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<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Three Steps</th>
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<td>Provider Nominee:</td>
<td>Aileen Brady</td>
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<tr>
<td>Lead inspector:</td>
<td>Una Coloe</td>
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<tr>
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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 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: 23 February 2016 09:15  To: 23 February 2016 19:15

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

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

Summary of findings from this inspection
This inspection was the third inspection of the centre carried out by the Authority and its purpose was to monitor on-going regulatory compliance.

The centre had recently admitted children to the service and according to its statement of purpose, the centre provided fulltime residential care to children, male and female, with intellectual disabilities in the mild or moderate ranges. The centre had capacity for a maximum of six children. There were two children living in the centre at the time of the inspection.

As part of this inspection, the inspector met with the manager who was the person in charge, the assistant manager and some staff members. The inspector met the
children and two parents in the centre during the inspection and following the inspection spoke with some parents by phone. The inspector viewed children's care files and other documentation regarding the running of the centre.

The centre was a large dormer bungalow, which was situated in a rural location several miles from a large town. The centre had its own secure grounds which separated it from neighbouring houses.

Children's rights were promoted in the service and the children were cared for in a kind and respectful manner. The staff team were caring in their approach and were knowledgeable about the children's needs. Family members were very involved in their children's care, were welcomed to the service for regular visits and parents spoke highly of the service provided to their children. The needs of the children had been adequately assessed and there was sufficient information to guide the care needs. The inspector found that the children and the staff team had access to multidisciplinary supports when required and there were effective systems for the review of the children's care. However, the child's plans were not always updated to reflect recommendations made and this was important to ensure a consistent approach.

There were effective management systems in place in the centre and there was a competent centre manager with oversight of the service. The inspector found that regular checks and audits were completed in relation to risk, health and safety and medication but it was not always documented when the required actions were completed. The inspectors found that although there were risk assessments in place, they required improvement and the risk register was not effective for managing priority risks.

The staff team had the required training and were skilled and experienced for their role but there was a high use of agency staff.

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

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

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Children’s were consulted with, and participated in, decisions about their care and their rights were promoted. There were no outstanding actions from the previous inspection and the inspector found that the service had implemented the systems effectively to ensure there was adequate consultation with children. Inspectors observed that posters depicting children’s rights were prominently displayed in the centre and staff were knowledgeable about the promotion of these rights. Inspectors reviewed the children’s files and found that rights were considered and promoted for the children in relation to family access, education and communication for example. Each child had their own bedroom and personal care plans were evident which promoted respect and dignity during this type of care.

There was regular communication with the children about their care and the running of the centre. The inspectors reviewed minutes of weekly residents meeting which the children attended. The focus of these meeting was to consult with the children and to ensure the children participated in the plan for the week including meals and activities. Staff told inspectors that communication aids were used to ensure the children had opportunities to participate according to their needs. Inspectors found that there was information in the centre relating to healthy food choices and various local activities which the children had access to. Children were consulted with about their care and the inspectors reviewed one personal planning document where a child had been supported to document their views. Inspectors observed a member of the management team advising a child about their review and how the child’s views would be discussed during this process.

There was a complaints policy for the service which was found to be complaint during
the previous inspection and inspectors observed a child friendly complaints procedure on display. There was a complaints log and there had been no complaints recorded. Inspectors observed staff and management interacting with the children and were respectful and patient during all interactions to ensure the child’s voice was heard.

The centre was managed in a way that maximised the children’s personal independence and choice in their daily lives. There were choice boards on display and staff members told inspectors that the children had opportunities to plan the routine for the day but the child could also change this plan if they wanted to during the day. The children were facilitated to exercise their religious rights but the documentation of this required improvement. The centre manager told the inspector that the wishes of the children and the families in relation to attendance at religious services was respected however this was not documented in one of the files reviewed.

The children had opportunities similar to their peers and had opportunities to engage in activities such as swimming and horse riding. However, neither of the children had fulltime school placements and although the centre were actively working on these issues, the children lacked social interaction with their peers as a result. This will discussed further in outcome 10. The children had sufficient opportunities for play and recreation. There was a weekly plan and routine which included activities both inside and outside of the service.

There were protocols in place to protect children’s money. Children were allocated money on a monthly basis for clothing, pocket money and treats. The inspector viewed how this was stored and recorded and there were safeguarding measures to ensure the children’s money was safe. The manager signed off on expenditure and money that was not spent by the child was carried over to the following month. There was adequate storage facilities for the children to keep their belongings safe.

