

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Three Steps
Centre ID:	OSV-0005201
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Three Steps
Provider Nominee:	Eilis Cully
Lead inspector:	Sonia McCague
Support inspector(s):	Caroline Vahey;
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	3

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 September 2015 09:30	22 September 2015 17:30
23 September 2015 10:00	23 September 2015 13:00

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 was the centre's first inspection by the Authority.

The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application to register the centre as a centre for four adults with a disability.

The centre consisted of a two story house that could accommodate up to four residents. However, based on the needs of perspective residents seeking to be accommodated it was agreed by management to seek for registration to accommodate a maximum of three residents which resulted in an amendment to the

statement of purpose and function.

Both male and female residents are to be accommodated. Suitable and sufficient facilities, resources and guidance documents were available and in place to support the operation of the centre. However, improvements were required in relation to the number of schedule 5 policies.

A core staffing roster plan was available to confirm staffing support over a 24 hour basis. There were no staff working at the centre and there were no residents living in the centre which was awaiting a registration decision by the Chief Inspector.

The child protection liaison officer nominated as the provider nominee and the person in charge facilitated the inspection. The person in charge was interviewed during this inspection as part of a registration process.

The child protection liaison officer (CPLO) had been proposed to be the provider nominee for this adult service and was previously interviewed in relation to other designated centres (children and adult) operated by the registered provider.

All proposals presented prior to and during the inspection were examined, and will be verified and followed up following an action plan response, and by an inspection when registered and occupied by residents.

Documents, care plan templates, policies and proposed plans were reviewed and discussed with the child protection liaison officer and/or person in charge. The overall findings are presented in the body of this report.

Areas for improvement highlighted on inspection were feedback during the inspection were progressed and/or addressed while others communicated following the inspection remain outstanding.

In the main, inspectors found the centre to be in substantial compliance with the legislation, with compliance in most outcomes. However, inspectors found that the governance and management arrangements proposed required reviewed as the provider nominee proposed was not sufficiently engaged in the line management structure and operation of the centre and was not directly involved in decision making processes for the overall service.

Overall, the inspectors found that, when written policies are reviewed and subsequently approved to reflect practices described, and management and staffing arrangements are implemented, the care support will provide for a consistent and sufficient quality service to meet residents assessed needs and wishes.

A recommendation for registration will be dependent on the provider's response to the action plan where improvements are discussed within the body of this report and outlined at the end for action.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that arrangements were in place to ensure the rights, privacy and dignity of residents will be promoted and residents' choice encouraged.

Policies and procedures were in place to promote or ensure residents are consulted with, and participate in, decisions about their care and about the organisation of this centre.

Procedures and arrangements in relation to the rights review committee were to be included in policy details as outlined in outcome 18.

Access to advocacy services and information about resident rights was to form part of the support services to be made available to each resident. An advocacy service was available to residents was available and details were on display in the centre.

Arrangements were in place to promote and respect resident's privacy and dignity, including receiving visitors in private. Resident meetings were to form part of the arrangements for consultation and decision making processes.

Procedures and arrangements were in place and described by the person in charge to enable residents to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence.

A complaints policy was in place. The complaints procedure was displayed in the entrance hall of the centre and an easy read version was also available. A dedicated log book for recording complaints was present.

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):

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

Findings:

There was a policy on communication with residents and improvements were required in the policy details.

The inspectors found that arrangements were in place so that residents will be supported and assisted to communicate in accordance with their needs and preferences.

Residents communication needs will be identified in the assessment and personal planning process. Personal plan documents available for implementation aim to capture individual communication limitations, abilities and support requirements. Assessment documents and templates related to personal plans also included systems and interventions to be made available to meet the diverse needs of all residents. This may include the input of internal or external professionals, where necessary and on a referral basis which was to be reflected in the centre's policy as outlined in outcome 18.

Residents of the centre are to form and develop further links with the local and wider community. The inspectors were informed that residents will have access to radio, television, social media, newspapers, internet, information on local events and entertainment. Access to assistive technology and aids and appliances where required are to be made available to promote residents' full capabilities and facilitate needs.

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):

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

Findings:

Based on the information available, the inspectors were satisfied that family, personal relationships and links with the community are to be encouraged.

A policy was in place in relation to visiting residents in the centre, however, the restricted time outlined in the policy and contract of service provision was to be reviewed as outlined in outcome 18. The policy supports residents to be facilitated to receive visitors in private and family visits, except when requested by the resident or due to a health and safety risk.

