

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Seoidin
Centre ID:	OSV-0002649
Centre county:	Limerick
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	RehabCare
Provider Nominee:	Grainne Fogarty
Lead inspector:	Carol Maricle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	2
Number of vacancies on the date of inspection:	2

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: 02 March 2017 09:50 To: 02 March 2017 18:30

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

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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This centre was a designated centre for children with disabilities. This was the third inspection of this centre and it was completed to monitor the centre's compliance with the regulations and standards.

How we gathered our evidence:

As part of this inspection, the inspector met with the person in charge and the social care leader. The inspector also met briefly with one of the children living at the centre and also spoke to members of the staff team. The inspector reviewed a sample of files in areas such as personal planning, health and safety and medicines management.

Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The centre was a spacious detached bungalow with a large rear garden and a purpose built playground. It was located within the grounds of a larger campus that included a specialist school, a children's respite centre and a respite centre for adults with disabilities. The maximum number of children that the centre could cater for was four children of

both male and female gender aged between six years and eighteen years of age. The centre catered for children with a diagnosis of autism. At the time of this inspection there were two children living at the centre.

Overall judgment of our findings:

In general, the inspector found that the children were safe and received an individualised service. The service was led by a committed person in charge and social care leader who were both very knowledgeable about the standards and regulations. Both of the children were approaching adulthood and it was clear to the inspector that all of the staff team cared for these children in a manner that reflected their age and abilities.

The inspector was satisfied that the provider had put systems in place to ensure that the regulations were being met and that adequate governance arrangements were in place. There were sufficient arrangements in place to ensure that the person in charge was suitably supported to manage this centre given that she was also the person in charge of a second designated centre for children with disabilities.

Good practice was identified in areas such as:

- appropriate procedures were in place to ensure that personal plans were created and reviewed regularly (outcome 5)
- appropriate policies and procedures were in place regarding medicines management (outcome 12).

Improvements were required in areas such as:

- further clarity was required on restrictive practices authorisations (outcome 8)
- the annual review did not show how it provided for consultation with the children and their parents or representatives (outcome 14).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

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:

The wellbeing and welfare of the children was maintained by a good standard of care and support. The arrangements to meet their needs were set out in their personal plans that reflected these needs. There were systems in place to support the children moving between childhood and adulthood.

There were systems in place to ensure that a comprehensive assessment would be completed annually and prior to admission to the centre. Reference to the pre-admission assessment process was set out in the statement of purpose and this helped determine the suitability of the child to live at the centre.

The children living at this centre had an annual assessment of need in place. The inspector viewed the assessment of need developed for the children and this showed their needs in a range of areas such as their health, transport, leisure which was also evidenced where necessary by healthcare professionals.

The arrangements in place for personal planning were comprehensive. Key-workers were assigned responsibilities to ensure that personal plans were kept up-to-date. The children had personal planning documents which were viewed by the inspector. The personal planning arrangements were referred to as support plans. These support plans were also available to the children in pictorial format, as viewed by the inspector. This plan was based on the child's assessment of need. The support plan set out a range of information about the child such as their health needs, their care needs, important aspects of their life, household skills, finance and accessing the community. The team of professionals around the child were set out in their file. Each child had a set of agreed goals and progress against these goals was recorded on a regular basis.

The personal plan was reviewed yearly or as needed by a team of people to include professionals, staff at the centre and the representatives of the child. In 2016, these review meetings had taken place for each of the children and a number of relevant persons and professionals had been invited to this meeting and contributed to the personal planning and setting of goals for the children.

The child's personal folder also included other information such as risk management plans, intimate care plans and health plans.

There were systems in place for preparing the children for adulthood and in turn their transition from the service and adult placements had been identified for both children. Both children had transition plans in place. The person in charge was aware of her responsibilities to ensure that each child was discharged in a planned and safe manner. The social care leader and person in charge were liaising closely with the statutory services and other agencies and as such they were playing their significant role in the planning of these transitions.

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:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in the shared bathrooms.

As the centre was not being run at capacity, each child had their own bathroom. The two bathrooms were in much better condition since the previous inspection. One bathroom had been fully refurbished and another was in better condition than the previous inspection.

During this inspection, it was clear that the layout of the centre was not suitable for the two children to reside comfortably together in. The centre was therefore arranged in such a way as to ensure that both children were kept safe and well. However this

arrangement resulted in one of the children being restricted in their free movement around the centre. This issue has been further commented upon in outcome eight.

