and others needed to use the methods described above to indicate their needs to staff and to their families. Staff were observed supporting and encouraging the children to express themselves in a range of ways. For example, inspectors observed the children using picture symbols to choose meals and activities. Staff also used sign language and eye contact and gestures with the children and they responded well to this. Staff described particular gestures by the children to inspectors and explained what these gestures indicated. The centre's statement of purpose outlined the facilities in place to meet the children's communication needs which included speech and language therapy, picture exchange systems, sign language and communication guides. Records reflected that staff had all attended basic Lamh (sign language) training.

Individual children's communication methods were assessed and recorded. The centre had developed communication guides for each child which outlined their methods of communicating, their gestures and what actions may reflect their mood, state of wellbeing or vulnerability. Inspectors reviewed a number of these guides. The guides were clear, detailed and of a very good quality. They provided staff with direction regarding the meaning of children's behaviour and gestures, and how best to respond to them in various situations. Inspectors found that the guides supported children to express themselves. For example, one child's communication guide described how to identify if they were anxious or unwell and had suggested responses to address this. This child's daily logs reflected times where staff had picked up on these cues and supported the child appropriately. The communication guides were developed with and informed by the speech and language professional involved with the child, the child, and by their family and staff member's knowledge of the child. These guides were a combination of short, plain text and pictures and were intended for use across several settings such as school, home and the centre.

Children had access to radios, televisions, music systems, limited internet and

telephones in the centre. They were observed accessing these facilities with ease by inspectors. Parents that provided their views as part of this inspection said that they phoned the centre and their children phoned them when staying there. They felt that communication was good and that staff understood and supported their children to communicate, develop confidence and express themselves effectively.

Judgment:

Compliant

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

Children were encouraged and supported to maintain close relationships with their families and friends. The respite service was an integral part of their lives.

The children using the respite service lived at home and stayed in the centre with varied frequency. Inspectors sought the views of the families involved with the centre and six of the 27 families provided feedback. Inspectors reviewed a number of children's care files and found that there was regular telephone and written contact between the staff team and families. Staff updated parents on children's wellbeing during their stay and many children and parents spoke to each other while away from home. Parents told inspectors that they were kept informed about their children's health, wellbeing and progress while in the centre. Some children also utilised a shared care service in addition to respite care, which was also run by the organisation. This was similar to a fostering service. This aimed to provide them with more opportunities for time away from home in a different environment.

As the centre was a respite service, the children had their own friends in their own communities, and stayed in the centre periodically. However, the children had developed friendships in the respite service, and inspectors found that the service made efforts to plan the groups of children that stayed together based on their interests, friendships and needs. Inspectors observed that the group of children staying at the centre were attached to each other, and there was a lot of peer interaction, support and banter between them during the inspection. Children were facilitated to receive visitors and maintain contact with family and friends. There was a policy regarding visitors in place and this was implemented. Safeguards were in place and visitors were required to sign in and out of the centre. There were areas for children to receive visitors in the centre and inspectors observed that these areas had adequate seating and privacy. The centre

manager informed inspectors that visitors were welcome at all times and parents that spoke to inspectors confirmed this. Three parents told inspectors that they could visit their child anytime while they were staying in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for the admission, transfer and discharge of service users and these were transparent and effective. Contracts of care were in various stages of completion.

The admission of children to the centre was in line with the statement of purpose, and admissions procedures were transparent. Children admitted to the centre had a primary diagnoses of intellectual disability, were aged between 5 and 18 and were assessed as having minimum to high support needs. Applications were submitted from families to use the service and following assessments of need carried out by the centre manager with families, respite stays were then allocated. Admissions to the centre were planned and the centre also considered emergency admissions. Children and families visited the centre prior to admission, and a range of supports were in place for children before staying in the centre overnight such as visits for dinner and activities.

The centre was in the process of implementing written contracts of care. At the time of inspection 12 of 27 children had written contracts in place and the centre was awaiting responses from families regarding the remaining contracts. Contracts reviewed were set out in an accessible manner and set out the services to be provided and the charges or contributions that children and their families would have to make for respite services. Contracts were signed by the parents of the child, representatives of the centre and the child, where possible.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Children's needs were assessed prior to admission, but not by a multi disciplinary team. Personal plans had been introduced in the centre and those that were complete were of a good quality. The involvement of families in planning care was clearly reflected. Children received good quality care in the centre.

Children's needs were not fully assessed by the multi disciplinary team, but assessments of need had been carried out by the centre manager, who was a qualified health care professional. Assessments included consultation with children, families and social workers. Inspectors examined the care files for a number of children and found that some aspects of children's needs such as intimate care and educational needs were assessed by the multi-disciplinary team. Assessments identified the children's needs in social care, educational, emotional, spiritual, communication and health. However, inspectors found that these assessments varied in their detail and did not have multi disciplinary involvement. The views and wishes of parents and children were clearly reflected in the assessments in place. Interviews with staff demonstrated that the team could describe the children's needs well, and were informed about the care and support they required. However, this was not always fully reflected in assessments. This meant that children's needs may be unidentified and necessary supports may not be put in place to meet these needs.

Personal plans were in advanced stages of completion for children in the centre, and the plans examined by inspectors identified goals and aspirations for children in aspects of their lives. However, plans were not fully completed for all children as they had been introduced in recent months. Plans also contained personal profiles of the children, which described their strengths and likes and dislikes. Inspectors reviewed a number of plans and found they were child centred and written in a very positive way. For example, some plans described children's attributes such as their patience with small children and their sense of humour. The plans reviewed by inspectors detailed children's goals in areas such as self care, accessing the community, relationships, independence skills, health and social activities. Plans were written with plain text, picture symbols and photographs. In addition inspectors found there were detailed task analysis of specific goals to aid staff in implementing goals with children, such as learning to dress and

learning social cues. One child showed inspectors their plan and described their goals and what they were doing to achieve these goals in areas such as leisure and self care. These plans were developed by the multi disciplinary team involved with the child, and the child and their family.

