<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by G.A.L.R.O. Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005308</td>
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<td>Centre county:</td>
<td>Laois</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>G.A.L.R.O. Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Joe Sheahan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Erin Byrne</td>
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<tr>
<td>Support inspector(s):</td>
<td>Una Coloe</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>0</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
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About monitoring of compliance

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

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 0 day(s).

The inspection took place over the following dates and times

<table>
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<tr>
<th>From:</th>
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<tr>
<td>06 January 2016 09:00</td>
<td>06 January 2016 19:15</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

This inspection was the first inspection of the centre carried out by the Authority and was carried out to inform a registration decision. The inspection was announced and carried out over one day. As part of the inspection, the inspectors met with the team leader (person in charge) and the area manager. The inspectors reviewed the premises, policies and procedures, staff files, and a number of templates that had been designed for use in the centre.

The centre was not open to admissions under the Health Act 2007 (care and support of residents in designated centres for persons (children and adults) with disabilities) regulation 2013, at the time of inspection therefore, no completed records on children were reviewed by inspectors.
According to the statement of purpose the centre intended to provide care to four children, both male and female, between the ages of four to 14 years old diagnosed with a moderate to severe intellectual disability. The centre was located near a small village in county Laois. It comprised of a dormer bungalow which was set on its own grounds with a secure garden and small play area.

Overall, the inspectors found that there was a significant level of compliance with the regulations and standards. The team leader, who was the proposed person in charge, was suitably qualified to manage the service. Inspectors found that the management team in the centre had completed work on policies, templates and systems to ensure compliance with the regulations. However, some of this work was not finalised. There were several different versions of documents, templates and policies in the centre which made it difficult to ascertain the most up to date and relevant information.

Inspectors found that there were satisfactory processes in place to guide the care planning of the children and to promote the rights of children with regard to their relationships, communication, health care and education. There were adequate systems in place to monitor the service in terms of safety and quality of care. However, the systems in place to ensure appropriate use of restrictive practices in the centre required improvement.

The admissions policy was comprehensive and provided sufficient information. Inspectors found that the premise was fit for purpose. Systems in place for the management of medication were good. There was a comprehensive risk management policy in place. However, some risk assessments completed were not effective, the centre risk register was not fully implemented and systems for the identification of risks in the centre required improvement.

A staff team had been identified for the centre. Minor improvements were required to the staff files to ensure compliance.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

**Theme:**

Individualised Supports and Care

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

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

**Findings:**

Inspectors reviewed good systems, procedures and guidelines in place to promote practices that acknowledged children's diverse needs, their right to be consulted and to participate in decisions about their care. However, promotion of children's rights with regard to risk taking or maximising children's independence required improvement. Inspectors found that it was the intention of the team leader and staff to have all doors locked when children were in the centre and there was a stair gate in place which was routinely locked, preventing access to bedrooms. However, it had not been considered that this practice may impact on the rights of children attending the service to have access to their bedroom without the assistance of staff or to have age-appropriate opportunities to be alone.

Inspectors were provided with a copy of the information booklet for children being admitted to the service and found that it was child-friendly and accessible. However, it did not contain specific information on children's rights or advocacy services including services available to children in the care of the child and family agency.

The centre was found to promote children's rights to be consulted. There were guidelines in place for consultation with children during development of plans, particularly on their needs, preferences and choices. The team leader acknowledged children's right to participate in their community. Inspectors were informed by the team leader that children's involvement in community groups or activities would be facilitated, their wishes and goals identified and included as part of their placement plan. The team leader informed inspectors that it was their intention to hold weekly residents meetings, the agenda and minutes of which would be recorded. Templates for residents meetings or sample agenda's were not available to inspectors. However, centre policies on
consultation with children supported the assertion by the team leader that house meetings would take place regularly.

Centre policies, procedures and proposed practices promoted children's right to dignity and privacy. Inspectors found, on a walk around the centre that there were four bedrooms allocated for use by children resident in the centre. Each child would be allocated a bedroom which would afford children privacy. The team leader informed inspectors that each room would be provided with safe storage facilities for children's personal belongings. However, safe storage was not yet in place in all rooms, and lockable storage facilities were not yet installed at the time of inspection.

There was a policy on resident's personal property and finances and a recording system was in place to ensure their money and personal possessions were kept safe. The needs assessment included an assessment of whether the child could manage their own money, with a template for a plan to support any relevant goals.

