

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Three Steps
<b>Centre ID:</b>	OSV-0001804
<b>Centre county:</b>	Meath
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Three Steps
<b>Provider Nominee:</b>	Aileen Brady
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

**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 un-announced and took place over 1 day(s).

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

From:

To:

23 June 2016 09:00

23 June 2016 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

**Background to the inspection**

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards. The previous 10 outcome inspection was undertaken on 7 April 2016 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

**How we gathered our evidence**

As part of the inspection, the inspector met with four of the children staying in the centre. Although the majority of these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits. One of the children told the inspector about all the activities that they loved doing in and outside of the centre and her friends in the centre.

The inspector met with the person in charge, the director of service and three care staff. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

### Description of the service

The service provided was described in the providers statement of purpose, dated March 2016. The centre provided full-time residential care for up to six children, boys and girls. There were five children living in the centre at the time of the inspection and there were no plans to admit another child so the needs of the current children could be met. Inspectors found that two of the children living in the centre were over 18 years but that plans for their transition to adult services were at an early stage and had not been confirmed.

### Overall Judgement of our findings

Overall, the inspector found that children had a good quality of life in the centre and the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had put systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that he was a fit person to participate in the management of the centre.

Good practice was identified in areas such as

- Each child had a written personal plan which detailed their individual needs and choices (Outcome 5)
- The health and safety of children and staff were promoted and protected. (Outcome 7 Health and Safety)
- Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. (Outcome 8 Safeguarding)
- There were systems in place to ensure the safe management and administration of medications. (Outcome 12 Medication management)

Areas of non-compliance with the regulations and national standards were identified in areas such as:

- At the time of inspection, transition planning for two of the young people over 17 years for their transfer to adult services was only at the initial discussion stage and discharge arrangements had not been confirmed or discussed with the service user or their family. (Outcome 5 Social care needs)
- There were appropriate measures in place to keep children safe and to protect them from abuse but staff awareness of procedure to follow in the event of an allegation or suspicion of abuse required improvement. (Outcome 8 Safeguarding)
- The provider had not visited the centre at least once every six months and produced a report on the safety and quality of care as per the requirements of the requirements of the regulations. (Outcome 14 Governance and management)
- The frequency of supervision was not always in line with the frequency set out in the centres policy (Outcome 17 Workforce).

**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 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):**

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

**Findings:**

Each child's health, personal and social care needs were fully assessed before admission. There was documentary evidence to show that children's parents were involved in an assessment to identify their individual needs and choices.

Each child had a personal plan in place which detailed their assessed needs and choices. There was evidence to show that parents and or family representatives were consulted with and were happy with the plans put in place. A separate child friendly version of the personal plans had been put in place for each of the children. The inspector reviewed records of individual work undertaken with young people to assist them to attain their goals. There were accurate records maintained of progress against goals. Staffing levels for one young person had been increased to 2:1 staffing for 28 hours per week to enable this young person to partake in more community activities. Staff interviewed outlined how this had enhanced the young person's life. Each of the other young people had one to one staffing and it was evident that they engaged in a good range of activities in the community. Each child had a weekly activity schedule in place.

There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family representative and multidisciplinary team were involved in the revision of personal plans as per the requirements of the regulations. The inspector found that reviews focused on outcomes for children in terms of goals set and resulted in further goals being set or revised where appropriate.

Children were supported and given guidance in life skills to enable them to live as independently as possible. For example, individual work had been done with the young people in relation to money management and counting their own money. Each of the children had a travel pass and individual work had been done with children in relation to reading bus and train schedules and routes, buying tickets etc. A number of children's goals related to independent living goals to do laundry and cooking.

There was evidence that two young people had transferred to the centre within the previous 12 month period and that their admission had been planned and well supported.

There was an admission, transfer and discharge policy in place but transitioning arrangements for two of the young people who were over 17 years were not in place. At the time of inspection, transition planning for these two young people to transfer to adult services was only at the initial discussion stage and discharge arrangements had not been confirmed or discussed with the service user or their family.