Systems were in place to support transitions for children. The centre had a procedure regarding the discharge and/or transition of children. This was examined by inspectors and outlined that transitions to and from the centre should be planned by the multi disciplinary team, and involve the child and their family. The procedure reflected that transitions or moves should be suited to each child's needs, and should involve staff in the respite service and in their new placement. The centre manager informed inspectors that there were no children due to transition in the coming year to adult services and none had transitioned. She stated that transitions were planned and overseen by the multi disciplinary team in the organisation. The staff team would also practically support young people to move onto adult placements by accompanying them during transition visits and working with them once they had moved. The nature of respite care meant that children were transitioning between home and the centre frequently.

Children were supported and encouraged to develop skills and achieve as much independence as possible. Plans outlined children's goals in areas such as self care, mobility, travel, socialising, cooking and other household tasks. This work was also reflected in daily logs seen by inspectors. Inspectors observed that children assisted with the evening meal and household chores and were given staff support to do this, but were allowed to complete tasks independently. Children also decided on their activities for the evening and this was part of some children's goals.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

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

Findings:

The design and layout of the centre were in line with the statement of purpose and was suitable to meet its stated purpose and the needs of children.

The centre was located close to a town in the West of Ireland. It comprised of

the ground floor of a two-storey purpose built property which was set on its own grounds with a secure garden and play area at the rear of the building. Shops, schools, public transport and community facilities were located nearby. There was adequate parking facilities to the front of the centre. There was no clinical waste produced by the service but domestic waste services were in place.

The centre was homely, clean and well maintained. There were six bedrooms for children's use; all bedrooms were suitable in size and had adequate storage facilities for the personal use of children. Two of the bedrooms had a shared bathroom suitable for children with restricted mobility. There was a kitchen, a dining room, an utility room, three toilet/bathrooms, a multi-sensory room, an office, a staff bedroom and two sitting rooms. The kitchen and utility room were well equipped. The sitting rooms and bedrooms were well furnished and decorated with child friendly colours and motifs and personal possessions. There was sufficient communal and private space for the children. Inspectors observed the children accessing all parts of the centre.

There was a garden to the rear of the property which was secure and accessible. The garden contained play equipment which was used by the children. There was parking available at the front of the centre and all entrances were wheelchair accessible.

A range of equipment was appropriate to the needs of the children and was maintained in good working order. Some children required assistive equipment such as a tracking hoist system and records reviewed showed that equipment was serviced regularly by a specialist contractor. Equipment was observed to be clean and appropriately stored. The front and back doors were secure and accessed by an electronic entry system.

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):

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

Findings:

Health and safety systems were in place and were effective overall. However, risk management procedures were not fully robust.

There were adequate fire safety precautions in place. A fire evacuation plan was displayed in a prominent area of the centre and child friendly versions of the fire evacuation procedure were also present in the centre.

The centre had systems in place to address a number of aspects of health and safety.

Inspectors found that the health and safety statement and supporting policies for the centre provided sufficient guidance for staff. The statement was up to date and outlined the responsibilities of the CEO and various other post holders within the organisation. The statement was signed by the CEO and referenced a wide range of policies and procedures that supported the statement and guided staff in their work practices. Inspectors found there were detailed health and safety procedures which addressed areas such as infection control, clinical waste disposal, first aid, accident reporting, food safety, electrical appliance safety, manual handling, security, and activities. Staff told inspectors they felt supported by the policies in place.

Quarterly and annual visual health and safety checks were carried out by the centre manager and health and safety manager respectively. Action plans and controls were developed in relation to any risk and safety issues identified from these audits, which were reported to the senior management team. This was reflected in minutes of senior management meetings examined by inspectors. The most recent safety audit was examined by inspectors and the issues highlighted had been addressed.

Staff in the centre were trained in safety practices. Inspectors examined staff training records and found that training had been provided to staff in areas such as manual handling, first aid, food safety, hand hygiene, and infection control. The training records examined by inspectors showed that these were up to date for all staff.

While the centre had practices and systems in place for the identification, monitoring and management of risk, the risk management procedure did not comply with regulation 26 as it did not provide sufficient guidance for staff. The centre did have a policy and clearly outlined arrangements in place to respond to a child going missing and this was cross referenced appropriately. It did not adequately cross reference the relevant sections of other policies such as the health and safety policy. For example it did not provide sufficient guidance on hazard identification and assessment of risk throughout the designated centre, and how to put measures in place to control identified risks. In addition, it did not adequately detail the measures and arrangements in place to control accidental injury to residents, visitors or staff, or aggression and violence or self harm. The risk management procedure did not describe the system in place for the investigation of and learning from serious incidents. The procedure did describe that data on accidents/incidents was provided on a regular basis by the health and safety manager to the senior management team, the board of directors for review of accident/incident data and trends. Inspectors saw evidence of these reports in the senior management team minutes. However, the practice was not adequately described in the risk management procedure.

The management of risk was effective in some respects. However, not all hazards were identified. Staff completed incident report forms following accidents, incidents or near misses, and these were reported through the electronic quality management system (QMS). The centre manager and the area services manager and health and safety manager reviewed these reports. They identified measures to manage or mitigate the risk and were notified via the system when these were completed. Examples of implemented actions to identified reports of risks and hazards included programmes to ensure children used their bedroom locks to maintain their privacy and protect belongings, additional supervision in some areas of the centre, and increased staffing for

the duration of some children's stay. Children had individual risk assessments which were examined by inspectors and were of a good quality. Individual risk assessments were also updated where impacted by changes or actions from environmental risk assessments.