There was a complaints policy and process in place which was comprehensive but, required minor improvements to be fully compliant with regulations. The policy outlined the process through which complaints could be made and contact details for the complaints officer. The policy also identified the director for the organisation as the nominated person with responsibility for oversight of all recording and management of complaints. The policy in place detailed procedures to be followed in the event of an 'informal' or 'formal' complaint and outlined how each should be reported, investigated and recorded including; timeframes and procedures for review of complaints for learning opportunities. Inspectors reviewed templates of 'informal complaint forms' and 'formal complaints forms', each document contained the information necessary to prompt the recording of all required details related to the management of complaints. However, the option for local or immediate resolutions to 'informal' complaints is not provided and the procedure for appeals if dissatisfied with the outcome of a complaint are not specified although, the option to appeal is referenced.

There was a child friendly version of the complaints procedure on display in the centre, which detailed information in age appropriate picture format.

**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):**
This was the centre’s first inspection by the Authority.
**Findings:**
The centre had a communication policy, systems and processes in place to support and assist children to communicate effectively. The centre's statement of purpose detailed arrangements for ensuring children of varying needs and communication ability could participate in providing input into the operations of the centre. Inspectors were provided with templates for the needs assessment process which included a section designed to ensure that the staff could prepare and plan for communication needs and requirements of individual children. It is intended that each child will have a section in their personal plan called a communication passport, and the purpose of this is to provide information on how a child communicates. Inspectors also viewed a simple guidance document for staff on various forms of communication and communication profile template which was in the form of a tick box document, to be completed on how a child expresses themselves. Inspectors reviewed templates and sample communication passports as well as guidance documents in place for staff members providing direction on using communications passport effectively, which were of good quality.

There was provision in place to facilitate children to communicate with visual aids. The centre had pictures displayed throughout to assist children to communicate in areas such as their choice of meals, personal hygiene, laundry and fire safety procedures. A collection of other pictures were available in the centre to assist children to communicate on areas such as general routines and activities. Staff members received general communications training and a number of staff members had attended training specifically tailor for addressing needs associated with autism and social communication.

Children had access to a telephone and television. The team leader informed inspectors that children would be encouraged and facilitated to become involved with community activities and events, and would be supported in using communication aids and devices as required. She also informed inspectors that a computer and internet access would be made available, with the appropriate safeguarding measures but were waiting to procure based on the needs of the child.

**Judgment:**
Compliant

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
Inspectors were provided with a visitors policy which encouraged visitors to the centre, involvement of family members and significant people in children's lives, outlined safeguarding measures and detailed the requirement for respecting the wishes of children. There was space available for children to meet with visitors in private.

Inspectors were informed by the team leader that children would be provided with opportunities to make and maintain friends and to be part of the local community through involving them in local events and utilising local services and resources within the community. There was a number of local amenities and activities within walking distance and accessible to children resident in the centre. Inspectors found that the centre was designed in a way that promoted socialisation, and plans outlined by the team leader detailed opportunities for play which would be individualised to the age and interest of future residents.

Inspectors found that templates for planning and decision-making processes for children were inclusive of parents and key people in children's lives. This also supported children to maintain relationships whilst in the centre.

Judgment:
Compliant

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

Theme:
Effective Services

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

Findings:
Inspectors were provided with an admission/transfer and discharge policy which detailed procedures for admission and in the event of a temporary absence / discharge of a service user. The policy outlined the processes in place to ensure that residents were appropriately placed within the centre including; full assessment of needs involving all key people in the child's life, which would then inform the planning for gradual admission to the centre. The policy also included procedures for accepting unplanned admissions which detailed steps to be taken to expedite the assessment and planning processes, for children appropriate for admission in accordance with the criteria, requiring a placement in emergency situations.

Inspectors reviewed a template for pre-admission collective risk assessments, designed to assess the suitability and risks associated with a new admission, and the children
already resident in the centre. This template required review to ensure its suitability for use in the centre as the details included were not tailored to the typical presenting needs and risks of the children proposed to access the service.

A template of a contract for provision of care was provided to inspectors, that detailed the terms of the care to be provided by the centre as required. However, three different template of this contract were available in the centre, as there was a practice of retaining old versions of documents alongside updated versions. This increased the risk of providing inaccurate information to staff and families and required review by the team leader.

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):
This was the centre’s first inspection by the Authority.

Findings:
A comprehensive template for the assessment of individual needs of children was in place, which was designed to identify goals for children's placement and inform the planning process for care and support plans for any child being admitted to the service.