**Judgment:**
Compliant

### Outcome 02: Communication
 Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The children’s communication needs were met. Each child’s needs had been assessed and there were adequate supports to assist the children in the communication process.
The inspector reviewed personal plans and found that the children's preferred methods of communication were clearly documented. The inspector observed pictures and communication aids in the centre for the children who needed this support. The staff team had completed various pieces of work to ensure plans for the children were in an accessible format for the children including personal emergency evacuation plans and personal plans. Key workers completed individual work with the children according to their identified goals and the inspector found that creative ways of communicating had been developed and implemented for the children including the use of social stories and visual schedules and routines.

The inspectors reviewed the training log and training had been provided to some team members in communication techniques that were used in the centre.

The children had access to television, radios, internet and assistive technology. A staff member told inspectors that using the internet was incorporated into a goal for one child to gain independence. This goal assisted the child to learn how to use the internet as a source of information.

**Judgment:**
Compliant

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

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

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Positive relationships were promoted between the children and the families. There were no restrictions on visitors to the centre. The inspector viewed documentation which outlined that family members were encouraged to visit the children in the centre and visits in the local community were facilitated, if the child and family requested this. The inspector saw records of occasions when the staff team supported the child to meet with their family for a picnic in the park or trip to the beach. The inspector observed a family visit on the day of the inspection, where staff members cooked a meal for the family to enjoy. A parent who spoke with the inspector advised of the positive experiences from her visits to the centre and stated that the staff team were accommodating and flexible to the needs of the family. There was a visitors book in the centre which detailed that there were regular visitors to the centre including family members and staff from the organisation. There was sufficient space in the centre to facilitate visits.

Staff and management in the centre told the inspector that family members were very
involved in the care of the children and this was evident in the children’s care files. There was evidence that family members attended meetings, visited the centre and were updated regularly on the care of their children.

The children were encouraged to participate in activities in the community. During the inspection one child told the inspector that s/he was going swimming that evening. The inspector was also advised that the children were encouraged to participate in local activities such as horse riding and an outdoor pursuits programme. The inspector viewed certificates of participation in outdoor activities on display in one child’s bedroom. The centre manager told inspectors that there was sufficient resources to ensure the children could participate in such activities. There were weekly plans for each of the children which gave an overview of the activities the child would participate in for the week. Inspectors viewed individual work completed with the children which highlighted that the children were involved in the development of these plans and in choosing the activities.

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):
No actions were required from the previous inspection.

Findings:
Admissions to the centre were in line with the statement of purpose and the admissions policy. The centre had been registered as a new build and the first child was admitted to the centre in November 2015. Inspectors found that the admissions policy had been followed, with an assessment of need completed, a pre admissions risk assessment and a medical examination prior to admission.

The admission process considered the wishes, needs and safety of the individual and the safety of other children currently in the centre. Inspectors reviewed documentation and found that the child and their family were consulted with and the admission occurred in a planned manner. One parent told the inspectors that s/he found the admissions process long but said s/he understood the nature of the assessment and the requirements for the centre to complete a thorough assessment. Another parent said that s/he was very involved in the assessment before the admissions process begun. There was sufficient information on file including an assessment and reports from relevant professionals to ensure the team had sufficient information before the
placement commenced. There had been no emergency admissions.

The inspector found that management in the centre had input into the decisions regarding admissions to the centre. The centre manager told the inspector that she had requested a period of transition to assess the second referral to the centre. The inspector reviewed the transition plan and this allowed sufficient time to assess the suitability of the placement. Due consideration was given in respect of the impact of an admission on a child already in the centre. Inspectors viewed that the positive and negative impacts had been considered, a transition plan was implemented to assess the child and appropriate staffing levels were put in place to support the child.

There were contracts of care for each of the children which were signed by the child’s parents. The specific criteria attached to the placement was outlined in the contract including the staffing levels required, the purpose of the placements and the assessment process. The contract also focused on expectations in relation to educational needs. This was very relevant to the children in the centre as both had experienced difficulties in their educational placements prior to admissions and the contract set out a commitment on behalf of the organisation to support the child and the family in this area. The contracts outlined that there were no charges to the children of their families for the service.

**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):**
No actions were required from the previous inspection.

**Findings:**
A comprehensive assessment of the health, personal and social care and support needs of each resident was carried out prior to admission and the assessments had multi-disciplinary input. There was an effective personal plan in place for each child and there were goals to improve outcomes for the children.