Hazards and repairs were reported to a maintenance department, and records showed that these were attended to promptly when reported. However, inspectors identified small raised concrete areas in the play area which may have posed a hazard to children. Inspectors were advised by the centre manager that older play equipment which was secured with concrete had been removed, and that this hazard would be addressed.

The centre had a risk register which recorded a number of risks in the service and the controls in place to address these. The risk register was up to date and inspectors found that the register reflected where risks had increased or been reduced. It outlined specific risks in relation to the children such as use of restrictive practices, medical conditions, behaviour which challenged the staff team and peers, group activities, adverse incidents and events, medical emergencies, staffing deficits, safeguarding concerns and mobility challenges. A tool was used to score risks and determine if they were low, moderate or high, and this scoring was reflected on the register. All risks on the register had controls in place and were categorised and scored as low to medium risk. The centre manager was responsible for the maintenance of the register which was stored as a printout and within the shared electronic quality system, and was accessible to the senior management team and health and safety manager.

Procedures and equipment were in place to ensure there were effective fire safety systems in the centre. Fire extinguishers were available throughout the centre and these had been serviced in June 2014. The centre also had a fire blanket in the kitchen. Fire escapes and exits were marked clearly and were not obstructed. A visitors book was also maintained in the hall of the centre to show who was in the building in the event of an emergency. Staff spoken to were clear about their role in the event of a fire or another emergency.

There was certification and documentation to show the fire alarms, emergency lighting and fire equipment were serviced by an external company. Staff also completed daily, weekly and monthly checks of the fire alarm panel, equipment and escape routes. Regular fire drills had taken place and reports showed that the fire drills occurred at different times and included a different mix of staff and children. Issues identified by the fire drills were managed for example at the time of the inspection a young person's Personal Emergency Evacuation Plan (PEEP) was in the process of being updated after a fire drill identified the current PEEP was out of date.

There were procedures in place for the prevention and control of infection and inspectors found that all areas were clean and hygienic. A colour coded cleaning system was in place and inspectors found that the equipment was stored appropriately. There were adequate hand-washing facilities and sanitising hand gel was available in key areas throughout the centre. Pictorial signage was also on display to promote good hand hygiene practices. Personal protective equipment was available for staff. There was no clinical waste generated in the centre. A colour coded system was in place for the handling of various foods. The centre also had a cleaning schedule in place which

showed tasks had been completed on a regular basis.

An emergency plan was in place for the centre which provided guidance for staff to in the event of an emergencies or unforeseen event such as utility outages or fire. The plan included contact details and identified a place of safety outside the centre should an emergency evacuation be required and alternative accommodation was required elsewhere.

Inspectors found that the vehicle used by staff was appropriately taxed, insured and had a national car testing certificate.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

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

Findings:

Systems were in place to protect children and behaviour management plans were robust and effective. However, there was deficits in the recording and oversight of restrictive practices.

There were systems in place in the centre to safeguard children and protect them from the risk of abuse including robust recruitment practices, higher staff ratios for some children and protocols around personal care and contact with children. There was a policy in place which reflected Children First: National Guidance for the Protection and Welfare of Children (2011). The social work manager in the organisation was the designated person to receive and report incidents of suspected abuse, and staff were aware of the role. A photograph of the designated person along with their contact details was displayed prominently in a communal area in the centre. The policy in relation to abuse outlined the types and impact of abuse and the procedure to follow in the event of a disclosure of alleged abuse. The policy also detailed good safeguarding practice. The policy referred staff to Children First (2011) and their obligations under that guidance. Inspectors observed that a copy of the guidance was also held in the centre. Staff training records showed that staff had attended updated Children First

(2011) training. Staff who spoke with inspectors demonstrated a good understanding of safeguarding practice and their obligations if they had a concern about children. Staff also demonstrated a good awareness of abuse as it pertained to children with a disability. Team meeting minutes and reflected that the centre manager provided guidance and instruction to staff around the management of children's safety.

Incidents of alleged abuse were appropriately investigated and managed in line with the centre's policies and Children First (2011) and inspectors reviewed documentation regarding these. There was effective oversight of the safety of care provided in the centre by senior managers. The designated person met with the CEO of Ability West on a six weekly basis to discuss all concerns reported to the designated person and to monitor their outcome. Inspectors examined the minutes of these meetings and found that there were clear actions and good accountability within these to ensure child protection concerns were monitored and progressed in a timely way. The CEO informed inspectors at the time of a previous inspection of an associated service that she had oversight of all child protection concerns in the centre via these meetings and updates provided by the designated person. Inspectors found that two concerns were reported to the Child and Family Agency (the Agency) in line with Children First (2011) in relation to one child, and these had been assessed by the Agency and investigated by the DLP. They were unfounded but additional staff had been put in place to support the child when staying in the centre to ensure they were safeguarded appropriately.

Two children told inspectors how the staff kept them safe, and said that they felt safe and protected when they stayed in the centre. These children also told inspectors that they would tell the centre manager, their parents or their teachers if they were worried about anything in the centre. Inspectors observed that there was a child friendly guide on staying safe kept in each child's bedroom, and one child could tell inspectors what the guide said about their right to feel safe and where to get help if needed. Inspectors observed staff guiding children appropriately regarding personal space and taking time for privacy during the inspection. Inspectors also observed children that used less verbal communication seeking and receiving staff reassurance, and all of the children were calm and assured when in the presence of staff. Parents told inspectors that they felt that their children were safe in the centre.

