Centre name: A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited
Centre ID: OSV-0003257
Centre county: Dublin 3
Type of centre: Health Act 2004 Section 38 Arrangement
Registered provider: Stepping Stones Residential Care Limited
Provider Nominee: Darren Wright
Lead inspector: Eva Boyle
Support inspector(s): Caroline Browne
Type of inspection: Unannounced
Number of residents on the date of inspection: 2
Number of vacancies on the date of inspection: 1
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**

From: 02 September 2015 09:15  
To: 02 September 2015 18:30

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

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**Summary of findings from this inspection**

The centre was located in Dublin. The centre provided care to two children with a diagnosis of autism and learning disability. This was the centre’s third inspection and was an unannounced follow up inspection. It focused on the deficits identified at the last inspection. The first monitoring inspection of seven outcomes took place in March 2014 and there were 25 regulatory breaches. In March 2015, a registration inspection was completed and there were 54 regulatory breaches. There were 44 breaches of the Regulations during this inspection. Inspectors found that the action plan from the last inspection had not been implemented within the timescales the provider had identified.

The service was provided by Stepping Stones who had applied to register the centre.
The provider was a limited company and the services manager was the nominated person in charge. However, on the day of the inspection, inspectors were informed that there was a proposed change in the person in charge. As part of the inspection process, inspectors met with the staff and management team and observed and spoke with the two children. Inspectors observed the staff team being respectful in their interactions with children.

Children's needs were not comprehensively assessed, therefore the staff team may not be aware of some of the children's needs. The children had individual goals, but they were not always clear. Children's wishes and views were not represented in their personal plans. There were regular multi-disciplinary meetings but it was not clear that the child's progress against their personal plan was consistently reviewed at these meetings. Children's behaviours were well managed. Children had many opportunities for activities in the community. However, children's quality of life required improvement as none of the children were receiving formal education. Approval was in place for a child to have home tuition but no tutor was identified and the second child had no school placement.

There were further improvements required in management systems in order for them to be robust. An annual and six monthly reviews of the safety and quality of the care and support provided in the centre were completed but were not effective mechanisms to bring about timely improvement of the centre. Sufficient resources were in place, but there had been significant staff turnover since the last inspection. There remained gaps in mandatory training and continuous professional development.
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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
At the time of the previous inspection, it was not evident that children were consulted in relation to the running of the centre. There was no advocacy service or information in relation to children's rights available to children. Children's wishes and preferences were not reflected in their personal plans. Since the last inspection there were some improvements in the promotion of rights, and consultation with young people.

Children were aware of their right to choice but it was not clear that their other rights were promoted by the team. There was information on children's rights available in the centre, but it was not on display and had not been provided to children. The provider had made arrangements for one child to access an independent advocate. The advocate met with the child and successfully advocated on their behalf. Staff were aware of children's rights to have their privacy and dignity respected. Inspectors found that some children requested time on their own and staff respected this.

Their was improved consultation with children. Residents meetings were established which was a positive step taken by staff. Menu plans, advocacy, complaints, rights and wishes, were all discussed at these meetings. While inspectors were told these meetings were held fortnightly minutes did not reflect this.

There was evidence of children taking part in activities outside the centre and making choices in relation to the types of activities. Staff told inspectors that they are working with both children in order to improve their integration each other before they would introduce peer relationship in the community. There were opportunities for play in the centre and two indoor and one outdoor activity were proposed in one week. There are
adequate facilities for recreation at the centre. Staff completed activities to improve life skills such as baking, cleaning, and walking to the shop.

Children’s clothing was stored in storage boxes in their bedrooms. Staff told inspectors a risk assessment had been completed in relation to this, but it was not provided to inspectors. Children did not have any storage facilities that could be locked in their rooms in order to safeguard their belongings.

Complaints were dealt with, but it was not always clear what the outcome of the complaint was. There were five complaints recorded on the complaints log since the previous inspection. This complaints log did not consistently record the outcome of the complaint and whether the complainant was satisfied. The complaints policy had been updated but it was not fully in line with the requirements of regulations nor was it prominently displayed in the centre. The updated complaints policy identified that the manager and the disability services manager dealt with complaints. There was an independent appeals process outlined in the policy, but no contact details were provided. The complaints policy referred to the Health Information and Quality Authority (HIQA) function in handling complaints but HIQA does not have remit to examine individual complaints made by service users. In addition, the complaints policy did not outline that there was a nominated person in place to ensure that all complaints were appropriately responded to and that the requirements of 34 (2)(f) were recorded. There was no updated child friendly version of the complaints procedures available, therefore, their procedure was not appropriate to the needs of children.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
At the time of the previous inspection, children’s communications needs were not outlined in their personal plans and staff were not clear in relation to the aids that children required to communicate. Little progress had been made in this area.

On this inspection, children’s communication levels were still not adequately assessed. There was no up to date assessment in relation to the child’s communication needs. While one of the children had a communication passport on their placement plan
it did not assist staff to communicate with him. For example, the completed communication passport did not reference the picture exchange programme that the child used.

Inspectors observed staff communicate with children in clear simple language. However, there was no clear guidance to ensure staff communicated effectively with children using the required communication aides. Inspectors observed that the visual schedule for a child who used picture exchange system was not up to date. Staff had not received training in the use of picture exchange.

Each resident had access to a telephone and media such as a television and radio.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
At the time of the previous inspection, there was a requirement in the visitor’s policy for visits to be pre arranged in the centre. While the policy had not changed visits did happen without being prearranged.

There was sufficient space for visits to be facilitated, but there was no designated visitors room in the centre. Staff told inspectors that they were in the process of preparing a room upstairs for this purpose.