Inspectors reviewed the children’s files and found that an assessment of need was
completed prior to admission and there were reports on the children’s file from professionals involved in their care including a behavioural therapist and a previous respite placement for example.

A personal plan was developed for each child within 28 days of the admission. Inspectors found that the personal plans were detailed and provided sufficient information to guide the care of the children. They included detailed information on the children’s strengths and needs relating to health, education, emotional and behavioural development, social relationships and independence. The plans also outlined outcomes for the child and requirements to improve the child’s situation.

The children were consulted with in the creation of the personal plans. The inspectors viewed documentation to reflect that the plan had been discussed with the child and the child had documented some of their views. The centre had creative ways of ensuring the personal plans were in an accessible format for the children. Inspectors viewed a framed personal plan in one child’s bedroom and a typed plan for another child displayed in an appealing way with pictures, creative font and an imaginative layout.

There were goals developed for each of the children which focused on outcomes that were identified in the personal plan. The inspector viewed goal setting worksheets which outlined how the goal would be achieved and how one would know it was achieved. There was also individual key working records which documented the work completed to progress the goals for the children. The inspector found that the staff had used creative ways to ensure the goals were reached including, for example, social stories and visual aids to explain and support the child around the goal. The goals were varied for each child and included areas such as integration in the community and enhancing relationships with family members. These were then broken down into achievable and realistic tasks for the children. Staff and management in the centre were very positive when speaking about the children’s goals and it was evident that it was an integral part of the work with the children.

Various goals were developed for the children and it was evident that the children were supported to develop life skills. The children were encouraged to keep their own rooms tidy and participated in some small tasks in the centre such as bringing the dishes to the sink. It was evident that the child’s care and needs were regularly reviewed and goals were developed and worked on for a month with new goals developed when they had been achieved.

Reviews took place for the children and there was a multi-disciplinary meeting every three weeks where the key issues for the child were discussed with a range of professionals from the organisation. The inspector observed that there was a report for each child drawn up for these meetings and minutes were retained following the meeting which documented the recommendations arising from the review. The centre manager also kept a copy of key actions required but inspectors found that the recommendations needed to be reflected in the child’s file also. Parents were involved in the review of their child’s care and attended meetings regularly. The inspector also noted that parents were updated after the multidisciplinary reviews with copies of the report forwarded to them. Parents interviewed as part of the inspection told inspectors that they felt involved in their child’s care and spoke positively about the work
completed by the staff and management team.

There had been no discharges from the centre and there was one child whose placement had been extended for an additional three month period. The inspector spoke with management and the child’s parent and both discussed the positive changes since the placement commenced. Inspectors reviewed records of work completed with the child but also with the child’s family to ensure the child did not require long term residential care. This was innovative and both the family and the centre committed to this piece of work which in turn had positive impact on relationships within the family.

**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The design and layout of the centre was suitable for its stated purpose.

There was adequate private and communal accommodation for the children including adequate space for social and recreational activities and dining. Actions required from a previous inspection had been completed and there was appropriate access to the trampoline in the garden. However, garden equipment was more suited to children of a younger age. Inspectors viewed documentation where it was discussed to source a swing more suitable for older children. A parent confirmed to inspectors that s/he had highlighted this and it was acted upon with a decision to source additional equipment in the near future.

Rooms were of a suitable size and layout for the needs of the children. There were only two rooms occupied at the time of the inspection. The inspector viewed the other rooms and found that there was a hazard in one room but the centre manager confirmed that this was room was used as a sleepover room for staff and would not be used to accommodate children.

There was suitable storage for all of the children and throughout the centre. Heating, lighting and ventilation were adequate. Baths, showers and toilets were of a sufficient number and there were suitable arrangements in place for the safe disposal of waste.
**Judgment:**
Compliant

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

**Theme:**
Effective Services

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

**Findings:**
The health and safety of children, visitors and staff was promoted and protected. The centre had the required policies in place for health and safety and risk management.

There was a risk management system in the centre and all risks had been identified. There was a risk management policy which was found to be in compliance with the regulations during a previous inspection.