A comprehensive care plan template was proposed to be used and templates as well as sample documents were provided to inspectors. The care plans templates were of good quality and included information relating to the social, emotional, medical and physical development of children as well as, details of family involvement and goals for their placement. There was a child friendly version of the care plan template. This care plan template also provided space for documenting details of who was consulted, date on which the plan was reviewed and outcomes of such reviews.

The centre policy outlined the process for annual, or more frequently if required, multidisciplinary (MDT) reviews of assessments to ensure children's on-going and changing needs were identified and personal plans adapted as required. The MDT reviews will involve a meeting attended by children, their families and professionals of
multi disciplines involved in the care of the child, including where appropriate; school representative, clinician and social work representative, as well as a keyworker and team leader from the centre.

**Judgment:**
Compliant

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### 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

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

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

**Findings:**

The centre was a five bedroom, three bathroom two story house, with small garden and parking area out the back.

Inspectors found, on a walk around the centre, that there were four residents bedrooms, three upstairs and one downstairs, and one en suite bedroom upstairs, which was used as a staff office and allocated for use by a sleepover staff. Three of the four children’s bedrooms provided enough space, privacy and safe storage facilities for their personal belongings. However, one bedroom was very small. Inspectors were informed that this bedroom would be fitted with appropriate storage facilities giving consideration to the small size of the room. These storage facilities were not in place at the time of inspection. There was adequate private and communal accommodation within the centre including, a large sitting room, a play room (which could be used as a private space for visitors as required) and a separate kitchen with adequate, suitable facilities and equipment.

The centre was well decorated, clean and bright with appropriate furnishings. There was suitable heating, lighting and ventilation. The centre had sufficient and comfortable furnishings and fittings. There was provision for personal touches including photo frames and child friendly décor. There was a good amount of toys, books and recreational equipment, appropriate to a variety of ages, preferences and interests.

The centre had a bathroom on each floor, both with bathing facilities and an en suite toilet and shower facility for use by staff members. The bathroom on the ground floor was adapted to a wet room.

The centre was accessible to people with mobility difficulties or wheelchair users.
through the back patio doors. However, there were no safety railings on access ramps or in the bathroom facilities in the centre. The area manager informed inspectors that the centre would not accept residents who used wheelchairs but, the ground floor of the centre was accessible for visitors with mobility issues.

Access to the upstairs of the house was dark and uninviting. The stairs was accessed through a door, which was kept closed as it lead onto the main hallway and thoroughfare of the house. The banisters of the stairs had been covered with wooden sheets and a stair gate / half wooden door, was in place at the top of the stairs. This stair gate was routinely locked and blocked access to the second floor of the house. Inspectors were informed by the team leader that these were precautionary measure implemented following a risk assessment of the use of the stairs. However, the right to access their bedroom, for children who may not be able to operate the stair gate had not been considered.

**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):**
This was the centre’s first inspection by the Authority.

**Findings:**
There was a risk management policy in place which detailed all information as required by regulation 26. The policy adequately described the centre’s procedure for the arrangements in place for the review and management of a serious incident. There were good guidance documents which provided sufficient information on hazard identification and assessment of risk throughout the centre, how to put measures in place to control identified risks, as well as recording of incidents and adverse events. However, different versions of the risk management policy and assessments were present in the centre and this made it difficult to examine the intended practice in the centre and the risk management practices and procedures were unclear to staff members.

There were risk assessments completed in relation to environmental risks, such as the proximity to the main road and access to the upstairs but, these assessments did not comply with the centre's own policy and required improvement to be effective in managing risks. The template used for completing these environmental risk assessments differed from the template reviewed as part of the risk management policy and was not fully effective. The area manager informed inspectors that the centre specific safety statement was in the process of being updated. There were appropriate systems and documents in place for the recording of accidents, incidents and near misses.
A risk register was in the process of being introduced. However, the risk register was incomplete and required further development to be operational. The risks recorded on the risk register did not match the requirements of the policy as not all the identified risks were significant risks within the centre. The team leader and the area manager told inspectors the risk register was new and they were in the process of finalising the management systems in order to comply with regulations.

There were comprehensive policies and guidelines in relation to food safety, waste management, and infection control, in place which provided good guidance for staff. There was guidance in the centre in relation to products such as detergents which could be hazardous to children and staff.