**Judgment:**

Non Compliant - Moderate

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

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

**Findings:**

The health and safety of children and staff were promoted and protected. However, some improvement was required regarding fire drills.

There was a risk management policy in place which contained all of the elements required by the regulations. There was a risk register in place that was reviewed and updated at regular intervals. At the time of the previous inspection, the inspector identified a possible ligature point risk in the centre which had not been identified or assessed. Since the last inspection the ligature point had been removed and there was evidence that weekly site checks were undertaken by the centres safety officer to identify potential hazards and risks. There was a safety statement in place with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to improve services and prevent incidences. There was a system used to report all incidents which also recorded actions taken. A separate record book was maintained of a post incident review which was completed by staff involved to identify learning and as a debriefing session for staff. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed. Overall, there were a low number of incidents reported with the majority relating to the challenging behaviour displayed by some of the young people. There was evidence that significant event notification and restrictive practices review meetings took place on a two monthly basis to identify trends and promoting learning across the wider service.

There were satisfactory procedures in place for the prevention and control of infection. The inspector observed that all areas were clean and in a good state of repair. Colour coded cleaning equipment was used in the centre and appropriately securely stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector reviewed records of a three monthly deep clean in the centre by an external company. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. Posters were appropriately displayed. The inspector reviewed training records which showed that staff had attended hand hygiene training.

There were adequate precautions in place against the risk of fire, however, some improvement was required regarding fire drills. The centre had a designated fire officer. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre. The inspector found that there was adequate means of escape and that all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills were undertaken on a regular basis but records maintained of same only recorded the names of staff involved in the drill and did not record the names of children involved, time taken to evacuate or if there was any issue with the evacuation of any particular child.

Staff spoken with, were knowledgeable about manual handling requirements. Training records reviewed by the inspector showed that all staff had attended manual handling training.

**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):**

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

**Findings:**

There were appropriate measures in place to keep children safe and to protect them from abuse but staff awareness of procedure to follow in the event of an allegation or suspicion of abuse required improvement.

The centre had a child protection procedure in place dated January 2015. The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Training records showed that staff had attended training in understanding abuse and on Children First, National guidance for the protection and welfare of children, 2011. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. There were up to date intimate care plans on children's files which provided a good level of detail to guide staff in meeting the intimate care needs of children. A small number of the staff interviewed were unsure as to the correct identity of the designated person for the centre and who to report any incidents, allegations, suspicions or disclosures of abuse (as per Children First, 2011). Staff were familiar with the other aspects of safeguarding.

Children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a behaviour that challenges policy and practice guideline in place. The inspector reviewed two children's behaviour support and interventions plans and found that they contained very good detail to guide staff and support children in the management of behaviour that challenges. The inspector noted that the challenging behaviour for one young person in particular had become less frequent and more predictable in the past year. A recent staff day had been dedicated to reviewing the triggers and strategies for dealing with the challenging behaviour of one of the young people. There was evidence that behaviour support plans had been reviewed at personal plan review meetings in consultation with parents. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Training records reviewed by the inspector showed that all staff had attended appropriate training.

At the time of the last inspection, the inspectors identified that the bedroom door of one young person was being locked at night with the use of a key pad at the request of the child's parents and psychologist due to the child's history of seizure activity associated with unsettled sleep patterns when the door was open. Since the last inspection, restrictive practices in use had been reviewed and there was evidence that the key pad was being removed for a short period each night with monitoring to assess impact on sleep pattern and seizure activity. The person in charge reported that this would be under regular review with the aim of reducing the restrictive practice further. Otherwise on this inspection, the inspector found that minimal restrictive practices were being used in the centre. However, where it was, usage was monitored and all restrictive practices were approved by the providers restrictive practices committee who met on a two monthly basis to review restrictive practices in place. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. A log of restrictive practices in use was maintained. The inspector reviewed personal plan review meeting notes which showed that there had been a discussion and agreement with family regarding the continued use of a physical restraint for individual children.

