<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004041</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 7</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Daughters of Charity Disability Support Services Ltd.</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Mary Lucey-Pender</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Leone Ewings</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Eva Boyle;</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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</thead>
<tbody>
<tr>
<td>25 August 2015 10:00</td>
<td>25 August 2015 17:00</td>
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</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Residents Rights, Dignity and Consultation</th>
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</thead>
<tbody>
<tr>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 11. Healthcare Needs</td>
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<tr>
<td>Outcome 12. Medication Management</td>
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<td>Outcome 17: Workforce</td>
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<tr>
<td>Outcome 18: Records and documentation</td>
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</tbody>
</table>

**Summary of findings from this inspection**

This was the first inspection of this service and was carried out unannounced for the purposes of monitoring. Currently the designated centre consists of two units, the main house which was inspected and a separate self-contained apartment.

Seven outcomes were reviewed as part of this inspection. This is a mixed designated centre which provides planned respite stays for up to 72 adults and up to six children on separate respite dates. Inspectors were present for a designated child respite date for four children with intellectual disability.

The centre provides a social care lead respite service for both adults and children aged from 9-18 years with intellectual disabilities. The service provides respite for low, medium and high support needs in a social care environment. Residents attending for respite are fully ambulant or require minimal assistance or support with mobility. The majority of children attended for overnight respite but one child attended for evening and day time respite. The centre comprises a large domestic two three storey house and can accommodate up to six residents, it is located on the outskirts of the city centre, close to transport links such as bus stops and local amenities. A transport vehicle was allocated to this service and was used on a daily basis by staff, with off-street parking in front of the centre.
As part of the inspection, the person in charge, and her deputy were present. Staff, children and parents were met by inspectors. Documents such as personal plans, positive behavioural plans, policies and procedures and staff files were reviewed by inspectors. Staff were observed being kind and supportive to the children and delivering a good standard of supports where required. Parents told inspectors that they were happy with the service that their children received and were regularly updated by the staff team.

The staff team were aware of what to do if they had concerns in relation to children's welfare and had passed on concerns to the Child and Family Agency. Recruitment processes were in line with the regulations. Staff identified that they received good support from management and a nurse on call service.

The person in charge overall was aware of her roles and responsibilities and staff were provided with good leadership within the centre. A six monthly review of quality and safety of the centre had been completed by the provider.

The statement of purpose and function required review. Children's needs were adequately assessed, personal plans were comprehensive and with goals set for children.

There were effective systems in place overall in relation to health and safety and risk management, healthcare needs and resident rights dignity and consultation which were robust. This centre was compliant in four of the eight Outcomes inspected, and substantially compliant in 3 of the Outcomes. Under Outcome 18 documentation and some policy improvements were required.

One moderate non-compliance was identified at this inspection Outcome 5 'social care needs'.

The actions outlined in the action plan can be found at the end of this report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident’s privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
There was evidence that residents are consulted with and participate in decisions about their care and about the organisation of the designated centre. For example, the inspectors heard that children were actively involved in making choices in respect of food and activity planning. The inspectors observed staff engaging with children in a supportive and respectful manner. The inspector found that staff were familiar with the residents’ needs, abilities, their life history and family supports. Staff provided appropriate support as required to residents with regard to daily financial management, and management of their personal property. Relatives who spoke to inspectors confirmed that children had access to their money to plan outings and shop for their personal needs.

Residents had allocated bedrooms which largely met their individual needs. Some bedrooms had a number of beds and were used when adults used the service. All rooms were decorated with appropriate soft furnishings, pictures and items of interest. On children’s respite dates each child had their own bedroom, and on adult respite dates some bedrooms are shared. Bedrooms did not all have appropriate storage or wardrobe space and some rooms were small with beds placed against walls and reduced usable floor space.

There was a comprehensive complaints policy and procedure, in place which was clearly displayed in the kitchen of the house. The person in charge was the local complaints officer. Inspectors reviewed records maintained of verbal complaints which overall were found to be well managed. All issues dealt with by the person in charge in a timely manner and outcomes recorded. There were no written complaints about the service.
Some aspects of the management of any restrictive practices discussed in Outcome 8 did not fully consider alternatives to the use of restrictive practices and the rights of each child. Advocacy supports were available on request. Staff were identified in the resident's guide as advocating for residents where required and outlined children's and residents' rights.