Inspectors saw evidence of steps being taken by staff to promote positive relationships between both residents in the house. In order to maintain peer relationships, goals identified in the placement plans were for the two children to be brought together three days a week to work on building relationships, this included eating outside of the centre. Another goal was to role model how the child should speak to strangers. Inspectors saw evidence in key worker reports of activities such as going to the park and the beach.

There was evidence of children maintaining relationship with family members. There was positive communication between staff and family members to keep them updated on the child’s progress. Family members also attended multi disciplinary meetings in relation to their child’s care within the centre. Inspectors saw recent placement plans
which identified goals encouraging the child to speak to parents, to continue with regular access.

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

**Findings:**
At the time of the previous inspection, the policy relating to referral and admission did not consider the impact of new admissions on current residents needs and the contact did not contain the fees to be charged. Inspectors found that there had no progress on either of these two deficits

**Judgment:**
Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**
Effective Services

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

**Findings:**
At the time of the previous inspection, children’s assessments were not adequate but there were good plans in place. The admissions policy of the organisation outlined that an initial assessment of a child’s needs would be completed by staff as part of the admissions process.

Children’s needs were not adequately assessed. Inspectors found that there was some evidence of individual needs being reassessed, but there was no overall re-assessment of children’s needs completed on an annual basis or as required. As children’s needs change as they develop, it is important that the staff team are aware of these changes in needs.

Personal plans were not comprehensive and had deteriorated since the last inspection. Not all of children's assessed needs were outlined in personal plans. Inspectors reviewed both plans and found that they were not clear in outlining the specific needs that the children had, for example, communication, health or education. Since the last inspection, children had specific goals, but the goals were not always specific or clear.

Personal plans were not completed through a person centred approach with the maximum participation of each resident in accordance with their wishes, age and nature of their disability. Children had not been engaged in any way in contributing to their personal plans and the plans were not available to the residents in an accessible format. There was no evidence that families had been provided with copies of the personal plans.

There were regular multidisciplinary review meetings which included professionals such as the centre manager, disability manager, a behavioural analyst, an educational psychologist and an educational welfare officer. These meetings did not consistently review the child’s progress in regard to their personal plans. However, clear actions and identified persons responsible for those actions were recorded.

Children were involved in practical tasks in preparation for adulthood which was reflected in personal plans. There was evidence of staff providing guidance and support to residents on being more independent and life skills being introduced such as baking and involvement in chores such as cleaning their rooms. Inspectors found that staff completed some lifeskills work with children such as understanding the time.

Judgment:
Non Compliant - Moderate

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

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

### Findings:
The centre was appropriately decorated. The layout of the centre was as per its statement of purpose. The centre was homely, clean and well maintained with sufficient, comfortable furnishings and appropriate cooking and dining facilities. There was suitable heating, lighting and ventilation. The centre was a three storey house that had a rear enclosed play area. The centre had four en-suite bedrooms, which included one for staff. Both children had a room of their own, and had personal items in place. One child showed inspectors their bedroom and pointed out their collection of stickers. There was some storage in children's bedroom but there were no wardrobes. An additional bedroom was used as a classroom. Inspectors were told that they planned to use this room also as a visitors room. There were adequate toilets, bathrooms and showers for children,

There was sufficient space at the back of the centre for up to three children to play. The back garden had a sand pit and a water feature, which was contained in an enclosed roofed area.

### Judgment:
Substantially Compliant

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

#### Theme:
Effective Services

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

### Findings:
The majority of actions remained outstanding though the agreed timeframes had passed. The risk management policy had not been reviewed to meet the requirements of the Regulations. A risk sub-committee was to be established to review risks within the organisation, but this had not been established.

There had been no outbreak of infection, but inspectors found that no progress was made in relation to food management systems. As per the findings of the previous inspection, there was clear guidance on the front of the fridge freezer in relation to the labelling of foods. However, no food items in either the fridge or freezer was labeled. The centre was clean and there was a schedule of cleaning tasks.
There were measures in place for fire prevention, but not all staff were trained in fire prevention. All fire equipment was maintained and tested on a regular basis. There had been four fire drills completed since the last inspection, which were all day time drills. Children were involved in fire drills. The four new staff members had not participated in a fire drill but were always rostered with someone who had.

**Judgment:**
Non Compliant - Moderate

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**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

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

**Findings:**
Some progress had been made in relation to the action plan, as reports regarding child welfare concerns had been reported to the Child and Family Agency and there was an improvement to some aspects of safeguarding. However, the agreed actions in relation to restrictive practices had not been implemented.

Some safeguarding practices had improved but others were outstanding. Inspectors found that staff had improved in reviewing when a child had a bruise or a scratch and relating it to incidents that the child was involved in such as a fall or incidences of self-injury. There is no intimate care policy in place which was outstanding from previous inspection. Inspectors reviewed intimate care plans but found that they did not provide sufficient guidance for staff or included the wishes of the child.

Child protection practices had improved. Three standard report forms had been appropriately submitted to the child and family agency since the last inspection and they were under review. However, not all staff were up to date with Children First training.

Children's behaviours were well managed. There were good quality behaviour support plans and staff were very clear on the strategies contained in the children's behaviour management plans. Inspectors observed staff members effectively and appropriately manage an incident of challenging behaviour. Inspectors found that staff identified the
triggers to behaviours and managed behaviours frequently by re-directing or planned ignoring. While there had been ten behavioural management incidents recorded for August 2015 which were well managed, seven of the staff team had not been trained in the management of challenging behaviour. This was concerning as both children exhibited challenging behaviours on occasions.