**Judgment:**  
Substantially 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 effective systems in place to ensure the safe management and administration of medications. There was a medication policy and procedure in place. The inspector reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed. Staff interviewed had a good knowledge of appropriate medication management practices. All medications were appropriately stored in a secure medication room. A controlled drug was being used in the centre and there was a register in place of control drugs with appropriate monitoring arrangements. There were appropriate procedures in place for the handling and disposal of unused and out of date medications, whereby they were returned to the pharmacy who signed off with staff receipt of same. It was not appropriate for any of the children in the centre to be responsible for their own medications. There were no chemical restraints used in the centre.

The were appropriate system in place to review and monitor safe medication management practices. The centre had a named medication officer who undertook monthly audits of medication practices and there was evidence that actions were taken to address any issues identified. There was evidence that the pharmacist visited the centre at regular intervals and undertook separate audits with the medication officer and that issues identified were appropriately addressed.

**Judgment:**  
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

The statement of purpose reflected the day-to-day operation of the centre and outlined the services and facilities provided. It contained the information required in Schedule 1 of the Regulations. The statement of purpose had been reviewed in the past year.

**Judgment:**  
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

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

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

**Findings:**

Management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs had improved. At the time of the last inspection, inspectors found that the process of formally reviewing the service had begun but was not completed and did not result in an annual report that was accessible to children. Since the last inspection an annual review of the quality and safety of care and support in the designated centre had been undertaken for 2014 and 2015. There was evidence that surveys had been undertaken with children's families and staff to elicit their views on the quality and safety of care and support in the centre which was used to inform the annual review.

The provider had not visited the centre at least once every six months and produced a report on the safety and quality of care as per the requirements of the requirements of the regulations. The provider had undertaken an unannounced visit to the centre in September 2015 and produced a report but no further visit been undertaken at the time of inspection. The inspector noted that the action plan for the September audit did not record the person responsible for specific actions or the date actions were completed. The person in charge reported that the follow up on the action plan had not been formally handed over to him after his appointment in the centre in October 2016. The inspector reviewed action plans which the person in charge had put in place for the staff team and separate action plans for person in charge and deputy managers based on findings from internal audits, the annual review, meetings with the director of service and staff team meetings. These action plans were found to have good detail and to record the person responsible and dates for completion recorded were timely.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The chief executive of the service had resigned in March 2016 and an interim chief executive had been appointed. The inspector reviewed correspondence sent to the children's families advising them of the change. The management structure was in the process of being restructured with the appointment of four service development manager to replace the previous two care managers.

The centre was managed by a suitably qualified, skilled and experienced person in charge. He was supported by a deputy manager. The person in charge had taken up the full-time position in October 2015 and was also the named person in charge for another centre. The latter had been registered as a new respite centre but no children had been placed in the centre to date. The person in charge reported to a service development manager who in turn reported to the interim chief executive officer. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with him. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. He also had a clear insight into the support needs and plans for the five children living in the centre. On call arrangements were in place and staff were aware of these and the contact details.

**Judgment:**

Non Compliant - Moderate

**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

**Findings:**

There were effective recruitment procedures in place that include checking and recording all required information. There was a recruitment and selection policy in place. The inspector reviewed a sample of four staff files and found that they contained the documents outlined as required in Schedule 2 of the Regulations.

The staffing levels were sufficient to meet the needs of the children living in the centre. Each of the children were allocated 1:1 staffing with one of the children having recently been allocated a 28 hour period of 2:1 staffing to enable this young person to partake in a wider range of community activities. The inspector found that all of the staff had a social care qualification and that there was good experience and skill mix within the staff team. A number of staff had worked in the centre for an extended period which meant that children had continuity in their care givers. Within the last 12 months a number of long-term staff had resigned from the centre for career progression opportunities. Despite this, it was evident that a good dynamic within the staff team had been maintained and that new members of staff had been appropriately supported and welcomed to the team.