**Judgment:**
Compliant

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**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 adequately assessed and personal plans were comprehensive. Parents were involved in the development and review of personal plans, but the involvement of children where appropriate was also apparent. Children met on this inspection were not yet involved with transition between children and adult respite services. However, new residents were accommodated with day and evening respite service with a view to future overnight stays.

Each resident's health, personal and social care and support needs were fully assessed. Inspectors found that there was a social work assessment on file, which assessed the need for respite prior to the child's admission, it was a comprehensive holistic assessment of children's needs. Some professional reports were held on children's files such as psychological reports. Details of education level and schools attended were recorded, but no detailed individual educational plans (or copies) were found in the residents records reviewed. Staff teams were informed and guided by each child's personal plan in order to meet the needs of children on a consistent basis.

Inspectors reviewed a sample of three personal plans and found that some sections of personal plans were incomplete or had insufficient information in relation to specific needs and goals of children. For example, inspectors found that it was unclear who was involved in the discussion or review and not all areas were assessed comprehensively every 12 months, such as cultural or religious needs. Inspectors reviewed evidence of multi-disciplinary inputs and noted that the plans had been discussed with children and adults using the service, but the wishes and preferences were not strongly outlined in all instances.
Reviews of personal plans had not fully focused on the effectiveness of the resident’s personal plan. Personal plans were reviewed annually or more often if required. However, inspectors reviewed a sample of minutes of respite review meetings and found that the involvement of children and their parents or guardians was not strongly evident. However, interviews with parents of children confirmed that they were consulted and were invited to be involved in the reviews. Other service reviews took place at school and some children also attended supports facilitated by this provider on the nearby campus.

Child friendly copies of personal plans were available, and evidence that copies of personal plans had not been provided to parents or guardians was not documented as outlined in Outcome 18 of this report. No specific goals were outlined or identified in personal plans, so it was unclear how staff monitored children's outcomes.

There was evidence that children had opportunities to develop their social skills through their participation in activities in the community and staff told inspectors that children experienced and planned for outings such as to parks, shops and bowling. However, it was not evident from personal plans how children's life skills were being fully developed with a view to preparation for adulthood.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that the designated centre was compliant with health and safety and risk management.

A safety statement was in place and reviewed by the inspector, and found to be adequate. One of the inspectors reviewed the centre's risk register which was centre specific and sufficiently detailed to ensure that all identified risks were minimised. The inspector saw that the controls outlined in the risk register were used in practice and referred to by staff during the course of the inspection. Specific risk assessments to support residents activity were also in place.

Overall there were safe systems in place to mitigate risk of fire and other emergency. The centre had fire extinguishers in place, at the time of inspection they were within service. There was a monitored fire alarm with a fire panel at the front door of the house and weekly checks were completed. Each resident had a personal emergency egress plan which was reviewed and logged in staff hand overs as there were a different
A policy on the protection and welfare of vulnerable adults and the management of allegations of abuse was in place in the policy folder dated 27/5/14. However, a specific policy and procedure for in place to support children who make allegations of abuse was
not found to be in place to inform and guide staff. Training was provided in relation to Children First (2011): National Guidance for the Protection and Welfare of Children, and Abuse Guidelines.

The general safeguarding policy was informative and the different forms of abuse were well defined, inclusive of bullying. The policy clearly identified the designated liaison person who has responsibility for managing records. Staff confirmed they knew who the designated liaison person was to inspectors. The designated liaison person had not received any formal reports, and the Authority had not been notified of any allegation of abuse since the legislation was enacted in 2013. The resident's guide had a clear photograph of the provider nominee who also was the designated liaison person.

Inspectors reviewed staff files for Schedule 2 information during a separate inspection of staff files on 10 August 2015 in the central management office. Staff were appropriately vetted and they had received Children First (2011) training. Staff were knowledgeable about child abuse and alert to potential indicators of abuse but the systems in place to record and track staff's observations were in need of review. It was evident from children's files that staff communicated directly with social workers where required.