There were risk assessments completed in relation to environmental and physical risks. Individual risks to the children had also been assessed. However, the risk register was not an effective tool for managing priority risks in the centre. The inspector found that the risk register contained all of the risks in the centre. The inspector noted that there were risks relating to work stations and the risk of fire which were rated as a medium risk even though the appropriate control measures were in place. These risks remained on the register. The risk register had been reviewed in January 2016 however the inspector found that the risk of staff shortages and risk relating to challenging behaviour and not been appropriately assessed and placed on the register. The risk register posed as a comprehensive risk assessment document but further work was required to ensure there was a system to place priority risks on the register and to ensure risks at a certain level were escalated to senior management if required.

The risk assessments completed for the children related to behaviours and although the assessments were very detailed, they contained information regarding the steps to take to manage the behaviour instead of the controls to prevent the risk. The centre manager acknowledged that some of the information contained in the risk assessment may have been more appropriately detailed on the child’s behaviour support plan, as outlined in outcome 8.

There was a system to check all aspects of health and safety on a daily, weekly and monthly basis. The inspector viewed checks of fire safety including exits, emergency lighting, fire extinguishers which were completed on a weekly basis. An external check for potential risks was completed and any issues were recorded. There were regular
checks of the centre vehicle and the vehicle was appropriately taxed, insured and had
the required national car testing certificate. There were records of a deep clean
completed in the centre and the centre was in a good state of repair and was clean on
the day of the inspection. Inspectors reviewed the maintenance log and there was a
system to ensure issues were recorded. However, the inspector found that the forms
including the maintenance log and the health and safety checks were not updated to
reflect that the necessary work was completed to rectify the identified issues. There was
no signature from the management team to reflect that they had viewed the document.

There were adequate fire safety precautions in the centre. The inspector noted that
there were fire extinguishers in accessible locations throughout the unit and fire exits
were not obstructed. The fire extinguishers had been tested in November 2015 and
there was a fire evacuation map on display in various locations in the house. Each child
had participated in a fire drill and no issues were identified but a fire drill had not been
completed during night time hours. There were comprehensive personal emergency
plans for the children and a child friendly version of this for the children.

There were effective procedures to control the risk of infection but additional controls
were required to ensure the risks associated with stagnant water were considered. The
inspector found that the centre was clean and in a good state of repair on the day of the
inspection. There were antibacterial soaps and gels in the centre and a colour coded
system for the mops and chopping boards to prevent the risk of contamination. There
were some rooms which were not used on a regular basis as the rooms were not
occupied. Inspectors did not find that there was regular flushing of the water systems in
these rooms.

Judgment:
Substantially Compliant

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):
No actions were required from the previous inspection.

Findings:
There were measures in place to protect children from being harmed or suffering abuse
and appropriate action was taken in response to allegations, disclosures or suspected
abuse. Staff treated the children with respect and warmth and the inspector found that staff were patient, kind and caring in their approach. This was confirmed by parents who described the staff and management team in a very positive manner.

There was a policy on the prevention, detection and response to abuse which staff were trained on. Staff members were aware of the role of the designated liaison person and had knowledge about Children First, National Guidance for the Protection and Welfare of Children, 2011. This needed to be enhanced for some staff members and this training was scheduled. There had been two referrals to the Child and Family Agency and the inspector found that the concerns were appropriately managed in line with Children First. The necessary documentation regarding the follow up was maintained on file but the outcome and decision from the Child and Family Agency was not.

There had been a significant number of incidents of behaviour that challenged in the centre however the inspector found that the amount of incidents had reduced as the child settled in to the centre. The inspector reviewed a sample of incidents and there was evidence that the staff team had implemented the behaviour management techniques that they were trained on. Detailed accounts of the incidents were recorded and forwarded to members of the multi-disciplinary team for their review. These were also discussed at regular multi-disciplinary team meetings which staff and management attended. The inspector found that although the behaviours had reduced in the centre, the recommendations arising from the meetings were not always reflected in the child’s behaviour support plan and there was a risk that the most current intervention would not be employed should a new staff member engage with the child.

The inspector reviewed documentation and found that there were adequate supports in place for the children that required behavioural support and psychiatry for example. There was an assessment period of three months for new admissions, following which a behavioural intervention plan would be devised. There were behaviour tracking sheets and the behavioural therapist tracked these to determine if there were trends or triggers to the behaviour. There were behaviour management plans in place for the children however, they were not updated to reflect changes in the child’s situation. In one case, the inspector found that a behavioural intervention had been employed to manage a risk and although this was reflected in a risk assessment, it had not been incorporated into the behaviour support plan for the child. The inspector spoke with the centre manager regarding this and she confirmed that the need for this intervention had reduced which staff confirmed. However, there was a risk that the intervention may be inconsistently implemented and some consideration was required to ensure the intervention was consistent for all personnel who accessed the centre and in the community.