The inspectors were informed that residents will be supported to develop and maintain personal relationships and links with the wider community. Families are to be encouraged to get involved in the lives of residents in accordance with resident's wishes.

The inspectors were informed by the area manager and person in charge that residents would be supported with staff and transport arrangements to promote engagement.

Residents, families, advocates and representatives of residents are to attend personal plan meetings and reviews in accordance with the wishes and needs of the resident.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for admitting residents, including transfers, transitions, discharges and the temporary absence of residents. However, improvements were required to ensure the admission, transition/discharge criteria was transparent with inclusion and exclusion criteria to inform admission procedures to reflect procedures and arrangements described by the person in charge and CPLO.

Residents' admissions are to be in line with the centre's Statement of Purpose. Inspectors were informed that the Alternative Care Manager and Head of Social Care

were key persons involved with the person in charge in admission, transition and discharge procedures as identified in the statement of purpose within the governance and management structure, However, these persons were not included in the application for registration as a person participating in the management of the services. This is further discussed in outcome 14.

The person in charge confirmed that admissions and/or transitions will be facilitated in accordance with residents' wishes and transparent procedures. Inspectors were informed that emergency admissions would not be facilitated which was not to be reflected in the policy and statement of purpose and function.

The inspectors were informed by the person in charge that the centre's admissions and transition procedure will consider the wishes, needs and safety of the individual and the safety of other residents living in the shared accommodation and services.

A contract of care document was available outlining the terms and conditions of services to be provided and linked with service level agreements. The inspectors were informed that each resident is to receive a written agreement of the terms of their stay in the centre given to them or their representative on admission. An easy read version was also available.

The service agreement sets out the services to be provided and any fees or charges are to be specified and included when agreeing the contract.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
The inspectors found that arrangements were in place, and when implemented, the social care support as described by the area manager and person in charge will consistently and sufficiently reflect the residents assessed needs and wishes.

The admission policy included a process of preliminary screening and assessment to include the person in charge following referral. An invitation for prospective residents to visit the centre formed part of the pre-admission assessment procedures to be completed to ensure each resident's health, personal and social care and support needs are fully assessed before admission.

The inspectors were informed of arrangements whereby an assessment is to be carried out as required to reflect changes in need and circumstances and at a minimum twice a year. Each resident (or their representative) along with their key worker are to be actively involved in all assessments to identify residents individual needs and choices.

Assessments pertaining to residents will include multi-disciplinary input and review.

Arrangements were described by the person in charge to ensure each resident has a written personal plan that details his or her individual needs and choices. The plan is to be prepared no later than 28 days after admission to the centre. A template of the personal plan to be made available to each resident was available and was in an accessible easy read/understood format.

Personal plans aim to support residents and improve outcomes for them, if implemented as intended.

Each plan is to be reviewed on an annual basis or more frequently if there is a change in circumstances.

Residents and their family members or representatives, where appropriate, are to be consulted and involved in reviewing plans.

Planned supports such as familiar staff and key records of information were described to form part of the process when residents transfer between services. Admission to the centre is to be carried out on a planned basis.

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

Findings:

The inspectors found that the location, design and layout of the centre was suitable for its stated purpose and aims to meet residents' individual and collective needs in a comfortable and homely way.

There were appropriate facilities and the layout aims to promote residents' safety, dignity, independence and wellbeing.

The centre comprises of a two storey house, which was suitably furnished and fitted for occupancy by three residents based on the information available regarding perspective residents.

Resident accommodation on the first floor included three single occupancy bedrooms; one bedroom had an ensuite bathroom, while two had use of a communal bathroom. A communal ground floor toilet, utility room, kitchen/ dining room, store room and separate sitting room were ready for use.

An external patio/courtyard, garden and shed were provided at the rear of the premises. Any additional modifications considered necessary to the premises and/or required for by residents were to be completed prior to occupancy and dependent on prospective residents needs.

The centre was clean, suitably decorated and well-maintained. While a timely response by maintenance personnel was found during inspection to address issues raised, some outstanding matters requiring improvement included not all blinds on bedroom windows were fully functioning.

Additional furnishings and decorations were to be facilitated at the discretion of residents being accommodated. The premise had suitable heating, lighting and ventilation.

There was suitable space and a storage facility for the personal use of residents.

A maintenance system was in place and arrangements were in place for the safe disposal of general and clinical waste.

Adequate car parking was available at the front of the centre.

Judgment:

Substantially 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):

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

Findings:

The inspector found that arrangements were in place to ensure that the health and safety of residents, visitors and staff will be promoted.