Records of intimate care reviewed were found to be child-focused and clearly guided staff on the support needs of each child at the service. One child out of the four in attendance had a positive behavioural support plan in place. The behavioural support plan was due for review on 21 August 2015 and this review had not taken place at the time of the inspection. The behavioural support plan noted triggers for acting out and specific care interventions that staff may employ to diffuse the situation and re-direct the child and how to communicate clearly with the child. Inspectors observed staff interaction with children and found that it was a professional.

Children arriving for overnight respite had money with them on arrival if outings were planned, and all monies were recorded and stored to facilitate social activity. Records confirmed return of money at the conclusion of their respite stay, and receipts for what was spent were maintained in line with policy.

**Judgment:**
Substantially Compliant

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

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
Children’s healthcare needs were met during their respite stay at the centre. The medical care provided to children was, in particular, of a good standard. Improvements
were however required to practices relating to food and nutrition.

Children’s respite breaks were for short periods of time and their healthcare needs were generally met at home by their parents/carers in conjunction with their general practitioner (GP) and allied healthcare professionals. The respite service was lead by a social care lead, and supports were established with a 'nurse on call' in the locality if required so the staff team had the support to care for a range of needs if necessary which benefited many of the children attending the service. An out of hours GP service was available if required and staff linked in with relevant healthcare professionals as necessary.

The food supplies found in the freezer and fridge were adequate and other fresh items were purchased from a local supermarket on a day to day basis. Meal times in the centre were generally social and positive events. Fresh fruit and healthy snacks such as yogurt were available.

Evening meals were planned on a daily basis and prepared in the centre, and there was some evidence to suggest that children participated in choices regarding food preparation. The use of food pictures found on internet and some from advertisements and magazines were shown to inspectors and held in a folder on the kitchen wall. This method of offering pictorial supports for choices could be developed more to support options made by children at mealtimes. Inspectors noted that one child in the centre had regular food choices and liked to eat the same savoury foods whilst on respite. This was fully respected and part of the personal plan in place. However, while children were encouraged to exercise choice in relation to their diet there was no evidence to suggest that children were being educated or supported to make healthy choices. In line with Outcome 18 of this report the inspectors discussed with the person in charge, the need to review how food and fluid intake was documented in a more meaningful way to inform and evaluate care. For example, the daily narrative did not provide enough description relating to the amount and choices offered.

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:
There were written operational policies in place relating to medication management, and the processes in place for the handling of medication was safe. Staff followed appropriate medication management practices. Inspectors were informed that a new draft medication audit was to be completed monthly in the centre but this had not been
completed as yet. In practice as outlined in Outcome 11 the residents remain under the care of their own GP during respite stays. However, the service doctor can also make changes if required to medication. Medications which require special storage requirements were not found at the centre, but storage arrangements were satisfactory, and all medication was returned to the parent or guardian at the time of discharge.

Medication management training had been completed by staff involved in medication management and competency assessments had been conducted.

Inspectors observed practice in the centre regarding receiving, storage and administration of medication, and found that staff were competent in this area. All staff apart from one identified by the person in charge could administer medication. Inspectors observed staff clearly documenting and checking all the medication received, including checking to ensure that the original labels from the pharmacy were on the medication. The person in charge informed inspectors that they will be piloting a system where the MPARS medication records stay with the resident at all times.

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:
Children received continuity of care from a skilled and experienced core staff team, supported by regular temporary staff members. However, the staffing whole time equivalents stated on the statement of purpose did not match or was not reflective of what inspectors found at the time of the inspection and this document requires review to accurately reflect the actual staffing. A recruitment campaign in recent months has been undertaken by the provider and the use of temporary staff has reduced.

Inspectors observed staff treating children with warmth and respect, and staff were very caring and attentive to the needs of the children at all times. There was a planned and actual rota in place, which was completed in advance. Inspector's were informed that this took into account the needs of the particular children being admitted.