There were adequate precautions in place against the risk of infection. Inspectors found that the centre was clean. A colour coded cleaning system was used to clean different areas of the house and staff told inspectors about how the cleaning system operated. A cleaning rota was in place. Pedal operated bins were located throughout the centre. Signage promoting good hand hygiene practices were displayed at sinks and paper hand towels and hand gels were available within the centre. Personal protective equipment such as gloves were available to staff. No clinical waste was created.

There was a fire safety policy in place which had been reviewed in November of 2015, which was concise and appropriate. There were adequate measures in place to prevent or respond to fire. The centre had appropriately serviced alarm and fire equipment and there was a comprehensive weekly checklist in place for examination and testing of fire exits, equipment and alarm. Improvements were required with respect to displaying of emergency planning procedures and means of escape. Whilst child friendly pictures indicating exit signs were on display, the emergency signage and evacuation maps were not adequate to direct people in the event of a fire. An upstairs emergency exit had been identified through the staff bedroom window. This was accessible by an emergency fire ladder which was fixed to the external wall of the house outside the bedroom window. The location of the exit or fire ladder was not clearly marked and the window was not identified as an emergency exit. The use of this window as an alternative emergency exit had not been risk assessed and staff members were not all familiar with the location of the ladder or procedures for it's safe use.

Inspectors viewed templates and sample emergency evacuation plans, which would be completed on all children. These plans outlined key information such as how to communicate with the child and guidance about evacuating each individual child. There was an emergency plan and arrangements were in place for children and staff to evacuate in the event of a fire, to a respite centre operated by the organisation nearby. However, the contingency plan if the respite centre was not accessible, was not sufficiently detailed and did not specify arrangement in place should the situation arise.

General health and safety checks including weekly checks on first aid supplies and vehicle checks were included as part of the health and safety procedures in place in the centre. The team leader told inspectors that staff members received manual handling and fire safety training as part of their mandatory training schedule and fire procedures, alarm systems, drills and equipment was covered as part of staff members induction to
the centre.

A record of all visitors to the centre was maintained. The vehicle proposed to be used for transporting the child was appropriately maintained, taxed and insured.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
The centre had a policy on child protection and welfare, provision of intimate care, and use of restrictive practices, all of which were dated 2014. The policy on management of behaviours that challenge was developed in 2015.

The area manager was identified as the designated liaison persons for the centre, and demonstrated a good knowledge and awareness of the legislation, guidelines and procedures in place for managing child protection and welfare concerns.

There were appropriate systems in place in the centre for the management of behaviours that challenge, including processes for recording, reporting and reviewing incidents. Inspectors were told that behavioural issues identified prior to as well as during a child's placement, would be built into the child's placement plan, including strategies for providing support to address such behaviours. If required, children will have an individual crisis management plan produced with specific guidance for staff members on appropriate interventions to be used in the event of an incident of behaviour that challenges. There was good guidance documents for staff members on what constitutes an incident, completing the required documentation and requirements for reporting incidents.

The centre had a policy on the use of restrictive practices which was produced in September 2014 but, had not been reviewed annual which was specified as review timeframe, within the policy. The policy detailed requirements for sanctioning, assessment, monitoring and review of restrictive practices. However, had not provide
effective guidance with respect to what constitutes a restrictive practice. There were a number of restrictive practices in use in the centre which had not been identified as such, or been adequately assessed to ensure their appropriate application in the centre. The centre’s external doors were locked and accessed by keys which were kept on high hooks next to the door, access to upstairs was restricted by a half door at the top of the stairs which was bolted. This meant that all children, irrespective of needs or level of ability or visitors could not enter or exit the premises, without the assistance of a staff member, and children could not freely access their bedrooms.

The team leader told inspectors that all staff members received training in Children First (2011) and a specific behaviour management technique, as part of their induction to the centre.

**Judgment:**
Substantially Compliant

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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):**
This was the centre's first inspection by the Authority.

**Findings:**
There were adequate systems including guidance documents, in place in the centre to report incident, accidents and notifiable events to the Authority.

Inspectors reviewed policies and procedures in place for recording and reporting incidents that may occur within the centre and the team leader demonstrated good knowledge of their responsibilities in relation to recording and reporting such incidents, including notification to the chief inspector.

**Judgment:**
Compliant

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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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The centre promoted the rights of children to be supported to receive an adequate education and training and experience everyday life in a manner similar to their peers. The centre had policies in place and proposed practices to promote the general welfare of future residents. The centre had a clear policy on education and arrangements in place to facilitate transport to and from educational placements. The team leader told inspectors that children accessing the service would benefit from consultative communication between the centre and their school.