The centre manager and senior management team monitored systems in the centre to ensure that the care delivered was safe. A quality management system was in place which recorded all incidents, accidents and events in the centre on a shared electronic drive. Senior managers were automatically alerted to these events. Actions from these events were identified and followed up on. In addition, there was a programme of continuous professional development and supervision for staff in the centre to ensure they were accountable and kept up to date with best practice. Shift leaders on duty reported into the centre manager, and inspectors found that the centre manager reviewed records and logs regularly and followed up on any areas of concern. There was a policy in place to support disclosure of poor practice for staff and inspectors found that those interviewed were aware of their obligations to report practices of concern. Inspectors found that the CEO of the organisation had acted upon recent adverse media coverage of residential services for people with disabilities. She had written to all parents and staff members providing assurances about the services provided to children and requesting that any parents or staff with concerns about the care standards in the

organisation should contact him/her. A number of contact details were provided to support this.

Intimate care was provided with sensitivity and in accordance with children's wishes. Intimate care plans were in place for all children and these detailed the support that staff needed to provide for each child when attending to their personal care on a daily basis. This meant that children's needs were met consistently, in accordance with their preferences. Daily logs examined by inspectors discreetly reflected the personal care and support provided to the children. Parents told inspectors that staff cared for their children's intimate care needs well and sensitively. There was a detailed organisational policy in place for the provision of intimate and personal care. Inspectors found that bathrooms in the centre afforded staff and children the space, comfort and privacy needed to meet their care needs.

Inspectors observed staff supporting children effectively and attending to their care needs safely during the inspection. Some children had individual risk assessments in relation to their safety and these were examined by inspectors and found to be of a good quality. Records, observation and staff interviews showed that practices were in place to safeguard children such as staffing ratios, monitoring young people inside and outside the centre and house rules such as keeping bedrooms private.

Children were provided with effective supports and interventions to promote a positive approach to managing behaviour. The centre had a policy in relation to behaviour support which identified the model of behaviour management, the responsibilities of staff and the types of interventions that should be used to respond to children and support them safely. The policy also identified practices that should not be used. Inspectors found that all staff had been trained in a positive behaviour support model which included training in the use of physical interventions. Many children using the respite service did not display behaviour that challenged. The centre manager told inspectors that behaviour support plans were implemented for children who needed them and involved the multi disciplinary team, respite staff and families. Inspectors examined two of these plans and found that they were detailed and described the interventions and responses that were needed to support the children in managing behaviour that challenged the team. Therapeutic support was also available for these children within the multi disciplinary team in the organisation, and inspectors found evidence of this input in some children's care files. One parent told inspectors that they had been provided with significant support and interventions to help their child in managing their behaviour. Inspectors observed staff encouraging children and praising their positive behaviour during the inspection.

The majority of restrictive practices were recorded and there was oversight of these by the centre manager and external line manager. However, some restrictions were not recorded. Restrictive practices were guided by a policy which outlined the types of restrictive practices that may be used and the circumstances for their use. The policy also outlined unacceptable forms of restrictive practices. The centre manager maintained a log of restrictive practices in the centre. The front and rear doors were restricted as they were operated by an electronic keypad system, to ensure children did not leave the centre without staff supervision. This was based on risk assessments for children around their vulnerability and safety awareness in relation to road and personal

safety. Other restrictions were in place for a small number of children such as harnesses used for transport and bed rails. Most restrictions with the exception of the access to the building were implemented during specific children's stays only, based on risk assessments for those children and recorded in the log. However, inspectors found that even though the front and back entrances in the centre were controlled by a keypad, this was not recorded in the log.

The practices recorded in the restrictive practices log were notified to a human rights committee. The rights committee's purpose was to receive information on restrictive practices and determine how they may impede on children's rights and if the restriction was appropriate. Inspectors found that restrictive practices were also reported through the organisation's incident reporting system. In this system they were reviewed by the external line manager and the centre manager. Inspectors examined the individual restrictions reported and found that all were environmental or travel safety restrictions. Six restrictive practices had been sent to the rights committee for consideration. However, inspectors found that the response to these was not timely. The committee had only responded to one of the reported restrictions at the time of the inspection. In the other cases the committee had not provided a response to the centre in some months. Senior managers informed inspectors that the committee had experienced a backlog of referrals due to the volume of environmental and safety restrictions across a number of centres being reported at the same time. The external line manager told inspectors that a sub committee of the group had been set up to process the less restrictive referrals, such as harnesses used for safety while travelling in a vehicle in a more timely way and to progress restrictive practice submissions that had been delayed.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Notifications had been made to the Authority. However, some environmental restrictions had not been notified in quarterly returns as required by Regulations.

Individual notifications of changes in the person in charge and notifiable events involving children were submitted to the Authority within the required timelines. Quarterly and six monthly returns had also been submitted to the Authority. However, inspectors found from interviews and a review of incident reports that environmental

restrictions were in use in the centre and not all of these had not been included in quarterly returns to the Authority. The centre manager was asked to submit all outstanding notifications.

One follow up report to a notification had inadequate detail regarding actions taken by the centre. The centre manager was asked to resubmit this report.

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):

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

Findings:

Children's opportunities for education, engagement with peers and social experiences in the community were well promoted by the centre. Links with schools were good and access to education was valued.

The centre had an education policy which outlined the service commitment regarding access to education for all children, and the policy was compliant with Regulations. All of the children attending the centre for respite care attended school on a full time basis, and inspectors found there was a commitment by the staff team to promote this in children's lives. The children attended local schools, and were provided with transport to and from school by the centre during their stay. Records showed that there was good information sharing between schools and the centre. Children told inspectors that they enjoyed school and went to school from the centre during their stay. Children had written communication records that moved between home and school and the centre to ensure there was consistent communication between them. Inspectors saw that contact with school staff was also recorded on each child's file. As this was a respite service, children's families were primarily involved with school events such as parent teacher meetings and other school events.