Judgment:

Compliant

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):

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

Findings:

The health and safety of the children, staff and visitors was promoted and protected through appropriate systems.

There were systems in place for risk management. The risk management policy met the requirements of the regulations as it included the risks set out by the regulations. There was a health and safety statement and this was complemented by a centre specific risk register. Hazards at the centre were identified, risk assessed and controls were identified to mitigate the risk. Each month a staff member completed a monthly health and safety hazard checklist and any actions arising were clearly set out and signed off on. There were individual hazards identified for each child and these were risk assessed and controls identified.

The organisation provided training in health and safety. There were comprehensive training records for all staff including relief staff. Staff completed training in areas such as manual handling and health and safety at work. The social care leader showed the inspector the details of remaining staff that were due to attend these trainings in 2017. The social care leader had a recognised qualification in safety and health at work.

There were recording systems in place for staff to document all incidents, accidents and near misses at the centre which were then reviewed by the person in charge and or other persons involved in the management of the centre. The person in charge and social care leader discussed the patterns and trends of these events with the inspector and the learning that had arisen. Both children had, during the day-time, two staff supporting them and this ensured that the children received positive attention and support from the staff who had the time to give them this level of support.

There was a system in place for the logging of maintenance issues. Staff logged maintenance issues on a maintenance log. A team of maintenance personnel were available to the person in charge.

The systems in place regarding fire precautions were mostly satisfactory. Fire safety training was a mandatory training for staff and the social care leader showed records to the inspector confirming that the majority of the staff were trained in fire safety. However, there were three staff identified by the inspector as not having completed this training and this included the person in charge. The person in charge was noted in a record as to be booked in for training in 2017 and had completed on-line training in this area already.

There was a fire fact file in place. This file contained organisational policies and procedures regarding fire management and guidance for staff. Fire exits were clear on the day of the inspection. A fire register was in place. Staff conducted regular checks on aspects of fire safety arrangements. They were required to test the fire alarm weekly. The fire alarm system been inspected each quarter in 2016. Emergency lighting was in place and had also been serviced on a quarterly basis in 2016. Extinguishers were available for staff to use and had been serviced within the previous 12 months. An evacuation procedure notice was displayed inside the centre. There was a dedicated assembly point area identified.

A personal emergency egress plan was developed for each child. Fire drills were conducted by staff at regular intervals and records were kept of each drill. However the drill records did not sufficiently identify the children. Given that there were only two children living at the centre then it was not difficult to identify the children in these records however should the centre be operating at capacity then this arrangement may not prove suitable.

There were adequate systems in place for hygiene and infection control. The centre was visibly clean. The centre had towels and soap available for the children to use. A cleaning procedure and a cleaning rota was in place. There were systems in place for the colour-coding of mopping equipment. The centre was visibly clean during the inspection. A number of staff were due to attend food safety training in 2017 and others had already completed this training in 2016.

The inspector viewed the vehicle used at the centre to transport the child. This vehicle had the required motor insurance and motor tax. Staff performed regular checks on the vehicle which were documented. The vehicle had the required first aid box and emergency equipment.

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:

Measures were in place to safeguard children and protect them from abuse. The systems in place for the management of child protection and adult safeguarding concerns were appropriate. There was a lack of clarity in records to show the full extent of one of the environmental restrictive practices that was in place at the centre and the impact that this had on one of the children. This issue had also in part been raised at the previous inspection.

There was a policy in place for the prevention, detection and response to abuse. This included reference to the processes in place for the forwarding of concerns to the Child and Family Agency (Tusla). There was a designated liaison person within the organisation. There was also an organisational policy on the safeguarding of vulnerable adults.

The inspector viewed training records that confirmed that the staff team were trained in the safeguarding of vulnerable children and most had attended training in the safeguarding of vulnerable adults.

The social care leader and the person in charge had a very good knowledge of the guidance regarding child protection concerns and adult safeguarding concerns. At the time of this inspection, they both told the inspector that there had been no concerns raised in the 12 months prior to this inspection that required intervention by the designated liaison person or designated contact person. Children involved with Tusla were facilitated to meet with their social workers at the centre and there was evidence that the staff team liaised closely with Tusla social workers and attended child-in-care review meetings.