The centre’s assessment template showed that welfare, development and educational goals would be assessed prior to admission.

The team leader told inspectors that children would be provided with opportunities to try new things and would be engaged in social activities both within and outside the centre. The arrangements in place for integration within the local community included involvements of children with local community groups, special Olympics events, and the use of community facilities. There was information on a wide range of activities with the local community which were easily accessible to children resident in the centre including, swimming, football, bowling, drama groups, and cinema.

**Judgment:**
Compliant

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

**Theme:**
Health and Development

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

**Findings:**
The centre had systems in place to support residents to achieve and enjoy the best possible health.

Inspectors reviewed templates for individual medical plans (IMP) to be retained on file for each child. These plans would include details of general practitioner, pharmacist and specific information on any prescribed medication. Templates for medical plans
examined by inspectors included provision for reviews of IMP's, person's responsible for reviewing plans and details of changes as a result of reviews.

The team leader told inspectors that children could attend their own general practitioner (GP) while they were resident in the centre and that there was also a GP identified locally to deal with any healthcare needs or emergencies that may arise, where children could not or did not wish to avail of the services of their own GP, an out of hours, Care Doc option was also available to residents. The centres policy also identifies local primary care services which are accessible to children through referral from their GP, these services include access to occupational therapist, physiotherapy, speech and language therapists, dentist and public health nurse.

The nutritional needs of children were considered in their care plans, as well as in the proposed practices highlighted to inspectors by the team leader. These included educating staff and children about balanced nutritious diets, team leader's monitoring of food intake and meals prepared daily, promoting health eating, and consulting with children about their preferred foods when menu planning.

**Judgment:**
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):
This was the centre's first inspection by the Authority.

#### Findings:
Inspectors reviewed the centre policy on management of medication which was comprehensive. The processes in place for handling of medicines were safe and in accordance with guidelines. Inspectors found on a walk around the centre that there was suitable, secure facilities for the storage of medication.

There were templates in place of recording sheets to be used by staff on the prescription and administration of medication. Inspectors reviewed these and found that they promoted good safe management practices. However, the template did not provide space to record comments in the event of refusal to take medication.

The team leader was aware of the policy and told inspectors about the proposed processes for responding to errors in administration, disposal of out of date medicines and reviewing and monitoring administration of medicines. These included competency assessments on staff members practices of administration of medication.
Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

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

Findings:
The centre had a written statement of purpose that contained most of the requirements under schedule 1 of the regulations.

The statement outlined that the centre provided a placement for four children between the ages of four and 14, with a diagnosis of autism and/or moderate to severe intellectual disability, who may display behaviour that challenge and/or who may require basic medical needs, such as medication management. Inspectors were informed by the area manager that the centre would not consider children who use wheelchairs but, this was not specified in the statement of purpose.

An accessible version of the centre's statement of purpose was available to children and their families.

The statement of purpose did not appropriately detail emergency procedures, including contingency plan in place in the event of an emergency situation requiring evacuation from the centre.

Judgment:
Substantially Compliant

Outcome 14: Governance and Management

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

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

Findings:
There were good proposed management and governance structures in place. The management structures within the organisation were clear and managers interviewed were clear about their individual roles and responsibilities within the structure. The team leader was the full time designated person in charge (PIC) of the centre and she reported to the area manager. The team leader was suitably qualified to run the centre. She had worked in the organisation for a number of years and had previous experience of managing a residential service for people with disabilities. The team leader reported directly to the area manager for the centre, and she in turn reported to the managing director of the organisation through monthly management meetings. The area manager provided reports in relation to complaints, staffing, resources and risks, at monthly managers meetings.

Some management systems in place required improvement. Inspectors found, through interviews with the team leader and area manager that there were good supports and resources in place to facilitate the management of the centre. The team leader had appropriate decision making abilities with respect to the day-to-day operations of the centre and had daily contact with the area manager, should she require support or approval for additional resources.

Policies, procedures and guidelines in place in the centre were comprehensive and provided good guidance to staff members. However, the practice of retaining several versions of documents, templates and policies in the centre was confusing and increased the risks of inconsistency amongst staff members in their delivery of care.

The risk management system remained in the early stages of development. The team leader had received training in the assessment and management of risk. However, inspectors identified risks in the centre relating to fire safety and use of restrictive practices which had not been identified or assessed and the centre’s risk register was not effectively managed.