There was a system to record any injuries on a body chart and staff spoken with were informed about their use. All staff members were trained in a behaviour management technique.

Intimate care plans were evident in the children’s files and the level of support the child required was clear. There was a focus on the rights of the child in these plans to ensure the child’s right to privacy and dignity were respected at all times. The staff team had created social stories to support the child and there were visual schedules for the children to refer to during this care.
There were some restrictive practices in use in the centre but they were regularly reviewed. Examples of restrictive practices included window restrictors, key pads on exits and use of plastic crockery. These practices were discussed at multi-disciplinary meetings and there was a rights review meeting held every two months for the individual children. The inspector found that the window restrictors were considered, only after significant events occurred, leading to the requirement. These incidents were being monitored with a view to reviewing at the rights review committee. There was a key pad system at the entrances and exits to the building. The centre manager said that these were utilised at night time and the children had access to the garden area and grounds of the centre as they wished. The inspector noted that a rights review occurred for one of the children and there was a discussion not only about restrictive practices but also in relation to education and incidents. This was a good system to ensure there was a proactive approach to ensuring children’s rights were reviewed.

**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):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents that occurred in the centre was maintained.

The centre manager had completed quarterly notifications and other notifications as required by the Regulations which contained details of all restrictive practices, incidents and changes to management in the centre. However, there was one concern, which required a three day notification that had not been notified to the Authority. Inspectors viewed the documentation surrounding this concern and found the the centre manager had followed national guidance for the protection and welfare of children but had failed to notify the Authority. The centre manager was fully briefed on the types of notifications required by the Authority and acknowledged the oversight with this notification.

**Judgment:**
Non Compliant - Moderate
Outcome 10. General Welfare and Development

Resident’s opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The residents had opportunities for new experiences, social participation and education. Staff and management in the centre valued the educational attainment of the children.

The children in the centre both had difficulties with their educational placements prior to admission. The inspector reviewed files and discussed the difficulties with the centre manager. It was found that the centre manager and the staff team made significant efforts to ensure the children had educational outcomes similar to their peers. The inspector viewed minutes of meetings with the respective schools and it was evident that the centre advocated on behalf of the child.

One child’s attendance at school had increased since admission to the centre and although the child was not attending on a full time basis, efforts were in progress to ensure this was considered and planned for the child. It was not possible for another child to attend a school setting and there was evidence that this was discussed at a care review for the child recently. Participants at the meeting agreed that home tuition was the most appropriate route for the child with a view to this being a short term measure. The inspector spoke with management and the child’s parent, both of whom felt that this alternative was required for the child. There was an application for home tuition on the child’s file and the staff team were proactively engaging the child in a structured routine in the absence of an educational placement.

There were clear goals for the child in terms of integration in the community and the development of social skills. The was a range of activities for the children to participate in including board games, baking and art within the centre and outdoor pursuits activities, horse riding and swimming outside of the centre.

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):
No actions were required from the previous inspection.

Findings:
The children’s health needs were met through timely access to health care services. The children’s health care needs were appropriately assessed and the children had a medical examination prior to their admission. There were reports on the children’s files from professionals involved in their care prior to their admission to the centre including for example, psychiatry, behavioural assessments and occupational therapy.

The children had access to a multi-disciplinary team which including the clinical director, clinical psychologist, counselling psychologist and a behavioural analyst. The children had access to a local general practitioner and there was an out of hours service should the children require medical attention outside of normal working hours. There were consents in the children’s files relating to health care needs. The children’s personal plans gave a comprehensive overview of their health care strengths and needs including medical, physical, psychological and hygiene.

Food in the centre was nutritious, appetising and varied. There was a variety of healthy food options present in the centre during the inspection. The inspector observed posters on display to encourage healthy eating and there was a separate folder of information relating to healthy eating for the children to access. There was a meal planner for the week and the children were consulted in the creation of this. Parents told the inspector that the staff team had provided meals during visits to the centre and commented on how the meal time was a social and positive experience. Staff members told inspectors that a balanced varied diet was provided to the children. During the inspection, the inspector observed that a meal was being prepared for a child and their family members.

Judgment:
Compliant

Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were safe medication practices in the centre.