The actions submitted in the previous action plan in relation to restrictive practices had not been implemented. Not all restrictive practices were identified by the staff team. Inspectors found that restrictive practices such as a locked front door and blocking techniques were not identified or recorded as restrictive practices. With the exception of blocking techniques, there had been no physical restraints employed by the staff team, and this was progress since the last inspection. There were no mechanisms in place for the review and approval of restrictive practices. Inspectors found that some new members of staff were not clear in relation to what restrictive practices were, but staff told inspectors that physical restraint was only used as a last resort.

**Judgment:**
Non Compliant - Moderate

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

**Findings:**
At the time of the last inspection, not all notifications had been made in a timely manner to the Authority and this had not improved. Inspectors found that not all restrictive practices were made as part of quarterly notification and one incidence of when a child required hospital treatment was not appropriately notified but was included in quarterly notifications. In addition, notifications in regard to children's welfare were not always sufficiently detailed.

**Judgment:**
Non Compliant - Moderate

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

Theme:
Health and Development

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

Findings:
The educational needs of children in the centre were not met. Neither child were receiving any formal education. One child was approved to receive home tuition, but no tutor was identified. Inspectors were told by the manager that a meeting was held in regard to the child with the multi-disciplinary team and the child's parents and it was agreed that a tutor would be identified by the staff team. The second child had not received any formal educational input since March 2015 and no educational placement was identified for the child. Inspectors were told that the staff team had completed school work on a daily basis, but the child's personal plan did not indicate specifically the focus and goals that the staff team were working on with the child.

Judgment:
Non Compliant - Major

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

Theme:
Health and Development

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

Findings:
At the time of the last inspection, there were deficits in relation to the assessment of a child's dietary needs and no psychiatric assessment was completed on a child. The actions in relation to these deficits were implemented. However, Information in relation to a child's immunisations remained outstanding.

Children's dietary needs were assessed and the staff team were actively working with the child to expand his intake of foods. Inspectors found that a child had been appropriately assessed by a dietician and the staff team had received guidance in relation to introducing new foods to the child. Inspectors found that there were some improvements in the child's diet. Inspectors observed staff at meal time encouraging the child to eat. There were numerous healthy food options available to both children.
Inspectors observed lunch and dinner time. At lunch time, both children had their lunch with staff. There was good interaction between staff and the children. One child requested more food and staff provided this.

Children had access to mental health services. One child had changed child and adolescent psychiatrist and was undergoing a psychiatric assessment at the time of the inspection. It was evident that there was regular communication between the child and adolescent psychiatrist and the staff team.

**Judgment:**
Substantially Compliant

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**Outcome 12. Medication Management**

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

**Theme:**
Health and Development

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

**Findings:**
Some developments had been made in relation to medication management practices. The administration sheet had been revised and the system in place was that each medication had an individual administration sheet which outlined the name of the child, photographic identification, the name of each medication, time of administration, dosage. Staff recorded the time of administration and it was signed by two staff members and there was a comment section. However, inspectors found that there were gaps in the administration of some medications and it was not clear was this because the children had so many administration sheets that staff forgot or missed a medication.

There was an ineffective system in place for the recording and review of medication incidents and errors. One error was reported since the last inspection but inspectors found additional errors that the system had not identified and these were brought to the attention of the manager. The manager told inspectors that she observed staff completing the administration of medication, and inspectors found one record of the manager observing the administration of medication for a staff member.

All medications held in the centre were appropriately labeled and were in date. The medication policy had been updated.

Procedures around the administration of controlled medication were not robust. Inspectors found that there was a drugs register, but there were a number of days during the months of August, when the register was not completed. A new locked
storage unit was installed since the last inspection, but the medication was not stored in a locked unit within a locked unit.

All staff had received training in the safe administration of medication, but competency assessments of staff were not routinely completed by the manager or disability services manager.

**Judgment:**  
Non Compliant - Moderate

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**Outcome 13: Statement of Purpose**  
*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
At the time of the last inspection, the statement of purpose did not meet the requirements of Schedule 3 and the statement of purpose had not been provided to families. The centre amended the statement of purpose in March 2015. However, the statement of purpose did not reflect the service that was provided in the centre. The statement of purpose outlined that the centre provided respite and medium to long term care to three children aged from 10-18 years who were on the autistic spectrum and with an intellectual disability who are able bodied and do not require nursing care. The children resident in the centre were planned to be resident on a long term basis, and it was not clear that the management team had considered the impact of providing a respite service could impact on children who are on the autistic spectrum.

The statement of purpose did not outline the following information  
- the arrangements made for residents to attend religious services of their choice  
- the dimensions of the rooms/floor plan  
- the contingency plan in the event of an evacuation of the centre  
- the care that the service that was provided to children at the centre, such as in the area of education, contract of care

The statement of purpose did not provide sufficient information in relation to  
- privacy and dignity  
- staffing  
- children obtaining assistance in making a complaint and how to access an advocate
It was not clear that children and their families/guardians had received copies of the statement of purpose.

**Judgment:**  
Non Compliant - Moderate

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**Outcome 14: Governance and Management**  
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**  
Leadership, Governance and Management

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

**Findings:**  
In March 2015, inspectors found that management systems were not robust, an annual review of the quality and safety of care and support in the centre nor a six monthly unannounced visit and report had been completed. In addition, staff were not aware of the protected disclosure policy or procedure.

Since the last inspection, the provider had failed to ensure that the actions required to bring the centre into compliance had been implemented. The monitoring and oversight of the service was not sufficient. On the day of inspection a new person in charge was identified. Inspectors met with this person and found that she had the skills and competencies required. The managing director told inspectors that the new person in charge would work on a full time basis in the centre. Inspectors met with the new person in charge post inspection and found that they had identified areas that required immediate improvement in the centre. In addition, she was aware of her statutory responsibilities and had identified areas where she required further support and development. The incoming person in charge was clear in relation to the needs of the children.