There were good systems in place to monitor the quality and safety of care provided to children. There were systems to monitor the performance of the person in charge, as well as care practices of individual staff members. The team leaders daily presence in the centre and regular unannounced visits by the area manager provided opportunities for good oversight and awareness. Proposed processes for ensuring safe and effective management of practices included, regular supervision of staff by the team leader and regular supervision of the team leader by the area manager. Additional quality management systems included, effective management of the staff rota, identification of a shift leader daily as part of the rota, on call supports after hours and at weekends, direct involvement by the PIC in recruitment of staff members for the centre, facilitation of regular staff meetings, and regular monitoring and auditing of social care and health
and safety practices.

**Judgment:**
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 15: Absence of the person in charge</th>
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<tbody>
<tr>
<td>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.</td>
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</table>

**Theme:**
Leadership, Governance and Management

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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</table>

**Findings:**
There were arrangements in place to cover for the team leader, who was the person in charge, in times of proposed absence from the designated centre. The area manager was the person identified to provide cover. She had daily contact with the team leader and an active role in the monitoring and operations of the centre.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 16: Use of Resources</th>
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<tbody>
<tr>
<td>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</td>
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</table>

**Theme:**
Use of Resources

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
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<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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**Findings:**
The area manager for the centre informed inspectors that there was a designated budget for the centre which would be managed directly by the team leader and was sufficient to provide for the needs of the resident.

The team leader informed inspectors of processes and systems in place for ensuring resources and finances were managed effectively. The facilities and services in the centre were reflective of those outlined in of their statement of purpose.
A sufficient number of appropriately qualified staff members had been recruited to work in the centre and induction, training and supervision plans were in place to support their development. There was an on call arrangement in place which included telephone support from the team leader or area manager, as well as a night steward on call who worked locally and provided support to a number of the organisations services throughout the night.

**Judgment:**
Compliant

**Outcome 17: Workforce**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Responsive Workforce

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

**Findings:**
The number of staff proposed to deliver the service within the centre was adequate. The team leader told inspectors that the proposed staff team consisted of, eight whole time equivalent care staff all of whom would be qualified and two support workers or trainees, who would be students in the process of achieving their relevant qualifications. The proposed roster reflected that there would be a minimum of two staff on duty each day, with the option of additional staff support between 2 and 8pm depending on the needs of the children resident. There would be a qualified staff member on duty at all times. The team leader would work from the centre each day in addition to those staff members on the rota and there would be two staff members in the centre, one awake and one asleep, at night time.

The team leader told inspectors that if additional staff support was required, for example, in the event of an unforeseen absence of a staff member, they had the option to use staff from the organisations other services to cover in the centre.

There were policies in place for the safe recruitment, supervision, induction and training of staff for the centre. There were specific staff identified for the centre who had begun induction and training. However, no training needs analysis was available to inspectors. The area manager informed inspectors that this had been completed with respect to the selection of staff for the centre but, was not effective and a new system for analysing the training needs of the centre was being produced.
Inspectors reviewed a number of staff files and found that there were gaps in some areas, for example, details of the position the person held, the work the person performs including number of hours per week, were not available on all files. Up to date terms and conditions of employments were not on all files as some information referenced posts previously held and needed to be updated.

There was a supervision policy which indicated that staff would receive supervision at a minimum every three months but, the supervision contract templates indicated that supervision would take place every six to eight weeks. The team leader and area manager informed inspectors that these templates were old versions, which were in line with the old policy and that new supervision contracts would be developed to be in line with the new policy requirements. The team leader highlighted that the policy for three monthly supervision was a minimum requirement and acknowledged the likelihood that supervision would be more frequent, particularly during periods of difficulty or change in the centre.

There was a folder containing relevant guidance and up to date information for staff members from statutory and professional bodies and copies of the relevant legislation related to the operation of a designated centre for children with disabilities.

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):
This was the centre’s first inspection by the Authority.

Findings:
The centre had recording systems and templates in place regarding children who may be admitted to the centre in the future. These were reviewed by inspectors and found to be in accordance with Schedule 3 of the regulations and also met the majority of the requirements of schedule 4. Inspectors noted that templates and recording systems in place, did not provide for recording details of children discharged from the centre.
Inspectors found that the centre had a comprehensive suite of operational policies and procedures in place which were specific to the centre and in accordance with Schedule 5 of the regulations. However, there were several versions of policies and procedures held in the centre. A number of versions of policies were not in compliance with regulations and were older versions retained in the centre, alongside updated policies. As a result of this practice it was unclear, without the direction of the team leader or area manager, which were the most up to date, and which were intended to provide guidance for staff members.