The inspector viewed the children’s medication files, prescription and administration sheets and also viewed the medication which was stored on site. The inspector found that there was detailed information regarding the medication the children were prescribed, the reason for the medication and the possible side effects. The medication was stored safely in the centre. There were no controlled drugs in the centre during the course of the inspection but there was an appropriate storage facility should this be required. All medication was labelled sufficiently and there were separate storage containers for the children which contained a photograph and the name of the child.

The inspector viewed the prescription and administration sheets for the children and they contained most of the required information. The medication prescribed was clearly recorded with a signature of the prescribing doctor. There was a coding system for the administration of the medication and the routes of administration was evident. However, the maximum dosage for the administration of a PRN (as required) medication was not listed on the prescription but the inspector did note that this was stated in the overview of the child’s medication. There was no signature sheet to reflect signatures on the administration sheets. The centre manager created this when she became aware of the gap and the inspector saw that this was placed with the team meeting minutes for signing during the next team meeting. The name of the prescribing general practitioner was not noted on the prescription.

There were monthly audits of medication completed by the medication officer for the centre. There were identified actions following this which included a person responsible to complete the action. The inspector noted that on three audits completed in December, January and February, there were two actions present on all three audits. The centre manager told the inspector that she had viewed the audits but did not sign them to reflect this. It was not evident that follow up actions were completed in a timely manner and the action plan was not updated to demonstrate that the action had been completed.

A comprehensive medication audit was completed by a local pharmacist in February 2016. There were a number of recommendations following this and the inspector noted that there had been a proactive approach to ensuring the recommendations were acted upon. The inspector observed that actions required such as sourcing a second set of keys for the medication cabinet, installing a thermometer and the implementation of a bound book for pharmacy returns had been completed in a timely way.

There was a pharmacy returns log in the centre to record medication returned to the pharmacy for various reasons. There was a log to record what medication was received to the centre and the amount of PRN (as required) medication was counted on a daily basis which was signed off by a member of the management team. There were checks completed on the temperature of the room and the temperature of the fridge. There had been one medication error since children were admitted and there was appropriate follow up by the centre manager on this occasion. Staff had been trained on the safe administration of medication and staff spoken with by the inspector confirmed that they understood safe medication practices.
Judgment:
Substantially 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 had been updated to reflect details of the centre's registration. However, a further amendment was required to ensure the nature of the disabilities catered for in the centre was accurate throughout the document.

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):
No actions were required from the previous inspection.

Findings:
Management systems were in place to ensure the service provided was safe, appropriate to the residents needs, consistent and effectively monitored.

There had been no annual review of the service for 2015 as the centre had only opened to children in November. The centre manager told the inspector that an unannounced visit to assess the service against the standards had been completed but a report was
not available to the inspector.

Arrangements were in place to ensure staff exercised their personal and professional accountability for the quality and safety of the services that they were delivering. There were regular team meetings in the centre attended by management and staff in the centre. These occurred every three weeks and detailed minutes were maintained. There was no set agenda for these meetings but it was evident from a review of the minutes that the children were discussed and significant events and other issues were reviewed as required. The meetings could be improved by ensuring that risk and learning from incidents was a standard agenda item for the meetings. There was good attendance at these meetings and the staff spoken with during the inspection confirmed that the team meetings were effective and supportive. After each team meeting there was a multi-disciplinary team meeting to discuss issues relating to the children specifically.

Supervision was provided to the staff team on a regular basis and the inspector found that there were good systems to support and provide leadership to the team. Staff members were very complimentary about the management team in the centre and stated that they felt managers were approachable, open and gave sufficient direction when required. This will be discussed further in outcome 17.

There was an effective system to ensure senior management had oversight of the key issues in the centre. There were regular management meetings which the centre manager attended. The centre manager also received regular supervision with the alternative care manager, which the inspector viewed the records of. There were systems in place to ensure the centre manager provided senior management with key information about the centre. The inspector viewed monthly key indicators which outlined the number of complaints and safeguarding issues, the number of significant events and other details in relation to staffing and household issues. This was an effective system to provide oversight of the service on a regular basis. The centre managers supervision, although regular, could be improved by ensuring the monthly key indicators and managerial oversight were discussed on a regular discussion.

There were effective systems implemented in the service by the management team. There were self audits and checklists for key areas of service provision including for example budgets, supervision, significant events, restrictive practices and paperwork. The centre manager had an action plan detailing key actions from meetings to ensure there was a system to track progress. As mentioned earlier in the report, there was a need to ensure actions arising from audits were completed and recorded. The management of risk required some improvement to ensure the risk register was effective and the risk assessments adequately described the control measures in place.

