

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Praxis Care
<b>Centre ID:</b>	OSV-0001913
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Praxis Care
<b>Provider Nominee:</b>	
<b>Lead inspector:</b>	Caroline Browne
<b>Support inspector(s):</b>	Eva Boyle
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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: 01 February 2016 09:00 To: 01 February 2016 17:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was a follow up inspection, carried out for the purpose of assessing the progress against an action plan from a previous inspection which was carried out in April 2015. This was the third inspection of the centre and as part of the process inspectors reviewed files, records, policies and procedures. Inspectors also observed practice, interviewed staff members, spoke with two young people and the centre manager. The centre was located in a large dormer bungalow in the countryside on the outskirts of a town in Co Meath. The service was a mixed gender residential care facility for up to five service users with an intellectual disability from adolescence to adulthood. The statement of purpose and function outlined that the service supports young people to make the transition to adulthood and to achieve their maximum potential and working towards independence. One young person and three young adults were living in the centre at the time of the inspection.

The service was provided by praxis care who was a registered charity with it's own board. At the time of the last inspection, there were 19 regulatory non compliances. An action plan was proposed by the provider in order to address deficits. On this inspection, inspectors found that most deficits were addressed by the management team in a timely way.

Governance arrangements had improved in the centre. There was an improved level of oversight by the senior management team in order to assure themselves of the safety and quality of the care and support being provided to young people. The centre manager was provided with the support required to effectively fulfil her role and she had completed a number of training courses. There was a skilled and experienced workforce who were also provided with the necessary training to ensure quality care was provided to residents.

Young people enjoyed a good quality of life similar to their peers. Young people's needs were assessed and personal plans were in place outlining arrangements to meet their needs. Personal plans addressed young people's needs in relation to living in a transitional centre. Meaningful goals were identified and were effectively monitored by the staff team in order to ensure positive outcomes for young people. Staff assisted young people to meet their goals and develop their independent living skills. Young people were involved in many activities such as attending day centres, going to the shops, cinema, involvement in sports, a charity fundraiser and attending training programmes.

Young people in the centre were safe. Since the previous inspection, additional training was provided to staff in order to meet the specific complex needs of the young people in the management of their behaviour. Some arrangements were put in place for the safeguarding and protection to meet the needs of adults and young people living together in a transition service.

Further details of the inspection findings are detailed in the body of this report.

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

**Outcome 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):**

**Findings:**

At the time of the last inspection, completed contracts of care were not in place for young people.

There were written agreements in place which outlined the terms of young people's contracts in relation to support, care, welfare and the fees to be charged. Inspectors found that there were contracts of care on young people's files which were signed by the young people and the centre manager. These documents outlined the finance agreements and a separate document outlined the services provided. However, the components of the contract of care were in two separate places on the young people's files.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

### **Findings:**

At the time of the last inspection, there was insufficient focus in personal plans on the skills and interventions required for young adults. Young people's needs were not specifically assessed in relation to transitional living.

There were comprehensive assessments of need on young peoples files. Assessments were completed by a multidisciplinary team and included the young person. As this was a transitional service, the young people's assessment of need included preparation for adult life, for example management of finances and life skills.

Personal plans were comprehensive and kept under regular review. The arrangements for meeting young people's assessed needs were set out in young people's personal plans. Young people attended the personal planning meeting and contributed to their plan. These plans provided detailed guidance to enable staff to meet the assessed needs of young people. Young people received a user friendly copy of their personal plans. Since the last inspection personal plans have been developed and included skills and interventions required for young people to enable them to live as independently as possible. Personal plans made arrangements for the development of young people's skills relating to household tasks, using public transport, management of finances and cooking. Personal plan reviews included discussion about young people's progress, rationale for changes in plans and agreed those responsible for tasks.