Management systems required improvement. Communication systems were mixed. Team meetings were irregular and the person in charge had not attended either meeting. Agenda items included the children, medication practices, cleaning, petty cash and paperwork. Staff told inspectors that they used a communication book to be kept updated. There were reports completed that provided an overview of the progress of individual children and highlighted specific issues. However, it was not clear how decisions were made on the basis of these reports by the person in charge or by senior
management. Management meetings were not robust. Meeting minutes did not reflect agreed actions and persons responsible and there was no evidence that actions were followed through at the next meeting. The lack of regular minuted meetings at all levels of the organisation meant it was unclear how decisions were made, recorded and communicated to the staff team. Policies and procedures had not been updated in key areas to guide staff in their provision of care to children.

There were limited quality assurance systems in place and significant improvements were required. There were limited audits completed. Since the last inspection, an annual review of quality and safety of care of children had been completed. The review was not comprehensive as it did sufficiently outline how deficits in the centre impacted on the quality and care of the children. The annual review outlined processes that were in place, but did not comment consistently on the quality and effectiveness of them. The provider had made efforts to consult with families and questionnaires were sent to family members to get their views on the service, but they were not returned. The report had twenty recommendations, but it did not outline who was responsible for overseeing the implementation of individual actions or the timeline for these to be completed. Therefore, it was not clear to inspectors that the actions had been followed up.

An unannounced visit to the centre was completed in May 2015 by the managing director but the report was not robust. In addition, there was no plan put in place to address any concerns regarding the standard of care and support as per the requirements of Regulation 23 (2)(a). The report on the unannounced visit was completed on a template that required a yes or no answer. Many deficits identified during the unannounced visit were also identified during this inspection which meant the provider had not ensured agreed actions had been implemented. For example, one child not accessing education, children's assessments changes were not recorded accurately, dated and signed, no review sheets to show that children had the opportunity to voice opinions, choices and requests, supervision not up to date for the person in charge or the manager of the centre. Therefore, these audit processes were not effective in implementing improvements in the quality and safety of care provided in the centre.

Not all staff were aware of how to make a protected disclosure. In addition, inspectors found that there had been some delays in staff members reporting concerns in relation to children's welfare and alleged staff misconduct. This was a concern that not all staff may have been aware of their responsibilities in relation to reporting concerns in regard to the quality of care to the management team.

Judgment:
Non Compliant - Moderate

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):**

**Findings:**
The person in charge was absent on the day of the inspection. The manager of the centre who is deputy person in charge was in charge of the centre. However, inspectors were informed by the managing director that a decision had been made to appoint a new person in charge. Appropriate notifications were completed and forwarded to the Authority post inspection.

**Judgment:**
Compliant

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**Outcome 16: Use of Resources**

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

**Theme:**
Use of Resources

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

**Findings:**
An organisational structure and plan for 2015 was in place. The centre had a designated budget for 2015. The person in charge was responsible for the day to day budgetary management of the centre. There were sufficient resources assigned for the operation of the centre and the provision of care to the children.

There were sufficient staff in place to provide care to the children. The facilities and services in the centre reflected the statement of purpose.

**Judgment:**
Compliant

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**Outcome 17: Workforce**

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

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

**Findings:**
At the time of the last inspection, there was a gap in one of the staff files sampled and supervision records required improvements. In addition, some staff had not received mandatory training. However, further gaps were identified by inspectors during the course of this inspection. Staff files did not meet the requirements of schedule 2. Inspectors reviewed a sample of files, and found that not all staff's qualifications were held on file. The dates that staff commenced employment and contracts of employment were not contained on all staff files.

There was sufficient staff but the team were not an experienced team. Six members of the staff team were recruited since the last inspection and this was their first job post qualification. Therefore, the staff team required support in order to develop as a skilled staff team. Inspectors found that there was always an experienced member of the team on duty.

Planned and actual rota s were maintained. However, the rota did not provide information in relation to the shift leader when the manager was absent. In addition, there was no information available about how to contact a manager out of hours which could be problematic for new staff members.

Induction procedures required improvement. Four new members of staff commenced employment in the centre in the week prior to the inspection and two were working in the centre. Not all new members of staff had read the children's personal plans. They had received a formal induction which included training on autism and policies and procedures.

Supervision processes were in place, but the frequency and quality of supervision varied. The centre did not have a policy on supervision and a new template for the recording of supervision had been developed since the last inspection. Inspectors sampled supervision records and found they did not occur regularly and records of decisions varied and the children were not always discussed.

There remained some gaps in core training. A training audit had been completed in August 2015 that identified training gaps. Inspectors found that all staff were trained in the administration of medication. The majority of staff required training in first aid and the management of behaviour that challenges. In addition, some staff required training in fire prevention, Children First and administration of an emergency drug to treat epilepsy. However, staff had not received continuous professional training in areas such as communication needs of the children and intimate care.
Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

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

Findings:
At the time of the last inspection, not all policies required under schedule 5 were in place. The actions in relation to this outcome were not due to be completed until the 18 of September 2015, but inspectors did not find that any additional policies had been completed since the last inspection. Recording required improvement in order for records to be clear and accurate.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

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

Report Compiled by:
Eva Boyle
Inspector of Social Services
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Stepping Stones Residential Care Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003257</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>02 September 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td></td>
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</tbody>
</table>

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:
There is no information relating to advocacy services displayed in the centre.

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

---

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:
Information on Advocacy Service, complaints procedure, and residents' rights are now displayed in the kitchen on the notice board in a format that is appropriate to the age and communication needs of the young people.

This information is communicated and discussed with children at least once a month through weekly key working sessions and is a standing agenda item on children’s weekly meetings.

**Proposed Timescale:** 01/10/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Children's wishes and preferences were not reflected in their personal plans.