A training programme was in place for staff which was coordinated by the providers training department. Training records were available in the centre which showed that all staff were up to date with mandatory training requirements. A training needs analysis had been undertaken in 2014 to ascertain training requirements to meet the needs of children availing of the service. Training schedules for training identified as required had been put in place. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspector observed that a copy of the standards and regulations was available in the centre.

There were staff supervision arrangements in place but the frequency of supervision was not always in line with the frequency set out in the centres policy. There was a system in place for an annual performance review. The inspector reviewed supervision records for four members of staff and found that they were of a good quality but one member of staff had no recorded supervision on file since November 2015.

There were no volunteers working in the service.

<b>Judgment:</b> Substantially Compliant
---

### **Closing the Visit**

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

#### **Acknowledgements**

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

#### ***Report Compiled by:***

Maureen Burns Rees  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by Three Steps
<b>Centre ID:</b>	OSV-0001804
<b>Date of Inspection:</b>	23 June 2016
<b>Date of response:</b>	25 August 2016

### Requirements

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

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

### Outcome 05: Social Care Needs

**Theme:** Effective Services

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

At the time of inspection, transition planning for two of the young people over 17 years for their transfer to adult services was only at the initial discussion stage and discharge arrangements had not been confirmed or discussed with the service user or their family.

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

**1. Action Required:**

Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

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

Document timeline of meetings since October 2015 when both residents were admitted in which Three Steps are advocating on behalf of the children to identify suitable adult placements.

Document all goals relating to 'Daily Living Skill' within transition plan.

Complete Transition Plan highlighting the needs of the young people and the proposed timeframe required to complete each step.

Liaised with EPIC Advocate regarding the difficulties securing transition plan from the Child Development Team, HSE Disability Service.

Complaint made to the ombudsman for children on behalf of one of the children regarding the difficulties securing a transition plan.

Social Worker for one resident confirmed via email that a transition plan would be put in place by September 2016

PIC has arranged a meeting in September with the other residents, Family, Disability Manager HSE and Meath Adult Disability Placement Co - Coordinator HSE to put a transition plan in place.

**Proposed Timescale:** 22/09/2016

**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:**

Fire drills were undertaken on a regular basis but records maintained of same only recorded the names of staff involved in the drill and did not record the names of children involved or if there was any issue with the evacuation of any particular child.

**2. 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:**

Discussed the maintenance of the records with the designated Health and Safety Officer. All fire drills now clearly record names of children and if there was any issue.

**Proposed Timescale:** 24/06/2016

## Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

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

A small number of the staff interviewed were unsure as to the correct identity of the designated person for the centre and who to report any incidents, allegations, suspicions or disclosures of abuse, (as per Children First, 2011).

### **3. 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:**

In-house training regarding the policies and procedures relating to Child Protection

**Proposed Timescale:** 12/09/2016

## 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:**

The provider had not visited the centre at least once every six months and produced a report on the safety and quality of care as per the requirements of the regulations.

### **4. 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:**

Announced Audit completed on the 01.07.16

Further Unannounced Audit completed on the 11.07.16

Report forwarded to PIC on 03.08.16

**Proposed Timescale:** 11/07/2016

## Outcome 17: Workforce

**Theme:** Responsive Workforce

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

There were staff supervision arrangements in place but the frequency of supervision was not always in line with the frequency set out in the centres policy. For example, one member of staff had no recorded supervision on file since November 2015.

**5. Action Required:**

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

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

PIC has taken control of all supervision within the centre.

6 weekly supervision schedule in operation.

Number of supervisions completed/missed each month added to monthly Key Indicators

Proposed Timescale: Completed 16.08.16

**Proposed Timescale:** 16/08/2016