Independent living skills were promoted in the centre and young people took part in house chores, meal preparation and laundry. Young people attended training programmes during the day and were involved in activities and hobbies in the afternoon/evening. For example, young people met with friends, family and attended fitness classes in the evenings. Personal plans identified meaningful goals and guided staff to assist young people to achieve these goals. Examples of young people's goals included management of monies when out shopping and organising a coffee morning to raise money for a charity which were successfully achieved. Plans were implemented and improved outcomes for young people including young people becoming more knowledgeable around how to budget and manage their money and better management of behaviour. Goals were monitored and a summary of goals were reviewed at the end of the month.

There was effective planning for the discharge and transition of young people from the service. The transition policy had been reviewed since the last inspection and provided better guidance to support effective discharges and onward placements. There had been no discharges since the previous inspection but there was evidence of appropriate planning for one young person's potential discharge. A multidisciplinary meeting had been held and the young person had attended this meeting. Different options were being explored around what placement would suit the young person's needs.

### **Judgment:**

Compliant

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<b>Outcome 07: Health and Safety and Risk Management</b> <i>The health and safety of residents, visitors and staff is promoted and protected.</i>
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<b>Theme:</b> Effective Services
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<b>Outstanding requirement(s) from previous inspection(s):</b>  <b>Findings:</b> At the time of the last inspection, there were not adequate risk assessments in place for some young people.  There was an improved risk management system in place, but this system was not robust as some risks had not been assessed. Since the previous inspection, the assessment of individual risks for young people had improved following a review of incidents occurring in the centre. A number of additional risk management strategies had been put in place to manage risks effectively. Risk assessments were reviewed and updated monthly by the centre manager. There was a risk register in place but it was not up to date as it did not reflect, for example, the risk of children and adults living together in the centre or the use of restrictive practices.  There was an effective incident recording and notification system. Inspectors reviewed incident reports which mainly related to young people's behaviours. There was good oversight of incidents occurring in the centre. The centre manager reviewed all incidents and ensured that appropriate actions were taken in response. All incidents were risk assessed appropriately and actions were put in place to address risks. Follow up actions were recorded on incident report forms and information was then entered on an incident register. The centre manager also recorded whether such an incident required notification to the HIQA. On review of incident reports, inspectors found that all incidents were appropriately notified to the HIQA.
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<b>Judgment:</b> Substantially Compliant
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<b>Outcome 08: Safeguarding and Safety</b> <i>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.</i>
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<b>Theme:</b>
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**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

At the time of the previous inspection, there were inadequate safeguarding and protection arrangements in place to specifically meet the needs of adults and children living together in a transition service and additional training specific to the complex needs of young people was required for all staff to enable them to support young people effectively in the management of their behaviour.

Measures were in place to protect residents from being harmed or suffering abuse. Safeguarding and protection arrangements were implemented in order to ensure the needs of both children and young adults living in this transitional service were met. All staff had received training in child protection and in adult protection and were aware of the signs of abuse. Inspectors found that all staff were aware of the role of the designated liaison person and knew what steps to take if there was a safeguarding concern regarding young people and young adults. Staff completed individual work with young people which related to sexual awareness.

In general behaviour was well managed and there were good quality behaviour management plans in place. Young people were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. There were incidents of peer to peer verbal and psychological abuse between residents. All behavioural incidents were reviewed by the centre manager, actions were agreed or behaviour management plans were reviewed when strategies were not working. For example, the centre manager put a protection plan in place, updated house rules and held a house meeting with young people in response to a number of incidents. An external behaviour specialist provided bespoke training for the staff team in relation to the behaviours and the development of effective behaviour support plans. Positive behavioural support plans were in place which provided detailed guidance to staff in relation to the young people's behaviours. Behaviour support plans outlined strategies for staff in how to respond to specific behaviours. Staff were familiar with behaviour support plans and strategies to use in order to deescalate challenging behaviour.