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

Please state the actions you have taken or are planning to take:  
A new personal plan template has been created to reflect children’s wishes and preferences under the heading goals and aspirations.

Children will participate in weekly key working sessions with their key worker where they will be supported to express their preferences and make choices regarding their own care and support in line with their age and the nature of their disability.

The Key worker is responsible for updating the personal plan when the wishes or preferences of a child is expressed or has changed.

**Proposed Timescale:** 15/10/2015  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
One of the children's bedrooms did not have sufficient storage space for clothing.

3. **Action Required:**  
Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.
Please state the actions you have taken or are planning to take:
Children now have individual clothes storage space.

Children have been provided with lockable storage facilities for personal belongings in their own room.

A risk assessment will be carried out in relation to the storage of clothing in children’s bedrooms.

**Proposed Timescale:** 22/10/2015  
**Theme:** Individualised Supports and Care

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

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

Please state the actions you have taken or are planning to take:  
The complaints policy and procedure has been updated.

This now includes an appeals process and is in a child friendly, age appropriate format that is in line with the communication needs of the children.

A child friendly poster has been completed which includes information regarding appeals process. Both are on display on the notice board in the kitchen.

Complaints procedure is a standing agenda point on the childrens weekly meeting, and will be discussed at least once a month through weekly key working sessions.

**Proposed Timescale:** 30/09/2015  
**Theme:** Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
The complaints procedure was not displayed in a prominent position in the centre.

5. **Action Required:**  
Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints
procedure in a prominent position in the designated centre.

**Please state the actions you have taken or are planning to take:**
The updated complaints policy and procedure is on display on the notice board in the kitchen and is also displayed in a child friendly poster version.

Information about the complaints policy and procedure is also on display in the visitor’s room.

Copies have been provided to families/representatives.

Complaints procedure is a standing agenda point on the children’s weekly meeting.

Complaints procedure will be discussed with children at least once a month through weekly key working sessions.

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**Proposed Timescale:** 01/10/2015  
**Theme:** Individualised Supports and Care

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

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

**Please state the actions you have taken or are planning to take:**
Complaints log has been reformatted to include a space to consistently record outcomes of complaints, and satisfaction of compliant

The person in charge is the nominated person who will maintain a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the compliant was satisfied.

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**Proposed Timescale:** 30/09/2015  
**Theme:** Individualised Supports and Care

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

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

**Please state the actions you have taken or are planning to take:**
Complaints policy has been reviewed and a nominated person other than the person nominated in Regulation 34(2)(a) is available to residents to ensure that all complaints are appropriately responded to, recorded, and investigated.

Staff are aware of the nominated person through discussion of the complaints policy and procedure at team meetings and through the communications book.

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**Proposed Timescale: 20/10/2015**

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**Outcome 02: Communication**

**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff were not clear on how to use picture exchange with a child. Staff had not received training in this area.

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

**Please state the actions you have taken or are planning to take:**
The person in charge has clarified with the behavioural therapist the use of Picture Exchange Communication System in regards to current residents.

It has been identified by the behavioural therapist that the use of picture exchange communication system is not necessary for the young people currently in our care.

Visual schedules are in the process of being developed by the Behavioural Therapist. Staff will be supported and trained by the behavioural therapist in the implementation and ongoing use of these visual schedules.

In addition, speech and language assessments will be carried out for both children on October 5th. Report to follow in four weeks.

Following this report the Person in Charge, Speech and Language and Behavioural Therapist will communicate with each other regarding the use of, and training of staff in
the use of any recommended tools and strategies.

**Proposed Timescale:** 31/10/2015  
**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Children's communication needs were not adequately assessed. Communication passports and personal plans did not adequately reflect the child's communication needs or adequately inform staff of how to communicate with the child.

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

**Please state the actions you have taken or are planning to take:**  
Speech and Language assessments booked for both young people on 5th of October.

Request for Speech and Language assessment report to be completed within four weeks of assessment.

Communication passports to be updated on receipt of assessment report from speech and language therapist.

Speech and Language Therapist will communicate with the person in charge regarding any recommendations from these reports.

Person in charge will source and implement any training required on the outcome of these reports.

**Proposed Timescale:** 13/11/2015

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**Outcome 03: Family and personal relationships and links with the community**  
**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
The visitors policy was not updated to reflect the change of requirement of visits to be pre arranged,

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

Please state the actions you have taken or are planning to take:
Visitors policy has been updated and now ensures that as far as reasonably practicable, residents are free to receive visitors without restriction unless in the opinion of the person in charge, a visit would pose a risk to the resident concerned or to another resident.

Proposed Timescale: 18/09/2015

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:
The admission policy was not updated to reflect that the staff would consider the impact of new admissions on current children's need.

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

Please state the actions you have taken or are planning to take:
Admissions policy has been updated to reflect the impact of any new admissions on current children's needs, and take account of the need to protect children from abuse by their peers.

All subsequent admissions will complete a pre admissions risk assessment and impact risk assessment prior to admission to the centre as per our updated admission policy and procedure.

Proposed Timescale: 18/09/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents contracts of care were not updated to include additional charges.

12. Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:
Contracts of Care have been individualised and now reflect any additional charges due.

Copies have been provided to families/representatives.

**Proposed Timescale:** 01/10/2015

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**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:**
No child friendly version of the personal plans were available and parents had not received copies of personal plans.

**13. Action Required:**
Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

**Please state the actions you have taken or are planning to take:**
A child friendly version of the personal plan is currently being developed, and will be made available to residents in an accessible format.

Where appropriate copies of personal plans will be made available parent/representatives.

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Multi disciplinary meetings did not consistently review the progress of the previous personal plans.

**14. Action Required:**
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:**
Future multi disciplinary meetings will now review the progress of the personal plans.