There was an intimate care plan in place to guide staff on how to attend to the intimate care needs of the children. All visitors to the centre were required to sign in.

There were appropriate systems in place to address behaviours that challenged. Staff were trained in the management of behaviour that challenged and required to complete refresher training in this area. The person in charge had access to a behavioural support team. There were positive behavioural support plans in place where necessary to guide staff in their care of the children. Staff confirmed to the inspector that a behavioural specialist was in regular contact with the staff team and visited the centre regularly to meet and observe the children.

The use of restrictive practices was monitored by the person in charge and social care leader. However some improvements were required. A restrictive practice committee was in place within the organisation and there was a policy on restrictive practices for

staff to follow. There were a number of restrictive practices in place within the centre that were appropriately notified to HIQA.

At the time of this inspection, there was a particular environmental restrictive practice in place. This resulted in both children having limited access to parts of the centre under various circumstances. This meant that one child in particular experienced more freedom in and around the centre when the second child was not present and less freedom when the second child was present. These arrangements were not fully set out in the paperwork viewed by the inspector as it was documented that the practice was only used during certain situations. However this practice was in place daily or whenever the two children were at home. The social care leader and person in charge set about during the inspection having these records amended in order that they showed the full extent of the restrictive practice in place.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection, improvements were necessary in the assessment of educational attainment targets.

During this inspection, there was evidence that staff promoted and facilitated the children and their education. The staff team liaised closely with school teachers and school reports were made available to the representatives of the children and the staff team. Each child was represented either by their parents, social worker or the staff team in the day to day dealings with the school. The social care leader told the inspector that they did not have a copy of the child's individual educational plan on file however they were part of this process and this involved meeting with the school teachers.

Judgment:

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:

There were systems in place to ensure that the healthcare needs of the children would be promoted and addressed by staff.

There was a comprehensive section in the personal folder of the child dedicated for healthcare matters. The healthcare needs of children newly admitted to the centre would be assessed prior to and following their admission. The children living at the centre at the time of this inspection both had their healthcare needs closely monitored through the personal planning system.

During this inspection, the inspector found that staff were very knowledgeable about the healthcare needs of the child. Copies of all relevant reports from healthcare professionals were sought and placed on file. This information was then used by staff when populating the personal plan in order that support needs in this area were identified and met.

The child attended their own general practitioner. They had access to a team of multi-disciplinary professionals either through their school team, by referral to primary healthcare services or by accessing the existing professionals based within the provider.

Staff completed the relevant records of their attendance at medical appointments. There was evidence of dental care services being provided.

The inspector observed food being prepared for the children and this appeared appetising. There was a weekly menu planner in place and there was particular emphasis placed on home cooking. The social care leader monitored these menu planning records to ensure that the plans were varied and wholesome. A sufficient quantity of food was observed in the centre and food was labelled upon opening.

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):

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

Findings:

Systems were in place for the safe management of medication in order to protect the children.

There was an organisational policy on medicines management and centre specific guidance developed where needed. There was evidence that all staff (with the exception of three newly appointed staff) had completed the required training in the safe administration of medicines management. The new staff were already booked to attend this training in 2017. Staff were aware in their conversations with the inspector that it was company policy that they not administer medicines without the required training.

Medicines were stored safely in a locked press in the staff office. A separate safe was available for the storage of controlled drugs if required. A fridge was also available for the storage of medicines where required.

The medication needs of the children were assessed as part of their overall assessment of need and their personal planning. An individualised medication management plan was developed for each child however one of these plans was not dated. The social care leader committed to adding the date to this plan following the inspection.

The inspector viewed a selection of prescription records and the administration records. The prescription record was updated every six months. This contained the relevant sections for the required information to be recorded such as the name of the child, their date of birth, the name of the medication, the route and dose. The administration records matched what was prescribed. There was sufficient space in the administration record for the staff member to record the refusal or withholding of medication. There was a signature sheet to compare initials to. The maximum dose of all 'as required' (PRN) medicines was not set out for all medicines however this was resolved by the social care leader during the inspection.

There were processes in place for the identification and recording of drug errors, incidents and or near misses and these were recorded and processed accordingly. The social care leader demonstrated a very good knowledge of the medicine errors in the 12 months prior to this inspection and the learning that had arisen from these.