Children were supported and encouraged to develop autonomy, engage in social events and to participate in the community. The children that spoke to inspectors loved staying at the centre because they met up with friends and had opportunities to experience fun activities and new experiences. Each child that used the respite service had a box that they kept in the centre which contained personal items such as photos, toys, books and personal bedding. One child told inspectors that this made the bedroom feel "like my

room". Inspectors found that this helped children feel at home and valued during their stay. Another child described tasks and activities they had participated in such as chores and going to events because they were "growing up". Inspectors found that this was reflected in personal plans and the children were developing autonomy and relationship skills through their stays in the centre.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

The centre had systems in place to implement care and support to meet children's healthcare needs during their respite stays. Health information was in place for children. A varied and nutritious diet was available in the centre.

Children's health needs were identified and met in the centre. Inspectors found that the children attending the centre were in receipt of varying levels of multi-disciplinary services in the organisation, and also accessed health services in their own community. Assessments and personal plans were in place or in progress for all children and inspectors found that these identified the actions required to meet their health needs. A small number of children had epilepsy, mobility and swallow care plans; and supporting dietary/gastronomy/mobility guidelines and training were in place to help staff to deliver care to these children.

Children had good access to a range of healthcare professionals. The managers and staff told inspectors that children could attend their own general practitioner (GP) while they accessed the service, and there was also a GP identified (local to the centre) to deal with any healthcare needs or emergencies that may arise. Inspectors found that several children had input from occupational therapy, speech and language therapy, psychology and physiotherapy at school and at home. The contact details for medical personnel involved with children were held on their files in case staff needed to consult with them. Parents that spoke to inspectors said that they found that staff managed their children's health needs well, and they had been contacted whenever their children were unwell. Children's files held parental consent to attend medical practitioners in emergencies.

A balanced and varied diet was provided to the children and a range of snacks were

available in the centre. A policy was in place to support staff to ensure that children's nutrition was of a good standard. Inspectors observed children choosing the snacks and meals they wanted. The menu was decided by children and staff for each respite stay and was displayed in the kitchen. A folder containing photographs of snack and meal options was available for children to help them decide, and inspectors found that this contained a wide range of healthy and nutritious options. Photographs of popular and every day foods were displayed on cupboards. Inspectors observed children using opportunities to add to the weekly shopping list in the centre by choosing pictures of items they wanted and placing these on a large shopping cart symbol that was on display. Staff then used these pictures to create a shopping list for children's future stays and inspectors found this was very effective. The children told inspectors they liked this way of requesting favourite food and drinks.

There was a selection of fresh and dried food stored appropriately in the centre. Inspectors found that meals were mostly cooked by staff members but children were observed helping staff in meal preparation. Personal plans and daily records examined by inspectors also reflected that children were supported to make light snacks in the centre to promote the development of their independence skills and autonomy. The food eaten by children was recorded in a consultation record which was examined by inspectors. This reflected that the food provided was varied, nutritious and well balanced. Children that required assistance in eating and drinking had this recorded in their plans. Children and staff were observed during a meal time, and this showed that it was a positive event, where staff encouraged the children to reflect on their day, engage with peers and plan activities. Inspectors also observed support provided by staff to children who required assistance at mealtimes, and this was done discreetly and respectfully.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

The medication management system in place was not fully robust. There was a medication management policy in place which facilitated staff to transcribe medication onto the centre's prescription record. However, only one staff member signed the prescription record and oversight of this was inadequate.

The procedure for transcribing medication was not adequately robust. The centre had written policies and procedures related to the administration, transcribing, storage, disposal and transfer of medicines. Inspectors found that this suite of policies and procedures provided guidance in relation to medication management. However, the procedure required one staff member to transcribe onto the centre's prescription record from the original general practitioner's prescription. This meant there was inadequate oversight of another staff member during this process to ensure the prescription had been transcribed accurately. The practice of transcribing was also not subject to audit. The practice meant that individual staff could inaccurately interpret or record the GP's prescription onto the centre record, and it may not be noticed. This posed a risk to children.

There was a good system in place for the reconciliation of medication. Medication was supplied to the centre by families in its original packaging when children came to stay in the centre. Families were contacted prior to each stay to ensure that the prescription had not changed. All medicines were counted on receipt and the number was verified with families. When the child left the centre, medication was counted again, reconciled and returned home. Inspectors observed that all medication was stored in a secure, locked cabinet in a locked area and the keys to access the medication cabinet were held securely. Administration sheets were in place for each child and a number of these were examined by inspectors. They were found to be up to date, in line with the centre's procedures. These showed that staff administered and signed for medication, and the exact times of administration were in place on each administration sheet.

All staff had received accredited training in the administration of medicines and had had two competency assessments carried out by medication trainers every two years to ensure their skills remained effective. The centre manager was an accredited medication trainer and she carried out these assessments. A sample of staff files and the training records examined in the centre showed that assessments had been carried out by the centre manager and were up to date. There were procedures in place to manage the storage and administration of controlled drugs in the centre and there were no controlled drugs in use in the centre at the time of the inspection.

There was a system in place for recording, reporting errors and reviewing medication. The centre manager informed the inspector there had been no errors in the administration of medication in the year prior to the inspection. The centre manager undertook daily visual medication checks and quarterly audits, examining the administration, storage and disposal of medicines. The most recent audits covered a range of aspects of the medication management system.

Judgment:

Non Compliant - Moderate

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a Statement of Purpose available which had been reviewed in April 2015 and was signed and dated. The Statement of Purpose contained all the information required by Schedule 1, however it was repetitive in parts, not clearly laid out and did not include sufficient detail in some sections. Information regarding particular sections were found over several sections, for example, specifics regarding arrangements to access education were found both under that section and under 'Service Provided'.

The Statement of Purpose outlined the aims, objectives and ethos of the centre and identified the arrangements for respecting the privacy and dignity of residents, facilities, visitors and fire precautions. However, it did not include sufficient detail in relation to certain sections including total staffing complement, complaints, admissions and consultation with residents.