The person in charge will ensure that all multi disciplinary meetings will have a set
The person in charge will take responsibility to minute these meetings and ensure that the format outlines the actions to be taken, a timeframe for these actions and those with responsibility for the actions.

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Not all children’s needs were re-assessed on an annual basis.

15. **Action Required:**
Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

**Please state the actions you have taken or are planning to take:**
A new assessment of needs template has been created and implemented.

Children’s needs are currently being re-assessed and updated.

All re-assessments will occur at least annually.

The child’s key worker will review the assessment of needs template and the health assessment template regularly and form an action plan accordingly.

Any relevant people involved including family and representatives will be asked for input and recommendations.

This will ensure a comprehensive assessment by an appropriate health care professional is carried out as required to reflect changes in need and circumstances.

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

**Theme:** Effective Services

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Children did not engage in personal plan reviews.

16. **Action Required:**
Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and
where appropriate his or her representative, in accordance with the resident’s wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**
Children are encouraged and supported to engage in their own personal plan and its review.

Children will engage in weekly key working sessions with their key worker/co key worker where they will be supported to express their preferences and make choices regarding their own care and support in line with their age and the nature of their disability.

This engagement allows the children to develop the skills required to engage and participate in their personal plan review.

Personal plan reviews are now conducted in a manner that ensure the maximum participation of children and if appropriate their representatives.

This will be achieved through consideration of the following factors: Communication needs of the child, and environmental factors such as the location and time of the review.

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

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**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no wardrobes for children to hang their clothes.

17. **Action Required:**
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

**Proposed Timescale:**

---

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

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management policy did not include the arrangements for the recording and investigation of, and learning from, serious incidents or adverse events involving residents

18. **Action Required:**
Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:
Risk Management policy has been updated to meet the requirements of the regulations.

It provides clear guidance on how to record, investigate and learn from serious incidents and outlines arrangements to ensure risk control measures are reviewed.

**Proposed Timescale:** 18/09/2015  
**Theme:** Effective Services

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

19. **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 Risk Management Policy has been updated to meet the requirement of ensuring that risk control measures are proportionate to identified risk, and that quality of life impacts have been considered.

**Proposed Timescale:** 18/09/2015  
**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Food management systems were not effective.

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

Please state the actions you have taken or are planning to take:
Food management systems have been reviewed and updated

All staff have now been informed of how to carry out and implement food management systems within the house.

The house manager will ensure that staff implement and monitor food management systems on a daily basis through visual checks on fridge and food presses.

Staff are now recording the fridge temperature on a daily basis.

Person in charge is now monitoring compliance of food management systems by completing regular visual spot checks.

**Proposed Timescale:** 30/09/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff were trained in fire safety

21. **Action Required:**
Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:
All staff have completed training in fire safety.

**Proposed Timescale:** 30/09/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff were trained in the management of behaviour that challenged.

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

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

All staff will complete training in behaviour that challenges by 8/10/15.

All staff will be trained in Management of Actual/Potential Aggression by 16/10/15.

All staff will be trained in Therapeutic Crisis Intervention by 20/11/15.

House Manager will ensure that staff members who are trained in behaviours that challenge are rostered on shift at all times.

Proposed Timescale: 20/11/2015

Theme: Safe Services

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

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

Please state the actions you have taken or are planning to take:
The service will now ensure that where restrictive procedures including physical chemical or environmental restraints are used, they are applied in accordance with national policy and evidence based practice.

The policy on restrictive practice has been updated.

The policy now indicates that a review meeting will follow any unplanned use of restrictive practices.

The following people will be involved in this review:
Person in Charge, Behavioural Therapist, Director of Services and if relevant other professional or representatives.

This review committee will meet as needed following any unplanned restrictive practice or to review the use of existing practices following a change in the risk assessment level.
<table>
<thead>
<tr>
<th>Proposed Timescale: 18/09/2015</th>
<th>Theme: Safe Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>Guidance in relation to the provision of intimate care was not sufficient. No specific intimate care plans were in place for individual children.</td>
</tr>
<tr>
<td><strong>24. Action Required:</strong></td>
<td>Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>Intimate Care Policy has been reviewed and updated. Specific intimate care plans are being developed for residents. Safeguarding measures are in place to ensure that staff providing intimate care to children do so in line with the child’s personal plan Specific intimate care plans will clearly guide staff on procedures to be followed while providing intimate care in order to ensure that the Childs dignity and bodily integrity is respected. Personal plan will direct staff to location of intimate care plans.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Proposed Timescale: 22/10/2015</th>
<th>Theme: Safe Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</strong></td>
<td>One member of staff was not trained in Children First: National Guidance for the Protection and Welfare of Children (2011).</td>
</tr>
<tr>
<td><strong>25. Action Required:</strong></td>
<td>Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.</td>
</tr>
<tr>
<td>Please state the actions you have taken or are planning to take:</td>
<td>All staff members have now completed training in Child Protection. All staff will receive ongoing training in this area.</td>
</tr>
</tbody>
</table>
Child protection will be discussed with staff in individual supervision sessions.

Child protection is a standing agenda point on the monthly team meeting.

**Proposed Timescale:** 30/09/2015

### 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:

One incident where a child required hospital treatment was not notified to the Authority.

**26. Action Required:**
Under Regulation 31 (1) (d) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any serious injury to a resident which requires immediate medical or hospital treatment.

**Please state the actions you have taken or are planning to take:**
Notification submitted on 15/9/15

The person in charge will ensure that the chief inspector is notified within 3 working days of the occurrence of any serious injury to a resident which requires immediate medical or hospital treatment.

Hiqa notification policy and procedure created to guide staff on the process to be followed where an adverse incident is notifiable to the Chief Inspector.

Behaviour/Incident forms updated to highlight events notifiable to the Chief Inspector and time frame in which they should be notified.