There were systems in place for the checking of medicines at the centre. There were count sheets completed daily. These were signed off by the social care leader. There were weekly checklists completed of aspects of medicines management. The six monthly unannounced inspections also examined medicine management systems.

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:

The quality and care and experience of the children was monitored on an on-going basis. Management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure in place that identified lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. The annual review required an improvement in line with the regulations.

There were systems in place to ensure that the service provided was safe and appropriate to the needs of the children. A social care leader supported the person in charge in her day-to-day running of the centre and she had lead responsibilities in certain areas. The person in charge reported to the regional manager each month on key performance indicators, the data of which was then forwarded on nationally for review by the person nominated by the provider. These key performance indicators referenced capacity issues, support plans, supervision sessions and staffing arrangements. An on-call system was displayed in the staff office.

There was two six monthly unannounced inspections that took place in 2016. The social care leader showed the inspector the results of these inspections and knew the most recent update of the actions that had arose.

An annual review of the service was conducted in 2016 but it did not show how it provided for consultation with the children and their parents or representatives.

Arrangements were in place to ensure that staff exercised their personal and professional responsibilities. Formal supervision was in place. The social care leader conducted formal supervision with staff and was then supervised by the person in charge.

Regular staff team meetings were held at the centre in the twelve months prior to the inspection. The agenda items included areas such as health and safety, medication, the

children and their needs. Actions were identified at meetings and a person was assigned as responsible for following through on actions.

The centre was managed by a suitably qualified, skilled and experienced person with accountability and responsibility for the service. She had appropriate experience of working for the organisation. She demonstrated a very good knowledge of the standards and regulations and the statutory responsibilities of the role of the person in charge. She also acted as the person in charge of a second children's designated centre located close to this service and told the inspector that she was able to manage both roles as she was supported by a social care leader in each 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):

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

Findings:

Not all components of this outcome were reviewed as the inspector focused upon actions arising from the previous inspection. At the previous inspection HIQA had not been informed in a timely manner following a period of absence of the person in charge.

During this inspection, the person nominated by the provider had informed HIQA in the 12 months prior to the inspection of the planned absence of the person in charge and suitable deputising arrangements were in place.

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 an appropriate skill mix to meet the assessed needs of children and to ensure the safe delivery of services. Children received continuity of care from a team of social care workers. Staff had access to mandatory training. Staff were supervised appropriately and recruited, selected and vetted.

There were enough staff on duty to meet the needs of the children during the inspection. Staff were observed caring for children in a caring manner. Staff told the inspector that they had the required time to care for the children. Both children received continuity of care from a core staff team and this was complemented by relief staff. A proposed and actual staff rota was in place and rotas were planned four weeks in advance.

There were comprehensive records kept of the continuous professional development of staff. Staff had access to a variety of training courses each year. Staff completed training in a range of areas in 2016 including manual handling, safeguarding of vulnerable children, fire safety, safety and health at work, the management of actual and potential aggression and the safe administration of medicines.

There were effective recruitment procedures in place. The inspector viewed a sample of personnel files and found that the information required by the regulations was in place.

Staff were supervised in their roles in a formal manner. The social care leader provided supervision to the social care workers, the frequency of which was every six to eight weeks. Supervision records were signed and dated and supervision covered a range of issues, such as resident issues and the staff member's personal development needs and training. Relief staff were included in staff supervision.

At the time of this inspection, there were no volunteers visiting the centre.

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:

Carol Maricle
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 report¹

Centre name:	A designated centre for people with disabilities operated by RehabCare
Centre ID:	OSV-0002649
Date of Inspection:	02 March 2017
Date of response:	14 April 2017

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:

Not all staff had completed training in fire safety.

1. Action Required:

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

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

techniques and arrangements for the evacuation of residents.

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

- Person in Charge completed fire training on the 5th April 2017.
- Fire training has been booked for the other staff members on the 2nd May 2017

Proposed Timescale: 02/05/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

The paperwork authorising a restrictive practice did not fully reflect the actual practice at the centre.

2. Action Required:

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

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

Restrictive practice has been updated by the behavioural therapist & staff team to reflect the actual practice in the service.

Proposed Timescale: 13th April 2017 - Complete

Proposed Timescale: 13/04/2017

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 annual review did not state how it provided for consultation with children and their representatives.

3. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review will be updated to state how it provided for consultation with children and their representatives.

Proposed Timescale: 21/04/2017