There was a clearly defined management structure with identified lines of accountability and authority in the centre. The centre manager and the assistant manager presented as competent and capable to fulfil their roles. They had adequate knowledge of the regulations and standards and were knowledgeable about the children accessing the service.

Judgment:
Substantially Compliant
### Outcome 15: Absence of the person in charge

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were satisfactory arrangements in place to ensure consistent management of the centre should the person in charge be absent. The centre manager and the assistant manager were aware of the required notification should there be an expected or unexpected absence of the person in charge. The assistant manager had recently commenced in the role and was aware of the management role should the centre manager be absent. The inspector interviewed the assistant manager and found that she was competent and experienced for the role.

**Judgment:**
Compliant

### Outcome 16: Use of Resources

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

**Theme:**
Use of Resources

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There were sufficient resources to support the children to achieve their personal plans. The facilities and services in the centre reflected the statement of purpose. The centre manager and staff told the inspector that there were sufficient resources in the centre to provide for the needs of the children. The inspector observed a number of books, jigsaws and games for the children to use. The outdoor play equipment was more appropriate for children of a younger age however a parent told the inspector that this has been addressed with a more appropriate swing being sourced.

The inspector viewed the budget system for the service. The centre manager had
responsibility to manage the petty cash and credit card expenditure on a monthly basis and had an online system to record each spending. The centre manager advised that money was allocated monthly for the children and there were separate accounts for the children for example to attend music therapy or outdoor pursuits. The centre manager maintained a record of all spending in the centre and had monthly statements of the credit card expenditure. Management and staff in the centre told inspectors that there were sufficient resources in the centre and if additional resources were required, this was usually accommodated.

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

Findings:
There was a staff team with sufficient skills, qualifications and experience to meet the needs of the children in the centre. However, due to a new admission and the extended leave of two staff members, there were significant gaps in the rota which were filled by agency staff. The centre manager had the necessary safeguards in place and information relating to the Garda Vetting and references for the staff were stored in the centre. The centre manager and staff advised the inspector that consistency was provided to the children as generally the same agency staff was allocated on a weekly basis. However, it was not possible to determine from the rota which staff were agency. The inspector viewed the monthly key indicators which detailed that over 200 hours were covered by agency staff in January in 2016. The organisation had taken steps to rectify this issue and a recruitment process was underway to ensure the centre was adequately staffed.

The staff team were competent and professional in their approach to the children. There were kind and caring interactions between the staff and the children and the staff team training needs had been met.

There was a training schedule for the year to ensure staff were kept up to date and refreshed in the areas relevant to their role. The inspector reviewed the training records for the staff team and found that all staff had completed training in a behaviour
management programme, Children First, medication, first aid and manual handling. All staff had completed training in fire safety with the organisation in 2013, 2014 & 2015 however this needed to be updated to ensure a site specific training was provided.

Supervision was provided to the team on a regular basis. The centre manager had attended training in the provision of supervision in 2015. The inspector reviewed supervision records and found that the centre manager and the assistant manager provided supervision. The quality of the records varied but there was evidence that the children and the performance of the staff member was discussed at each session. The centre manager had a schedule set out to provide supervision and advised inspectors that due to a change in the assistant manager, she would be providing all of the supervision.

Staff files were found to be complaint during a previous inspection. The inspector viewed files relating to staff who were recently allocated to the centre. The files were in good physical condition and most of the requirements of Schedule 2 of the Regulations were in place. However, the inspector found that there were contracts and job descriptions in place but there were not specific to the current role. For example, the assistant manager had recently transferred from a mainstream residential centre but the contract had not been updated.

**Judgment:**
Non Compliant - Moderate

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

**Theme:**
Use of Information

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Records in the centre were up to date and accurate. Records were stored securely and in good condition. The children’s files were very well organised with all sections indexed and laid out in manner which meant that information was easily retrievable. All of the policies as required by Schedule 5 of the Regulations were in place during the previous inspection. Since the last inspection of the centre in February 2015, the child protection
and discharges policy had been reviewed.

There was a directory of residents in place and all of the required information relating to Schedule three of the Regulations were in place regarding the children.

The requirements of Schedule 4 of the Regulations were in place.