Notification requirements and behaviour and incident reporting will be discussed in monthly supervision with staff.

**Proposed Timescale:** 01/10/2015

**Theme:** Safe Services

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

Not all restrictive practices in use in the centre were notified to the Chief Inspector.

**27. 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:**
The person in charge will ensure that all quarterly notifications will be notified to the Chief Inspector at the end of each quarter and will include any occasion where a restrictive procedure including physical, chemical or environmental restraint was used.

New Behaviour and Incident report form, records if specific incident is notifiable to Chief Inspector.

House manager will inform the person in charge of any notifiable events through the weekly service report.

Person in charge will use this information to complete notifications.

Notification requirements and behaviour and incident reporting will be discussed in monthly supervision with staff and at the monthly team meeting.

**Proposed Timescale:** 31/10/2015

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**Outcome 10. General Welfare and Development**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The children resident in the centre were not receiving any formal education.

**28. Action Required:**
Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

**Please state the actions you have taken or are planning to take:**
Educational Tutor identified for both young people commencing on 28th of September.

There are twenty hours of educational support available to each resident per week.

The hours provided for educational support are under the guidance of the behavioural therapist, as it has been indentified that the young people need time to adjust to the new system.

The hours provided for educational support are reviewed weekly by the behavioural therapist and educational tutor and adjusted accordingly.

Person in charge is exploring all opportunities for educational placements with relevant bodies and representatives.
**Proposed Timescale:** 28/09/2015

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
It was not clear what all children's educational goals were.

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

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

Individual education plan to be completed by tutor so that educational goals are clear.

Education goals and targets are now identified in the new admission assessment.

**Proposed Timescale:** 16/10/2015

**Outcome 11. Healthcare Needs**

**Theme:** Health and Development

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Information in relation to immunisations was not held on children's files.

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

**Please state the actions you have taken or are planning to take:**
Letter of consent to be completed and signed by parents so that person in charge can obtain information required if parents do not provide information by 02/10/15.

New pre admissions documents checklist will include immunisation records or the request to provide same on admission.

New pre admissions document checklist will include request for appropriate health care documents to be provided for each child and will be included in initial assessment of the child’s personal plan.

**Proposed Timescale:** 30/10/2015
Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The administration sheets did not reflect good practice. There were gaps in recording in administration sheets and no incident forms were completed for those dates.

31. Action Required:
Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
Incident reports for gaps in recording have been completed.

Medication policy updated to include appropriate and suitable practices and provides clear and efficient guidance for staff in the ordering, receipt, prescribing, storing, disposing and administration of medication.

New medication management systems have been created and implemented and are now in line with good practice.

A system has been implemented whereby staff note on the handover log if they have signed the medication administration record to ensure there are no gaps in recording.

A medication incidents form has been devised for the recording of any medication incidents.

The house manager will review these records on a weekly basis.

All staff trained in the safe administration of medication.

Further training provided by the person in charge to all staff to ensure that staffs are competent and are informed in the process of ordering, receipt, prescribing, storing, disposing and administration of medication.

An ongoing competency system has been applied in this area for all staff as per reviewed Medication Policy.

Medication errors are a standing agenda point at the monthly team meetings.

Proposed Timescale: 18/09/2015
Theme: Health and Development
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The storage of controlled drugs was not appropriate. In addition, the controlled drugs register had gaps in administration.

32. **Action Required:**
Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

**Please state the actions you have taken or are planning to take:**
Controlled drugs now stored in a locked box within a safe and the controlled drug book has been updated.

An ongoing competency system has been applied in this area for all staff as per reviewed Medication Policy.

The person in charge is implementing an ongoing robust appraisal of staff members in this area.

**Proposed Timescale:** 18/09/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

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

**Please state the actions you have taken or are planning to take:**
Statement of purpose has been updated to include 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.

Statement of Purpose has been delivered to staff, children, families and representatives.

**Proposed Timescale:** 01/10/2015
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
It was not clear that children and families had received copies of the statement of purpose.

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

Please state the actions you have taken or are planning to take:
Families/Representatives have received and accepted updated statement of purpose.

Child Friendly statement of purpose currently being created.

Proposed Timescale: 30/10/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Management systems required improvement.

35. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Management systems in the centre have been updated and improved to ensure that the service provided is safe, appropriate to residents needs, consistent and effectively monitored.

A Director of Service and an Independent Quality Control and Auditing Monitor have been appointed as part of the improved management structure.

Person in charge is an appropriately qualified and experienced person. She is supported by a house manager and together they have responsibility for the day to day management of the centre.

In the absence of the Person Participating in Management (PPIM) a structure is in place to nominate a social care leader into this position. The PPIM reports directly to the person in charge.
A communications book is kept on site and used by in house staff and management to communicate on a day to day basis.

Record keeping systems have been reviewed and the format for all meetings at all levels in the organisation have been standardised to ensure consistency of communication across all levels of the service.

The minute recording templates now includes a record of any decisions made, actions required, person responsible and time frames for completion.

Team meetings are held monthly and chaired by the person in charge. The recording format for these team meetings has been revised as noted above.

Provider nominee and person in charge meet weekly to discuss weekly service report.

Communications between the provider and the team will occur through the person in charge and this will be reflected in minutes of staff meetings, communication book and the weekly service reports.

Standing agenda points for both the staff meeting and all service report meetings will include consistent items, such as the needs of the children, training, safeguarding, risk assessments and management and audits.

Regular supervision meetings and monthly team meetings ensure staffs are supported to exercise their personal and professional responsibility for the quality and safety of the service.

A comprehensive audit system and review meetings are being developed. These systems will ensure that risks and trends are identified, that quality can be assured throughout the system and will inform governance and management arrangements.