Inspectors were informed that the staffing rota took each individual child's assessed needs into account, and that they tried to ensure that sufficient staff were available for all the children.
The majority of staff had received mandatory training such as manual handling, Children First, and medication management. However it was unclear how the needs of the children influenced the training programme for the staff and there was no formal written training needs analysis completed for each staff member. Staff informed inspectors that they did receive details regarding any training that was coming up, and if they wished to attend they could put their own names forward. However there was no clear plan as regards what the training needs for each staff member were, and how this was going to be achieved. Inspectors noted, and the person in charge confirmed that one staff member required training in medication management.

It was highlighted to the person in charge and the clinical nurse manager 3 that staff were not receiving any formal supervision, and the person in charge confirmed that this had not yet started, but that it was due to commence.

Staff files were reviewed by inspectors and found that they contained all the Schedule 2 requirements of the Regulations.

There were no volunteers working at the centre at the time of the inspection.

**Judgment:**
Substantially Compliant

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**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 policies and procedures required by the Schedule 5 of the regulations were mostly in place and they generally reflected practices in the centre. As discussed under Outcome 8 the policy on child safeguarding and responding to reports of abuse was not found to be child specific.

While the majority of records maintained in the centre were accurate and up to date there were some areas which required improvement. For example, as outlined in Outcome 11 the food and nutrition records, and a review of a behaviour support plan had not taken place as required by Schedule 4 of the Regulations.
Inspectors found that policies reflected care practices and that staff understood the policies and procedures and implemented them. The majority of records reviewed by inspectors were up-to-date and of a good quality. Handwritten records were legible and were easily retrieved.

The centre had a pictorial child focused easy to read “resident’s guide” in line with the regulations which was submitted following the inspection. The guide outlined the services and facilities provided by the centre and what to expect, the terms and conditions relating to residency, how to access an inspection report, the complaints procedure, designated person. The guide also outlined the arrangements for children’s involvement in the running of 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:**

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

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<tr>
<td>Date of Inspection:</td>
<td>25 August 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>23 September 2015</td>
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Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Recommendations from annual reviews were not documented with the names of those responsible for pursuing objectives in the personal plan.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
All recommendations from personal plan reviews will be documented with names of persons responsible for pursuing objectives. This will be held by the person in charge.

Proposed Timescale: 01/11/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Annual reviews of personal plans were not comprehensive in all instances, and evidence of multi-disciplinary team involvement not recorded.

2. Action Required:
Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

Please state the actions you have taken or are planning to take:
All personal plans will be reviewed and MDT members as appropriate will be invited to contribute to reviews.

Proposed Timescale: 01/03/2016

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans did not contain details of life skills or plans for transition to adult services.

3. Action Required:
Under Regulation 25 (3) (b) you are required to: Provide support for residents as they transition between residential services or leave residential services, through the provision of training in the life-skills required for the new living arrangement.

Please state the actions you have taken or are planning to take:
Personal plans will be reviewed to incorporate life skills and transition to adult services where appropriate.

Proposed Timescale: 01/03/2016

Outcome 08: Safeguarding and Safety
Theme: Safe Services
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A positive behavioural support plan was not reviewed within the date identified as requiring a formal review.

**4. Action Required:**
Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:
The positive behaviour support plan will be reviewed by the MDT team.

**Proposed Timescale:** 01/11/2015

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**Outcome 17: Workforce**

**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff supervision measures were informal and not fully evidenced by the person in charge.

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

Please state the actions you have taken or are planning to take:
The person in charge will seek training in staff supervision. Formal supervision will then take place three monthly and will be documented.

**Proposed Timescale:** 10/09/2015

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**Outcome 18: Records and documentation**

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A written child specific policy and procedure for in place to support children who make allegations of abuse was not found to be in place to inform and guide staff.

**6. Action Required:**
Under Regulation 04 (2) you are required to: Make the written policies and procedures as 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 available to staff.
Please state the actions you have taken or are planning to take:
This policy is now in place.

**Proposed Timescale:** 21/09/2015

**Theme:** Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Records relating to food provided for residents on a daily basis were not sufficient in detail to enable full review of diet and fluid intake.

**7. Action Required:**
Under Regulation 21 (1) (c) you are required to: Maintain, and make available for inspection by the chief inspector, the additional records specified in Schedule 4 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:
Foods provided for children on a daily basis will be recorded in more detail to enable full review of diet and fluid intake.

**Proposed Timescale:** 15/10/2015