Not all policies were reviewed where necessary, as outlined in the centre’s own policies or updated in accordance with best practice.

The centre was insured as required.

**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:**

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by G.A.L.R.O. Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005308</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>06 January 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>22 February 2016</td>
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</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:**

Children in the centre were not informed of all relevant and available advocacy services.

**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.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The Residents Guide will include information on advocacy services available to the resident. The Residents Guide is now revised and includes information on advocacy services available to the residents. The residents guide also includes the contact details of each resident’s social worker if any and the contact details of a named advocate. This information is also available in the Complaints Procedure document and visuals within the Centre display these details.

**Proposed Timescale:** 12/02/2016  
**Theme:** Individualised Supports and Care

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**  
Each residents room was not equipped with suitable safe storage for personal belongings and possessions.

2. **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:  
A suitable, safe storage unit is being installed to facilitate the children's personal belongings.

**Proposed Timescale:** 01/03/2016  
**Theme:** Individualised Supports and Care

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
A stair gate restricting access to the upstairs bedrooms had not been considered with respect to children's right to access to their personal belongings, or their right to have age-appropriate opportunities to be alone.

3. **Action Required:**  
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:  
A risk assessment has been carried out which is reflected in the revised Safety Statement and the access door to the stairway is now unlocked. However this will be subject to ongoing risk assessment depending on each child’s presentation and risk associated with behaviour. The gate at the top of the stairs will remain securely latched during night hours to reduce the risk of accident on the stairs at night.
<table>
<thead>
<tr>
<th>Proposed Timescale: 12/02/2016</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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</table>

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The child friendly version of the complaints procedure did not include details of the process for appeals.

**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 child friendly version of the Complaints Procedure now includes details of the process for appeals.

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<tr>
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<tr>
<td><strong>Theme:</strong> Individualised Supports and Care</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Children were not informed of their right to have access to advocacy services for the purpose of making a complaint.

**5. Action Required:**
Under Regulation 34 (1) (c) you are required to: Ensure the resident has access to advocacy services for the purposes of making a complaint.

**Please state the actions you have taken or are planning to take:**
The Child Friendly version of the Complaints Procedure has been amended to state that each resident has the right to access advocacy services for the purpose of making a complaint.

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<tr>
<th>Proposed Timescale: 12/02/2016</th>
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<tbody>
<tr>
<td><strong>Outcome 06: Safe and suitable premises</strong></td>
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<tr>
<td><strong>Theme:</strong> Effective Services</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Disability access route did not have appropriate safety railings.
Access to the first floor was restricted without appropriate consideration given and assessments completed, to ensure best practice in promoting accessibility.

6. Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
We endeavoured to address this issue and contacted our architect for advice and his advice is as follows: “The access provided to the rear of the property is not classified as a ramped access under current Technical Guidance Document M but rather a gently sloped access route. The gradient of a gently sloped access route is generally provided at 1:50 or less steep and therefore do not require any handrails. The gently sloped access route you have provided is in accordance with Technical Guidance Document part M - Access and use.”

A risk assessment has been carried out which is reflected in the revised Safety Statement and the access door to the stairway is now unlocked. However this will be subject to ongoing risk assessment depending on each child’s presentation and risk associated with behaviour. The gate at the top of the stairs will remain securely latched during night hours to reduce the risk of accident on the stairs at night.

Proposed Timescale: 12/02/2016

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 emergency signage in place on the first floor of the centre was not adequate.

7. Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
Directional signage will be installed on the first floor to clearly indicate all exits.

Proposed Timescale: 29/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in
the following respect:
The upstairs emergency exit was not identifiable as an exit.

Arrangements in place to ensure safe use of this upstairs exit were not adequate.

8. 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:
New directional signage will be installed to clearly identify the exits from upstairs. Fire training is scheduled to include training on fire prevention, emergency evacuation procedures, building layout, escape routes, first aid, fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Proposed Timescale: 19/02/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The emergency plans did not contain sufficient detail of arrangements for a contingency plan in the event of the respite centre being occupied.

9. Action Required:
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

Please state the actions you have taken or are planning to take:
All emergency plans and Statement of Purpose have now been revised and contain concise details of the arrangements in place to evacuate persons in the Centre to a safe location. This includes plans to bring residents to an alternative location if Breffni Cottage is not available.