There were policies and procedures in place for risk management and emergency planning. However, some improvement was required to ensure emergency procedures included the name of an appropriate alternative accommodation that was determined and agreed as a safe place for residents in the event of an emergency evacuation from this centre being necessary.

The centre had policies and procedures relating to health and safety.

Suitable procedures and arrangements were in place and described for the prevention and control of infection. A policy for procedures in relation to the prevention and control of infection and management of clinical waste was confirmed as in place by management.

A risk management policy was in place and to be implemented throughout the centre which included the matters set out in Regulation 26 including identification and management of risks, the measures in place to control identified risks and arrangements for identification, recording, investigation and learning from serious incidents.

Arrangements for investigating and learning from serious incidents/adverse events involving residents were in place and described by the child protection officer and person in charge.

There was adequate means of escape, including emergency lighting, and fire exits were unobstructed. There were prominently displayed procedures for the safe evacuation from parts of the house in the event of fire with further improvement required in relation to signage from the kitchen to the rear fire exit door and provision of a break glass unit with a key to enable an emergency exit.

The fire alarm was serviced and to be maintained on a regular basis and fire safety equipment was serviced and to be maintained on an annual basis. Evacuation plans and procedures for each resident were to be completed once occupied in line with the centre's policy.

The inspectors were informed that all staff would be trained in fire safety and safe evacuation procedures. Fire drills at regular intervals and fire records to include details of fire drills were to be maintained.

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):

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

Findings:

The inspectors found that arrangements were in place to ensure that measures to protect residents being harmed or suffering abuse would be in place.

There was a policy on and procedures in place for, safeguarding residents which staff are required to be trained on during induction and prior to working in the centre. Refresher training for staff in relation to safeguarding and protecting residents was to be included in all staff training and development programmes.

The policy for providing personal intimate care was to be developed to reflect practices.

There were policies, procedures and training arrangements in place to keep residents safe and protect them from abuse.

Arrangements were in place and described to ensure the area manager and person in charge monitor the systems put in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse.

Systems were described and outlined in policy documents to ensure any incidents, allegations or suspicions of abuse were recorded, appropriately investigated and responded to in line with the centre's policy, national guidance and legislation.

There was a policy in place for the provision of positive behavioural support. The inspectors were told that all staff would be fully trained in managing behaviour that is challenging including de-escalation and intervention techniques as required.

The inspectors read in the safeguarding policy that staff training in behaviour support and management/multi-element behaviour support, management of actual or potential aggression (MAPA), social integration, person centred planning and first aid was to be provided to staff to support residents.

There was a policy in place on the use of restrictive procedures and physical, chemical and environmental restraint to reflect the aims and objectives of the statement of purpose. However, the specifics in relation to physical, chemical and environmental

restrictive practices and procedures were not clearly defined or described within the related policy to ensure residents are sufficiently protected and safeguarded in accordance with national policy guidelines which is outlined in outcome 18.

Procedures and arrangements in relation to the rights review committee were described, however arrangements described as in place had not been included in or linked to the safeguarding or restrictive practice policies, also outlined in outcome 18 for response.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

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

Findings:
Arrangements were in place to ensure a record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

The area manager and the person in charge demonstrated they were aware of their legal responsibilities to notify the Chief Inspector.

Judgment:
Compliant

Outcome 10. General Welfare and Development

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

Theme:
Health and Development

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

Findings:
The inspectors found that arrangements were in place to ensure that if the plans

discussed are implemented, the general welfare and development needs of residents will be promoted and residents will be afforded new experiences, social participation, education, training and employment.

There was a policy on access to education, training and development.

Educational achievement of residents is to be proactively supported by practices in the centre. An assessment process to establish each resident's educational/employment/training goals are to be maintained for each resident.

Social activities, internal and external to the centre are to be made available to residents to promote general welfare and development.

Arrangements were described as in place for residents to continue or undergo training and development.

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):

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

Findings:

The inspector found that arrangements were in place to ensure that residents health care needs will be regularly reviewed with appropriate input from multidisciplinary professionals where required. The person in charge told the inspectors that arrangements in relation to residents having access to the local GP, doctor on call and a range of allied health care services were available.

Allied health care professionals, medical and other multi-disciplinary professionals will be facilitated on a referral basis.

Health monitoring documents were available and to be completed which include regular checks of clinical observations and treatment provided.

The inspectors found that arrangements were in place to ensure that if the proposed practices are implemented, residents' nutritional needs will be met to an acceptable standard. Weights will be recorded and monitored on a regular basis and when required.