The use of restrictive practices were not always well managed. Inspectors found that the least restrictive practice for the least amount of time was not always promoted. For example, room searches and an alarm on a bedroom door were used routinely. Risk assessments were completed by a multidisciplinary team to ensure the restrictive practice was appropriate, but updated assessments were not in place for all young people. Inspectors found that some restrictive practices were not appropriately assessed. While inspectors saw evidence that a restrictive practice of searching a young person's bedroom was reduced, it was unclear how the young people's rights were always considered when some of these practices were routine.

**Judgment:**

Non Compliant - Moderate

**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 previous inspection not all restrictive practices were notified to HIQA in line with regulations.

This deficit has been addressed and all notifications were submitted to HIQA in line with regulations.

**Judgment:**

Compliant

**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 young people were supported to attend training and vocational placements. All young people were signed up to a day centre or training programme but attendance was not always regular. Young people told inspectors of the training programme they were involved in and how these programmes allowed them reach their desired career goals. One young person had a keen interest in personal training and the staff team supported the young person to pursue this interest. The centre manager told inspectors that steps were being taken to gain a greater understanding of why the young people did not attend their course regularly and assessments were being completed. A

multidisciplinary meeting was scheduled in order to determine what services were most appropriate based on recommendations from the assessment.

Staff supported young people to attend training programmes and social activities to enable them to develop life skills. Young people also told inspectors that staff supported them to maintain and develop friendships which included facilitating access to activities and providing transport.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

At the time of the last inspection there was a delay in providing recommended therapeutic support required by one young person.

Therapeutic support and health care interventions were provided to young people in a timely way. Inspectors found that the necessary therapeutic support had been provided to young people as required. One young person received a therapeutic support following a recommendation from a behaviour therapist due to an increase in behavioural incidents. Recommendations were made and a meeting was scheduled in order to discuss findings of the report.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose and function did not adequately consider or describe the services, facilities, interventions and arrangements in place to support young people and young adults to develop sufficient skills, confidence and knowledge to transition to adulthood.

The statement of purpose and function was revised and updated to reflect that the centre was now providing a transition service to young adults. This reviewed statement of purpose and function described the services, facilities, arrangements in place to support young adult to transition to adulthood. Staff were aware of the statement of purpose and function of the centre.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

At the time of the last inspection, support was not provided to the centre manager to fulfil her role and managerial oversight was not at an optimum.

Governance arrangements and management systems had been developed in a timely way. The number of team leader's had increased to four and this allowed the manager have more time to complete her managerial role within the centre. The manager had been supported through mentorship and management training and inspectors found that she was more confident in her role and had introduced more effective management systems.

A regulations implementation group was established since the last inspection and meetings were held on a monthly basis. These meetings were attended by the director of services, the centre manager and other members of the management team.

Inspectors reviewed minutes of these meetings which included the requirements of the regulations and how the centres could become compliant. The centre manager told inspectors that learning was shared across the organisation in order to ensure practice was improved.

There were good communication systems in place which included clear discussions and decision making among the team. The manager held a regular monthly meeting with team leaders with a set agenda which included incidents involving young people, supervision and staff responsibilities. Meetings were also held with the staff team on a monthly basis and included discussion about the young people, incidents and plans for the young people to promote learning. There were good records of meetings maintained with clear actions and person responsible.

The managerial oversight and monitoring of the centre had improved. The centre manager trended incidents and behavioural issues and this was shared at team meetings. She also reviewed files and the use of restrictive practices. Audits were also undertaken of medication, cleaning and health and safety but these had not identified anything of significance. The regional director of services visited the centre on a regular basis and she told inspectors this was to monitor the service. She had highlighted concerns regarding the quality of recording in the young people's files and reports/incidents to the manager. Inspectors found that the quality of some records had improved but further improvement was required. The chair and another member of the board also visited the centre met with the staff team and young people during 2015. There was also monitoring visits carried out by a member of the senior management team on a monthly basis which reviewed the quality of service. These reports showed improvements in the management of behaviour.