**Judgment:**
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:**

Una Coloe
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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Three Steps</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004477</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>23 February 2016</td>
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<td>Date of response:</td>
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Requirements

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

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

Outcome 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 register was not an effective tool for managing priority risks in the centre. Some of the risk assessments needed further work to ensure adequate control measures were in place. Managerial oversight of health and safety checks and maintenance issues was not recorded.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**
A meeting has being scheduled with the HIQA Provider Nominee, Senior Management and the Operations Manager on the 06.05.16 to review the risk register management system.

All risk assessments have since being amended which outline all control measures in place.

**Proposed Timescale:** 06/05/2016
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
A system to monitor the risk of infection associated with stagnant water required improvement.

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

**Please state the actions you have taken or are planning to take:**
A weekly health and safety check was introduced on 01.03.16 to monitor the risk of infection associated with stagnant water.

**Proposed Timescale:** 01/03/2016
**Theme:** Effective Services

3. **Action Required:**
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
A night time fire drill has been scheduled to take place on 30.03.16.
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<th>Proposed Timescale: 30/03/2016</th>
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**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:**

Behaviour support plans were not updated to reflect changes in the child’s situation or following a review.

An intervention used in the centre was not documented on the child’s behaviour support plan and it was not evident that this intervention would be effective in all situations.

4. **Action Required:**

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

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

Behaviour support plans have since being updated on 01.03.16 that reflect the changes in the child’s situation.

The intervention used in the centre at the time of inspection is now documented in the child’s behaviour support plan. The behaviour support plan was updated on 01.03.16 and outlines when the intervention is required.

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**Theme:** Safe Services

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

The outcome of referrals to the Child and Family Agency were not documented.

5. **Action Required:**

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The outcome of referrals to the Child and Family Agency have since being documented and placed on file. This was completed on the 01.03.16
Proposed Timescale: 01/03/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was one allegation which had not been notified to the Authority and a system was required to monitor incidents that required a notification.

6. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
Management of the centre have since included HIQA notifications on their weekly management checklist to help ensure that all incidents that require notification are completed. This has also being added to the management monthly self-audit to ensure that all outcomes from same are recorded and placed on file.

Proposed Timescale: 31/03/2016

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:
Progress had been made to ensure the children had access to education but further work was required to ensure this was in place for all of the children.

7. 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:
Home tuition is commencing on the 05.04.16 for the young person that was not in education at time of the inspection.

Proposed Timescale: 05/04/2016

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 maximum dosage of PRN (as required) medication was not documented on the prescription sheets.
Details of the prescribing general practitioner was not detailed on the prescription.

8. 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:
All kardex and prescription sheets will be reviewed by a Consultant Psychiatrist on the 30.03.16. All required information will be outlined on the prescription and kardex sheets.

Proposed Timescale: 30/03/2016

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 nature of the disabilities catered for in the centre was not accurate throughout the document.

9. Action Required:
Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

Please state the actions you have taken or are planning to take:
The statement of purpose will be amended on the 31.03.16 to ensure that the nature of disabilities that the centre caters for is accurate throughout the document.

Proposed Timescale: 31/03/2016

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 required improvement to ensure actions arising from audits and centre checks were completed in a timely manner.
10. **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:**
A Monthly action plan will be devised on the 01.04.16 to include all actions arising from audits, centre checks, senior management recommendations and external oversight e.g. medication audits completed by pharmacy have being assigned and completed in a timely manner.

**Proposed Timescale:** 01/04/2016

**Theme:** Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A report from the six monthly review was not available.

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

**Please state the actions you have taken or are planning to take:**
Six monthly review was completed on the 12.02.16 and received on the 21.03.16 which is now available for review.

**Proposed Timescale:** 21/03/2016

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<th>Outcome 17: Workforce</th>
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<tr>
<td><strong>Theme:</strong> Responsive Workforce</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a reliance on agency staff to provide the necessary care to the children.

12. **Action Required:**
Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
Staff recruitment process completed on the 26.02.16 which has helped to alleviate the reliance on agency staff. Another recruitment drive occurred on the 18.03.16 and the 23.03.16.

**Proposed Timescale:** 23/03/2016  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Contracts and job descriptions had not been updated when staff moved between services.

**13. 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:**  
A review of job descriptions and contracts will take place by HR on the 08.04.16.

**Proposed Timescale:** 08/04/2016  
**Theme:** Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Fire training was required for some staff members.

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

**Please state the actions you have taken or are planning to take:**  
In house specific fire training is scheduled to take place on the 06.04.16.

**Proposed Timescale:** 06/04/2016