Menu planning and healthy choices are to form part of the discussion between residents

and staff in weekly meetings. Menu choices are to be displayed. Photographs of shopping/food and meals choices are to be available to serve as a support aid for residents. As outlined in outcome 18, staff training in food safety and hand hygiene was required to support residents needs.

A policy on the monitoring and documentation of nutritional intake was to support resident needs.

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):

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

Findings:

The inspectors found that the medication management policy required improvement as outlined in outcome 18. Arrangements in place and described by the person in charge were satisfactory and the proposed practices described by the person in charge were suitable and safe.

A locked drug safe secured in the staff office was in place and medication prescription kardexs' were available that included sufficient detail that, if completed, would ensure safe prescription, administration and recording standards.

The centre's staff are to be trained in safe administration of medication and medication management. Reconciliation audits of medication are to be maintained by the person in charge.

The person in charge explained that if required for use, staff will maintain a register of controlled drugs and the administration and storage arrangements will be maintained in accordance with the legislative requirements.

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):

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

Findings:

A statement of purpose was available that consisted of the aims and objectives of the designated centre and which contained most of the information required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013.

The inspectors discussed the statement of purpose with the proposed provider nominee on the first day of the inspection which resulted in subsequent amendments being made following a review that included reducing resident numbers to accommodating a maximum of three residents based on reported needs of perspective residents.

An updated version was given to inspectors on the second day of inspection which was substantially compliant, however, further improvements were needed to reflect the actual name of the registered provider, staff whole time equivalents that included the PIC being responsible for this and another centre, admission criteria and emergency arrangements, the maximum number of residents to be accommodated in all sections, the fire safety precaution measures such as servicing of equipment and staff staining frequency, and arrangements as discussed in outcome 14 in relation to the governance and management arrangements to ensure effective and consistent reporting structures and line management arrangements were in place that included the provider nominee.

The statement of purpose described the service that is to be provided in the centre and will be kept under review. It will be available to residents and staff.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that arrangements were in place to ensure that the quality of care and experience of residents will be monitored and developed on an ongoing basis. However, inspectors found that the provider nominee proposed required review as she was not sufficiently involved in the governance and management arrangements for the centre.

Management systems described as in place required review to ensure effective support to residents and to promote the delivery of safe quality services were put in place.

Governance, organisational and reporting structures were in place. The statement of purpose outlined the management structure that included the person in charge reporting to an "Alternative Care Manager" who reported to the "Head of Social Care" who reported to the board of directors (provider). The Child Protection Liason Officer (CPLO) was proposed as the provider nominee, however, she was not sufficiently engaged in the line management structure and/or the operation of this centre, and was not involved in governance decisions for the overall service provision unlike those aforementioned. In addition, the persons outlined in the statement of purpose and described by the PIC and CPLO as participating in the management of the services had not been included in the application for registration for this centre.

The person in charge (PIC) is to have responsibility for this centre and another adult designated centre. An assistant manager (deputy to the PIC) was to assume the day to day management of the centre.

A range of audits and quality review meetings were to be implemented on a weekly and monthly basis to indentify risks, trends, determine outcomes and inform governance and management arrangements.

An annual review is to be completed as part of the quality assurance systems.

Staff and management meetings, on call arrangements and core staff roster plans had been established and were to be maintained and adjusted according to the assessed needs of residents.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The staff that facilitated the inspection were aware of the responsibility and requirement to notify the Chief Inspector of any proposed or unplanned absence of the person in charge.

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):

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

Findings:

The inspectors were informed that sufficient resources would be made available to meet residents assessed needs as required. There was no evidence to indicate that adequate resources would not be provided to ensure effective delivery of care and in accordance with the statement of purpose.

Core staffing levels had been outlined on a planned roster that reflected the whole time equivalent numbers included in the statement of purpose and function. Staffing resources maybe adjusted and increased based on resident support needs, activity, and dependency and occupancy levels.

The CPLO and person in charge (PIC) confirmed that the centre will have a resource of a private vehicle on a full-time basis to support residents transportation needs/wishes in addition to public transport available locally.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

On the basis of the information available on inspection and from discussion with the CPLO and the person in charge, the inspectors found that arrangements were in place to ensure that an adequate number of core staff and skill mix will be available to residents.

Inspectors were informed that all staff will have completed mandatory and relevant training prior to working in the centre and as need arise. The policy in relation to staff training and development required review as outlined in outcome 18.