The registered provider had completed six monthly unannounced visits and provided a report of the audit to inspectors. This review was comprehensive and included an action plan for outstanding actions to be completed. Inspectors found that this action plan was being implemented. An annual review of the service was completed and included consultation with young people and some parents. Examples of issues identified in this review were the need for a transition plan for one young person and accessing appropriate day care for another young person. Issues identified in the review were being addressed by the staff team.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

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

**Findings:**

At the time of the last inspection, staff files did not contain all information in line with schedule 2 of the regulations and there were some deficits in training.

Inspectors reviewed staff files and found that they contained all information required in line with the regulations.

Staff were receiving training and a training audit had been completed in July 2015 but it had not comprehensively assessed the needs of the young people. Staff were up to date on mandatory training requirements and had received training on positive behaviour support, and autism training. Other training had been identified and was scheduled.

On the day of inspection there were sufficient staff on duty to meet the needs of the young people and the manager held copies of the planned and actual roster. A number of team leaders had been recruited and they acted as shift leader when the manager was off duty. Inspectors spoke with staff who demonstrated a good knowledge of the young people and their plans and were committed to improving outcomes for the young people. They also demonstrated a good understanding of relevant policies and procedures.

Supervision was held regularly and was of a good quality. The manager supervised the team leaders and team leaders supervised the social care workers. Staff told inspectors they found supervision supportive and the young people were a central focus of supervision.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

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

**Findings:**

At the time of the last inspection, there some inaccuracies identified some records relating to young people which had not been identified by the staff team.

Inspectors reviewed files and found that the centre manager monitored files, held staff responsible for inaccuracies on file. However, inspectors found that some documents continued to contain factual inaccuracies and spelling errors.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

Caroline Browne  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Praxis Care
<b>Centre ID:</b>	OSV-0001913
<b>Date of Inspection:</b>	01 February 2016
<b>Date of response:</b>	

### 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 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 system was not effective as not all risks were identified and managed.

The risk register was not up-to-date.

**1. Action Required:**

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

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

The registered provider will ensure that the person in charge will review and amend the risk register to include risks to both young people and adults living in the same centre, and the use of restrictive practices.

The registered provider will ensure risk management systems identify and assess all risks.

**Proposed Timescale:** 31/03/2016

**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 restrictive practices were the least restrictive for the shortest duration necessary.

**2. Action Required:**

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

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

The person in charge will ensure all restrictive practices are reviewed and reassessed. 31/03/16

The person in charge will ensure that all restrictive practices are reviewed and amended to ensure that they are the least restrictive for the shortest duration necessary. 31/03/16.

All restrictive practices will consider the resident's rights. 31/03/16

All restrictive practices will be addressed with the residents in keyworking sessions. 31/03/16

All restrictive practices will be signed off by residents' next of kin members and statutory keyworkers. 30/04/16

**Proposed Timescale:** 30/04/2016

**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:**

Young people did not always attend their courses on a regular basis.

**3. 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:**

The person in charge will ensure that the residents will continue to be supported with their current educational placements and any non-attendance records will be addressed at MDT meetings. The appropriate decisions will be made to address any deficits in learning for the residents due to regular absences.

**Proposed Timescale:** 30/04/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

Some records contained factual inaccuracies.

**4. Action Required:**

Under Regulation 21 (6) you are required to: Retain records related to children in care in perpetuity and transfer these to the Executive not later than 7 years from the date on which the child ceased to reside in the designated centre.

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

The person in charge will address all factual inaccuracies and spelling errors with all staff at a staff meeting. A new template will be devised that spells words that are used regularly on daily records at the designated centre. 31/03/16

A new system will be put in place where the shift leader will address and correct any inaccuracies with the relevant staff during supervision. 31/03/16

The team leader and person in charge will ensure that all inaccuracies will be reviewed and corrected prior to signing off on documentation. 31/03/16

**Proposed Timescale:** 31/03/2016