In addition, sections of the Statement of Purpose contained some specific information on the needs of current service users e.g. current number of wheelchair/Buccal Midazolam users rather than providing general information of the service provided by the centre. This meant that some children may be identifiable from the statement.

A copy of the statement of purpose was available in the centre for parents and relatives to read if they wished and an accessible version of the Statement of Purpose was made available for children in the Residents Guide.

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There was a clearly defined management structure and systems in place to ensure the centre operated safely. The centre was managed by a suitably qualified and experienced person and there was good oversight of the operation of the centre by the senior management team. However, some improvements were needed in aspects of quality assurance.

There was an effective management structure in place with defined lines of authority. Staff spoken with were clear about their reporting relationship and what they were accountable for. All staff reported to the centre manager. The manager reported to the area services manager who reported to the director of client services. The director of client services reported to the CEO. The area services manager was responsible for providing oversight and monitoring of all residential services within the Ability West organisation. Inspectors found that overall the reporting lines and accountability arrangements were clear to the CEO, senior management team and on to the Board.

The centre manager was suitably skilled, qualified and experienced for their role. They were the nominated person in charge, who worked in the centre full time and demonstrated a good standard of knowledge regarding their statutory responsibilities and the legislation. She was clear about her role and responsibilities and the reporting structure within the organisation. She had worked in residential disability services for a number of years and in her current management role for eight years. The centre manager demonstrated considerable knowledge about the children attending the service. She participated in some shifts which were reflected in the duty roster. She had undertaken training within and external to the service to ensure they had ongoing continuous professional development. Inspectors found that the centre manager provided strong leadership for the staff team, and staff informed the inspector they were clear about their roles, and the expectations of providing good quality care to the young people from the centre manager. Staff described the centre manager as committed to the wellbeing of the children, and was supportive to them as staff members. The centre manager provided oversight of day-to-day practice issues and led practice when on shift. The inspector found there was a qualified shift leader or the centre manager on each day and night shift. The area services manager deputised for the centre manager in their absence. The centre manager's photograph was on display in the centre and children were observed engaging positively with her during the inspection. All parents and children that provided their views to inspectors were aware that the centre manager was the person in charge.

Overall, there were some good management systems in place to ensure that the care provided to children was effective and of a good standard. There was good communication between the manager and staff through team meetings, day-to-day interactions and guidance, and supervision. The centre manager reviewed children's daily records and incident reports. Staff told inspectors they felt well informed and led by the centre manager. There were monthly team meetings which looked at areas such as the children's needs, centre issues, training and policy developments. Regular management meetings were held and there were several reporting systems that connected the centre to senior managers and the Board. Deficits and actions identified

either from events or observations by the centre manager, or during the quality assurance audits were shared with staff in staff meetings and through a communication log in place for staff which was seen by inspectors.

The chairperson of the Board demonstrated she had a good oversight of the operation of the centre and her obligations under Regulations. The chairperson was interviewed by inspectors as part of the registration of this centre. She had a clear understanding of the service provided to children, and the strengths and areas of improvement needed in the centre. The chairperson stated that the Board were appraised of the operation of the centre at monthly Board meetings via the CEO's report. In addition, senior managers in areas such as finance and safety attended Board meetings quarterly. Inspectors examined a number of CEO reports to the Board and minutes from Board meetings as part of the inspection, and found that these reflected a robust process of information sharing between senior managers and the Board. The chairperson demonstrated a good knowledge of Regulations and standards when interviewed by inspectors.

Regular managers meeting were held with the area services manager and the centre manager informed inspectors that she attended these and found them effective. Issues such as respite co-ordination, staffing and training, HIQA inspection outcomes, policy changes, senior management team directives and finance were discussed at this forum. The CEO also met with the senior management team at least three times per month. The minutes of these meetings reflected that senior managers updated the CEO regarding each service regarding issues such as staffing, budgets, properties, risks, significant events, child and adult protection, training needs and the wellbeing of residents in services. Inspectors found that these minutes also reflected that most resident's progress and wellbeing was discussed and updated from meeting to meeting. Good oversight was reflected in interviews with senior managers who all had a very good knowledge of the centre and the children who stayed there. All members of the senior management team interviewed by inspectors had a good understanding of the Regulations and the requirements of the provider.

A range of policies and procedures were in place to guide staff in the operation of the centre. Some of these had been reviewed following inspections in other centres to ensure greater compliance across all services. Staff demonstrated a good working knowledge of the centre's procedures and informed inspectors that these guided them in their work.. Budgets were in place for the centre and the centre worked to an agreed operational plan. There was a service plan in place for the centre, which informed the overall planning for the service.

There was good oversight and monitoring of the quality and safety of the service provided to children. However, this monitoring did not fully comply with Regulations. The centre manager undertook daily and weekly audits of records and systems such as health and safety records, fire records, children's finances and daily care records. She also reviewed incidents and significant events and reported these through an electronic quality reporting system to the area services manager. He was alerted to all reports relating to the centre via this system and completed their own review and analysis of the event. They then supported the manager to take any actions necessary from this analysis. The electronic system was accessible to all senior managers for each centre and reports could be run on incidents and events to aid analysis.

There had been two six monthly audits undertaken by a group of managers external to the centre examining the quality of care provided, financial records, medication administration and risks and safety issues in the centre. These visits were unannounced and produced action plans for the centre manager to address. The reports from the visits were examined by inspectors and found to be of a good standard. Outstanding actions were followed up on subsequent visits and through supervision with the centre manager. In addition, members of the Board visited the centre annually to meet children, staff, and to examine the centre. The chairperson of the Board informed inspectors that these visits allowed the Board members to familiarise themselves with the centre and assure themselves of its operation. However, the provider had not yet undertaken an annual report on the quality and safety of the care provided. Inspectors were provided with schedules of unannounced visits, audits and annual reports. Audits seen by inspectors were based on compliance with standards, Regulations and quality issues. Because the annual review of quality and safety of care and support in the centre and subsequent report had been not been completed in line with Regulations, there had been no formal consultation with children or their families as required by the Regulations.