The centre's recruitment policy included that all staff will supervised on an appropriate basis, and recruited, selected and vetted in accordance with best practice and the regulations.

The inspectors reviewed two staff files who were identified to work in the centre and found records maintained and available in accordance with the regulations.

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

The inspectors found that systems were in place to maintain and complete accurate records.

A copy of insurance cover for the centre was available in the centre.

A resident's guide was available in an easy read and illustrative format that provided detail in relation to the service and a summary of the statement of purpose and function, contract to be agreed and complaints process. The staff named within the family (parent/guardian) information booklet required review to reflect management arrangements for this centre.

The inspectors found that records to be completed that related to residents and staff, were to be accurately maintained and stored securely in the centre.

The person in charge was aware of the requirements in relation to the retention of records and informed inspectors that a policy was completed to reflect regulatory requirements.

A template for the directory of residents was available and if completed will meet the requirements of the regulations.

The centre had written operational policies required and specified in schedule 5. However, the policies required review to reflect practices and arrangements described and subsequently approved, dated and signed by the person in charge and provider nominee. In the sample of policies reviewed and based on arrangements outlined by the person in charge and CPLO the following matters required improvement:

- the admission, transition/discharge criteria was not transparent and complete within the policy documents to reflect procedures and arrangements described by the person in charge and CPLO. Inclusion and exclusion criteria were to inform admission procedures
- the policy for providing personal intimate care was to be developed to reflect practices
- procedures and arrangements in relation to the rights review committee were to be included in or linked to the safeguarding policy
- procedures and arrangements for residents to access specialist professions such as speech and language therapy were to be included in the communication policy
- visiting time arrangements were at variance in the policy and in the contract of care. A restricted visiting time/arrangement outlined in the policy and contract of service provision was to be reviewed
- the specifics in relation to physical, chemical and environmental restrictive practices and procedures were not clearly defined or described within the related policy to ensure residents are sufficiently protected and safeguarded in accordance with national policy guidelines
- emergency procedures to include an appropriate alternative accommodation as a safe place in the event of an emergency evacuation from the centre being necessary was not stated in emergency policies available
- procedures and arrangements for infection control were not reflected in the risk management or health and safety policies available
- staff training arrangements to include the frequency of mandatory training such as manual handling, fire safety and adult safeguarding and recognised specific training identified in the safeguarding and protection policy such as behaviour support and management, multi-element behaviour support, MAPA, social integration, person

centred planning and first aid along with other relevant training required to support residents such as food safety and hand hygiene was not clear in the staff training and development policy

- the medication management policy did not reflect all procedures and arrangements outlined by management or include specific training details or arrangements to be provided for staff to support residents to include arrangements when on leave from the centre or out on an activity with one member of staff and rescue or as required (PRN) medication to be administered.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Sonia McCague
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Action Plan

Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Three Steps
Centre ID:	OSV-0005201
Date of Inspection:	22 September 2015
Date of response:	20 October 2015

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Key persons involved in admission, transition and discharge procedures were not included in the application for registration as a person participating in the management of the services.

Improvements were required to ensure the admission, transition/discharge criteria was transparent with inclusion and exclusion criteria to inform admission procedures to

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

reflect procedures and arrangements described.

1. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

The Alternative Care Manager and Head of Social Care will forward individual PPIM forms for the specific centre.

The admissions policy is due to be reviewed and amended to include the recommended areas as outlined in this report. This will be completed as part of a full review of all policies relative to the centre. Three Steps are currently seeking an external professional to be involved in the review of all policies and procedures of the centre.

Proposed Timescale:

PPIM Forms 28.10.15

Full Policies and Procedures Review 12.12.15

Proposed Timescale: 12/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Blinds on some bedroom windows were not fully functioning

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Three Steps operations manager has ordered new blinds that are due to be fitted in the identified rooms and will be fully functioning.

Proposed Timescale: 16/10/2015

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:

Improvement was required to ensure emergency procedures included the name of an

appropriate alternative accommodation that was determined and agreed as a safe place for residents in the event of an emergency evacuation from this centre being necessary.

3. 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:

The PIC has amended the emergency procedures for the specific centre to include the name of an appropriate alternative accommodation that is deemed safe for residents in the event of an emergency evacuation.

Proposed Timescale: 27/09/2015

Theme: Effective Services

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

Improvement was required in relation to emergency exit signage from the kitchen to the rear door identified as a fire exit

Provision of a break glass unit with a key to enable an emergency exit at the back door was required.