Proposed Timescale: 12/02/2016

Outcome 08: Safeguarding and Safety
Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre's policy on the use of restrictive practices had not been reviewed as required.
There was restrictive practices in use in the centre which had not been identified as such, as such had not been applied in accordance with national policy and best practice.

10. **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:**
Risk assessments will be carried out and if deemed necessary external doors may be locked. Also a risk assessment will be carried out in respect of the access door to the stairwell and if deemed necessary this door will be locked only at night. We will promote in as far as possible a restrictive free environment. Any restrictive practice implemented will be recorded in our restrictive practice log which will be reviewed on a quarterly basis, to ensure that the least restrictive practice is being used. The Policy on Restrictive Practice has been reviewed and amended to include guidance with respect to what constitutes restrictive practices. The Policy will be reviewed on an annual basis.

**Proposed Timescale:** 12/02/2016

### 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 medication administration record did not provide space for recording comments in the event of a refusal or error in administration.

11. **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:**
The Medication Administration Record has been amended to include a space for recording comments in the event of a refusal or error in administration.

**Proposed Timescale:** 23/02/2016

### 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 clearly state that children with mobility issues could not be admitted to the centre.

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

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose is now amended and states in its admission criteria that the centre do not accept any children who are required to use a wheelchair to access the house or circulate within the house.

**Proposed Timescale:** 12/02/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Emergency procedures were not sufficiently detailed in the statement of purpose.

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

**Please state the actions you have taken or are planning to take:**
The Statement of Purpose has been amended to reflect the revised emergency procedures in the centre.

**Proposed Timescale:** 12/02/2016

**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 for the identification and management of risk with respect to fire safety and restrictive practices were not robust.

Storage, disposal and review of policies, and guidelines in place to guide practices was not effective.

14. **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:
An upstairs emergency exit had been identified through the staff bedroom window. This was accessible by an emergency fire ladder which was fixed to the external wall of the house outside the bedroom window. The location of the exit or fire ladder was not clearly marked and the window was not identified as an emergency exit.

Emergency signage will display all emergency exits on the first floor. This will include the emergency exit from the bedroom to the fire ladder affixed to the external wall. The exit window will have clear exit signage and the route to the window from the first floor will also have exit signage. When the signage is installed all staff will receive fire training from the Fire Warden to include fire exits as indicated by the new directional signage for the upstairs access. In addition to this, staff awareness of the new layout and signage will be discussed at staff meetings.

The policy on Restrictive Practice will be reviewed within a shorter time frame. Any restrictive practices will be reviewed on a quarterly basis to ensure that the least restrictive practice is being used. Restrictive Practice will be discussed and reviewed at staff and PIC meetings.

Any old and obsolete documents have been removed from the files to ensure only the current policies and guidelines are available, in use and working effectively.

Proposed Timescale: 12/02/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
All staff files did not contain all relevant information as required by Schedule 2.

15. 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 will be reviewed and any documents required under Schedule 2 that are not on the files will be put on the files.

Proposed Timescale: 01/03/2016
### Outcome 18: Records and documentation

**Theme:** Use of Information

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

All centre policies were not reviewed and updated as required by organisational policy and in accordance with best practice.

16. **Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

All policies will be reviewed and updated as stated in each individual policy. In the event that a policy requires to be reviewed earlier because of changing circumstances then that policy will be reviewed.

**Proposed Timescale:** 01/03/2016

**Theme:** Use of Information

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

Policies and procedures available to staff were unclear and confusing due to the practice of retaining older versions alongside updated policies in the centre.

17. **Action Required:**

Under Regulation 04 (2) you are required to: Make the written policies and procedures as set out in Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 available to staff.

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

All policies and procedures will be reviewed to ensure that the folder contains only the relevant and up to date policies and procedures. Any changes to policies will be filed away immediately and the old policy will be archived.

**Proposed Timescale:** 29/02/2016

**Theme:** Use of Information

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

The process for recording and retaining details and information relating to children discharged from the centre was not included in the recording systems in place.
18. **Action Required:**
Under Regulation 21 (5) you are required to: Retain records set out in (7), (8), (9), and (10) of Schedule 4 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 for a period of not less than 7 years from the date of their making.

**Please state the actions you have taken or are planning to take:**
The Directory of Residents has now been amended to include the discharge details of residents.

**Proposed Timescale:** 12/02/2016