There were arrangements in place for staff to exercise their professional accountability if they had concerns about the service. There was a protected disclosure policy in place that supported staff to raise concerns in relation to the centre and children. The staff interviewed by inspectors were aware of their obligations in line with this policy. Staff supervision and staff meetings were in place and staff told inspectors they would raise concerns through these forums. Staff informed inspectors that the centre manager was open and approachable, and they felt able to raise concerns with her. They also identified senior managers outside the centre that they could raise concerns with if they could not address concerns with the centre manager.

Judgment:

Substantially Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

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

Findings:

There were suitable arrangements in place for the management of the centre in the absence of the person in charge. Inspectors were advised that in the absence of the

centre manager the area services manager was the designated person to manage the centre. The centre manager had not been absent for 28 days or more, and therefore no notifications had been made to the Authority. Inspectors found through interviews that the centre manager and the area manager of services were aware of their responsibilities to notify the Authority regarding the absence of the person in charge.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The centre was adequately resourced and children were cared for effectively, and in accordance with the statement of purpose and function.

The centre was adequately resourced and systems were in place to support the effective delivery of care to the children. The service provider had a service level agreement in place with the disability service within the Health Service Executive for a range of services, including this respite service. Funding from the Child and Family Agency was negotiated annually by the CEO and senior managers, and inspectors found that service level agreements were signed and up to date. Senior management meeting minutes reflected ongoing oversight of budgetary expenditure and income. This included funding reductions and the initiatives put in place by the organisation in response to these. The centre's dedicated budget was resourced from funding and records were maintained of the income and expenditure across the year, which was examined by inspectors. Financial records reflected that the centre manager was accountable for her budget. The centre manager and area services manager informed inspectors that they reconciled the accounts at the end of each month and provided regular reports on expenditure to the finance department of the organisation.

Inspectors found that funding for children's personal routines and material needs during their stays were met by both families and the provider, and there were sufficient resources in place to fund children's activities and experiences. Children brought small sums of pocket money with them during their stays in the centre and this was used for treats and activities. Children also brought their own personal items from home to use during their stay. However, personal items were also provided by the centre and other activities and events were resourced by the provider.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

There was an adequate number of staff to meet the needs of the children and to deliver a safe service. The centre manager told inspectors that the staffing levels would reflect the number and dependency levels of children accessing respite services on the given day.

There was a staff rota in place and a planned and actual rota was maintained. Inspectors reviewed rosters for a four week period including the week of the inspection. The roster identified that a qualified nurse with two to three care staff were on duty on the day shift and one care staff trained in medication management was on duty for the night shift. A staff member was on sleepover or on night duty in the centre depending on the needs of the children. The roster highlighted there were five core staff and three relief staff in use in the centre. The small number of staff ensured that continuity of care for the children was provided. Inspectors observed that staff were very familiar with the needs of the children and the children displayed comfort and familiarity with staff.

A training needs analysis had been carried out and a training programme for 2015 was in place which included mandatory training and additional training depending on the needs of the children e.g training in Buccal Midazolam. All staff had received training in Children First (2011), manual handling, fire safety and behaviour management and in a range of relevant areas such as communication and safety procedures.

There was effective formal supervision in place that made staff accountable and supported them in their roles. Inspectors reviewed a number of staff supervision files and found that supervision sessions were detailed and addressed areas such as training needs and care practices. Staff interviewed by inspectors noted that the supervision sessions provided an opportunity for staff to identify their training needs.

Recruitment procedures in the centre were effective and robust, and there were good systems in place to support safe recruitment practices. The recruitment of staff was

managed centrally, by the human resources department of the organisation. Four staff files were reviewed by inspectors and they contained all of the information required under schedule 2 of the regulations - two written references were sought for each staff member and of the files viewed were all verified and satisfactory. Files reviewed held evidence of qualifications, contracts of employment and employment histories. An Garda Síochána vetting had been completed on all staff files sampled.

The centre manager told inspectors that volunteers were used by the centre. Volunteers were An Garda Síochána vetted and arrangements were in place for their support and supervision. However, references for volunteers were not available to inspectors on site.

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):

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

Findings:

The centre maintained records, and had recording systems and procedures in place to support the provision of a residential service to children. However, some deficits were identified.

Records were of a good quality and were mostly in accordance with Schedules 3, 4 and 5 of the Regulations. Inspectors examined a number of care records for the children and found that they were complete, accurate and up to date. All information required in respect of each child were in place. For example, records included photographs of children, medical details, next of kin details, and correspondence relating to each child. Records of incidents, plans, assessments, and interventions were maintained and other reports and correspondence from schools and other health services were in place. Children and families could access their records, and the parents that spoke to inspectors knew this. Children and families access to records was supported by organisational procedures outlining their rights in this regard.

Inspectors found that the centre maintained other records in accordance with Schedule 4 of the regulations. Records were maintained in relation to the care and support provided to children, and in relation to the running of and upkeep of the centre. Reports from checks and assessments in relation to fire were maintained, and checks/servicing by external contractors were also in place.

Inspectors found that the centre had a suite of operational policies in place which guided practice in the centre and wider organisation. Inspectors found that these were tailored to the local needs of the centre and referenced relevant legislation and guidance. Staff that spoke to inspectors confirmed that policies and procedures were available to them on site and that these were discussed at staff meetings. Meeting minutes reflected these discussions. Policies and procedures examined by inspectors were subject to version control, and reviews of these were reflected in the version history of documents. Policies and procedures were also cross referenced where a number of policies were related. Policies were found to be in date. However, assessments, the risk management policy and the statement of purpose did not fully comply with the Regulations as outlined in other Outcomes of this report.