4. Action Required:

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

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

A second break glass unit with a key has been placed at the exit identified at the back door.

An emergency exit signage has been ordered and is due to be fitted at the back door as required.

Proposed Timescale: 16/10/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose required further improvements as follows:

the actual name of the registered provider

to reflect the whole time equivalents that included the PIC being responsible for this and another centre

admission criteria and emergency arrangements

the maximum number of residents to be accommodated in all sections

the fire safety precaution measures such as servicing of equipment and staff staining frequency and

arrangements as discussed in outcome 14 in relation to the governance and management arrangements to ensure effective and consistent reporting structures and line management arrangements were in place that included the provider nominee.

5. Action Required:

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

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

The purpose and function will be amended by the Alternative Care Manager and PIC to reflect the requirements outlined in this report.

Proposed Timescale: 24/10/2015

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:

Persons participating in the management of the services had not been included in the application for registration for this centre

6. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

The Alternative Care Manager and Head of Social Care have forwarded individual information previous as part of the overall company registration process in the past however they will complete a PPIM form for the specific centre with supporting documents required.

Proposed Timescale: 28/10/2015

Theme: Leadership, Governance and Management

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

The provider nominee proposed was not sufficiently involved in the overall governance and management arrangements for the centre

7. Action Required:

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

The Provider Nominee for the centre is in the process of being changed. This was being reviewed at the time of inspection. The provider Nominee for the centre will now be the Alternative Care Manager for Disability Services. They act as the Direct line Manager for the PIC of the centre. HIQA require eight weeks' notice of a change to Provider Nominee, the change of form will be forwarded and a handover will take place internally to prepare for the change. Interviews are taking place on Friday 24th October and the new alternative care manager will be identified. The appropriate forms will be forwarded following this process.

Proposed Timescale: 24/10/2015

Theme: Leadership, Governance and Management

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

The proposed provider nominee was not sufficiently engaged in the line management structure and/or the operation of this centre, and was not involved in governance decisions for the overall service provision.

8. 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:

The Provider Nominee for the centre is in the process of being changed. This was being reviewed at the time of inspection. The provider Nominee for the centre will now be the Alternative Care Manager for Disability Services. They act as the Direct line Manager for the PIC of the centre. HIQA require eight weeks' notice of a change to Provider Nominee, the change of form will be forwarded and a handover will take place

internally to prepare for the change. Interviews are taking place on Friday 24th October and the new alternative care manager will be identified. The appropriate forms will be forwarded following this process.

Proposed Timescale: 24/10/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

The following policies and guidance documents required improvement:

- the admission, transition/discharge criteria was not transparent and complete within the policy documents to reflect procedures and arrangements described by the person in charge and CPLO. Inclusion and exclusion criteria were to inform admission procedures
- the policy for providing personal intimate care was to be developed to reflect practices
- procedures and arrangements in relation to the rights review committee were to be included in or linked to the safeguarding policy
- procedures and arrangements for residents to access specialist professions such as speech and language therapy were to be included in the communication policy
- visiting time arrangements were at variance in the policy and in the contract of care. A restricted visiting time/arrangement outlined in the policy and contract of service provision was to be reviewed
- the specifics in relation to physical, chemical and environmental restrictive practices and procedures were not clearly defined or described within the related policy to ensure residents are sufficiently protected and safeguarded in accordance with national policy guidelines
- emergency procedures to include an appropriate alternative accommodation as a safe place in the event of an emergency evacuation from the centre being necessary was not stated in emergency policies available
- procedures and arrangements for infection control were not reflected in the risk management or health and safety policies available
- staff training arrangements to include the frequency of mandatory training such as manual handling, fire safety and adult safeguarding and recognised specific training identified in the safeguarding and protection policy such as behaviour support and management, multi-element behaviour support, MAPA, social integration, person centred planning and first aid along with other relevant training required to support residents such as food safety and hand hygiene was not clear in the staff training and development policy
- the medication management policy did not reflect all procedures and arrangements outlined by management or include specific training details or arrangements to be provided for staff to support residents to include arrangements when on leave from the centre or out on an activity with one member of staff and rescue or as required (PRN) medication to be administered.

9. Action Required:

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

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

The centre is currently seeking an external professional to be involved in a full review of all policies and procedures for the centre. All policies and procedures will be reviewed and amended to include all the recommendations as outlined in this report. They will subsequently be fully reviewed yearly and as required throughout the operation of the centre. This will be evidenced in the policies and procedure documents in the centre.

Proposed Timescale: 01/12/2015