Findings from these audits will be discussed at the team meetings, the weekly provider/person in charge meetings and senior management meetings to ensure that the quality of care provided by the service and current systems in place are updated as required to ensure they remain in line with best practice.

All Service reports, monitoring reports and auditing reports are now kept on site.
Senior Management will meet quarterly to review, monitor and evaluate the service. To plan for future development, taking into account any changes in legislation and standards ensuring continuous improvement of our service provision.

**Proposed Timescale:** 27/11/2015

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The annual review of quality and safety of care and support was not robust.

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

**Please state the actions you have taken or are planning to take:**
The structure of the annual report has been revised by the provider to meet all the requirements of the Health Act (2007) Regulation 23(1) (d).

The annual review of quality and safety of care and support will be carried out by an independent Quality Control and Auditing Monitor.

The Quality Control and Auditing Monitor will prepare a written report within 14 days of the annual review.

This report will be provided to the Provider Nominee, Director of Services and the Person in Charge and identify areas that require corrective actions.

The Provider Nominee, Director of Services and Person in charge will discuss, record and put clear actions in place together with persons responsible and time lines for completions.

Existing communication mechanisms (including service reports, team meetings, communication book and individual supervision) will be used to communicate the required actions to those responsible.

In the event of outstanding action being noted through the established auditing system The Provider Nominee, Director of Service and Person in Charge will meet to evaluate why this has occurred and a revised timeline for completion will be agreed upon.

The next annual review of the centre will be in March 2016.

**Proposed Timescale:** 31/03/2016
**Theme:** Leadership, Governance and Management

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

The written report on the unannounced six monthly visit to the centre was not robust and there was no plan in place to address the deficits that were identified.

#### 37. Action Required:

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

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

A plan is now in place to address the deficits identified in the six month unannounced visit.

The written report template on the safety and quality of care and support provided is being devised in line with the revised structure of the annual report.

On receipt of report the Provider Nominee, Director of Services and Person in Charge will meet to put a plan in place to address deficits. This plan will clearly outline action required, persons responsible and timelines for completion.

Existing communication mechanisms (including service reports, team meetings, communication book and individual supervision) will be used to communicate the required actions to those responsible.

Ongoing audits will ensure that actions identified are completed.

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**Proposed Timescale:** 30/11/2015

**Theme:** Leadership, Governance and Management

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

Inspectors found that there had been a delay in some staff members reporting concerns in relation to alleged staff misconduct to the management team.

#### 38. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The person in charge will use regular individual supervision and monthly team
meetings to ensure staff are supported to exercise their personal and professional responsibility in this area.

The person in charge will address this issue with all staff at the next team meeting on 20th October and it will also remain a regular agenda point.

Management will update the staff induction schedule and employee handbook to ensure clarity on this point for new employees.

The new induction pack will ensure that employees are aware of their responsibilities in relation to reporting concerns in regard to the quality of care to the management team and will outline what arrangements have been put in place by management to support them in achieving this outcome.

Existing employees will be furnished with the new induction information and handbook explaining this information.

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<tr>
<th>Proposed Timescale: 30/11/2015</th>
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<tr>
<td>Theme: Leadership, Governance and Management</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff were aware of how to make a protected disclosure

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

**Please state the actions you have taken or are planning to take:**
The Staff Handbook will be updated to include a clear policy and procedure on how to make a protected disclosure.

This will be provided to all staff.

The person in charge and house manager will update staff at regular team meetings in relation to this area.

The new structures for recording minutes and their outcomes will ensure that there is clarity about who has received this information and note their inputs in relation to it.

<table>
<thead>
<tr>
<th>Proposed Timescale: 30/11/2015</th>
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<tbody>
<tr>
<td>Outcome 17: Workforce</td>
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<tr>
<td>Theme: Responsive Workforce</td>
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<tr>
<td>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>The staff files did not contain all of the requirements of Schedule 2.</td>
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40. **Action Required:**  
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

**Please state the actions you have taken or are planning to take:**  
All staff files have been reviewed and requirements of schedule 2 are being put in place.

**Proposed Timescale:** 30/10/2015  
**Theme:** Responsive Workforce

<table>
<thead>
<tr>
<th>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>Six member of staff were recently qualified</td>
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41. **Action Required:**  
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**  
All newly qualified staff are now rostered with experienced staff members.

These experienced staff are identified as shift leaders on both the roster and the shift planner.

A Training and Development program has been developed to support staff members and facilitate the professional development and growth of the staff team.

The Person in charge is implementing an ongoing, robust appraisal process which will appraise and ensure the ongoing professional development of staff.

**Proposed Timescale:** 30/10/2015  
**Theme:** Responsive Workforce

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<tr>
<th>The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:</th>
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<tbody>
<tr>
<td>The frequency and quality of supervision varied.</td>
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42. **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:
Supervision of staff to be completed by on a monthly basis by the person in charge.

Person in charge is an experienced supervisor and is committed to ongoing professional development in this area

Person in charge to ensure that all staff are appropriately supervised and that clear actions result from supervision, that are relevant to each staff member's learning and that each staff member uses this time to reflect on their practice.

Supervision roster to be completed on a monthly basis

New Supervision template and supervision contract implemented across the board.

Proposed Timescale: 01/10/2015
Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received mandatory training.

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

Please state the actions you have taken or are planning to take:
Training audit completed and required training identified.

Staff are in the process of completing mandatory training

In addition a Training and Development program has been developed to support staff members and facilitate the ongoing professional development and growth of the staff team.

Proposed Timescale: 20/11/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all the requirements of Schedule 5 were appropriately in place.
44. **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:**
All policies reviewed and new policies implemented and in place to comply with the requirements of Schedule 5.

**Proposed Timescale:** 18/09/2015