A resident's guide to the centre was in place for children and it contained text and pictures describing the centre and what children could expect when staying there. Children explained parts of the guide to inspectors and demonstrated this was accessible to them. The guide was on display in the centre.

The centre was adequately insured against accidents or injury to children, staff and visitors and a copy of the up-to-date insurance was on display in the centre.

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:

Orla Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Ability West
Centre ID:	OSV-0004071
Date of Inspection:	29 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 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:

Children and families were not engaged in formal consultation regarding 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:

- a) As noted in report, children are consulted on a daily basis regarding choice of activities, meals etc, utilising appropriate communication. We will continue to do this, and record this in daily log notes. We have in place a separate communication book which records the consultation process and the outcomes and the methodology used to facilitate children's rights to choose.
- b) Formal reviews have commenced for a number of children, led by Holly Respite Service, which will include Family/ Guardian/ Child input with relevant multi-disciplinary input. This formal review will inform a personal plan for each child, based on their needs and goals for their time in Holly Respite Services and these will be reviewed annually.
- c) House meetings are taking place every two weeks with the children.

Proposed Timescale: 30/10/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Not all children had completed contracts of care in place.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A new Contract of Care specifically in relation to respite services has been developed and has been approved by the Policy Advisory Group on 25 March 2015. This contract sets out the services to be provided, safeguards and fees (if applicable) which are charged. The contract has been distributed to all residents/family members availing of respite in Holly Services. To date a number of contracts have been returned from families with nine contracts still outstanding. A schedule is maintained regarding return of signed contracts. The return of the outstanding contracts will be completed by end of August 2015.

Proposed Timescale: 31/08/2015

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:

Not all personal plans were fully completed.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

A number of Personal plans are in place for the children and the remainder will be in place by 31st August 2015, which outline the supports required to ensure the child's personal development is met in Holly Services in accordance with his or her wishes

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

A comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident had not been carried out.

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 Person in Charge of Holly Services will ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of any proposed resident will be carried out prior to admission. A short breaks prioritisation committee has been established. This committee using our comprehensive assessment tool, will ensure that the personal and social care needs of each respite application is considered by the committee. This prioritisation committee comprises of Head of Social Work and Family Services, Social Worker and Respite and Community Services Manager.

Proposed Timescale: 31/12/2015

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:

Raised concrete areas to the rear of the property may pose a hazard to children.

Action Required:

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

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

The raised concrete areas to the rear of the property have been removed. The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not include hazard identification and assessment of risks throughout the designated centre.

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not adequately describe the measures and actions in place to control the risks identified.

Action Required:

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

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the risk management policy includes the measures and actions in place to control the risks identified. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not include arrangements for the identification, 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:

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did include arrangements to ensure that risk control measures were proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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 Quality and Compliance Manager will review and update current Risk Management Policy to ensure that risk control measures are proportional to the risk identified, and that any adverse impact on the resident's quality of life have been considered. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control accidental injury to residents, visitors or staff

Action Required:

Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control aggression and violence.

Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the risk management policy includes risk management policy includes the measures and actions in place to control aggression and violence. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control self-harm.

Action Required:

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The Quality and Compliance Manager will review and update current Risk Management Policy to ensure that the risk management policy includes risk management policy includes the risk management policy includes the measures and actions in place to control self-harm. The updated policy will be presented to Policy Advisory Group on 10th of September 2015 and thereafter will be on the agenda of the Board meeting for approval.

Proposed Timescale: 30/09/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Not all restrictive practices were recorded.

The review and decision making regarding restrictions by the human rights committee was not timely.

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 environmental restraints identified in the report (the electronic keypad systems for the front and rear doors) are now identified on the Restrictive Practice Log within the centre and will be reported in the quarterly returns to HIQA. Currently there is one referral to Human Rights Committee outstanding and will be reviewed at the next Human Rights Committee Meeting on September 3rd 2015.

Proposed Timescale: 03/09/2015

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:

Not all restrictions were reported.

Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

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

A written report has now been issued to the Chief Inspector and the PIC & PPIM will ensure that at the end of each quarter all restrictive procedure including physical, chemical or environmental restraint used will be reported to the Chief Inspector on a quarterly basis.

Proposed Timescale:

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:

Transcribing practices were not robust as the centre's prescription records were not signed by two staff or audited as standard.

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:

A comprehensive review of the Medication Policy and Procedure has taken place at an Organisation level, this revised document will be submitted to the Policy Advisory Group on the 30th of July 2015 and thereafter will be on the agenda of the Board meeting for approval on 27th of July 2015.

Proposed Timescale: 30/07/2015

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 statement did not adequately describe the total staffing complement, the arrangements for complaints, admissions or consultation with residents.

Some information in the statement was too specific and may identify children.

Action Required:

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

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

The Statement of Purpose has been amended to ensure that it is not too specific identifying any children and to reflect adequately the total staff compliment, arrangements for complaints, admission and consultation with the children.

Proposed Timescale:

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:

An annual review of the quality and safety of care had not yet been carried out.

Action Required:

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

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

A Provider Led Audit was completed on the 20th of April 2015 and another one scheduled to be completed by 20th of October 2015. Taking account of this HIQA report, the two Provider Led Audits and a survey of views from service users and their families, an annual review will be produced of the quality and safety of care and support in the designated centre

Proposed Timescale: 15/11/2015

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 risk management policy did not meet the requirements of Regulations.

The statement of purpose did not fully meet the Regulations.

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:

As indicated previously, the Risk Management Policy will be reviewed and amended by September 30th 2015.

Proposed Timescale: 30/09/2015