

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Lamagh
<b>Centre ID:</b>	OSV-0001840
<b>Centre county:</b>	Longford
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Christopher's Services Company Limited by Guarantee
<b>Provider Nominee:</b>	Clare O'Dowd
<b>Lead inspector:</b>	Maureen Burns Rees
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	0
<b>Number of vacancies on the date of inspection:</b>	4

## **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: 11 November 2016 09:30 To: 11 November 2016 18:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was an eight outcome inspection carried out to monitor compliance with the regulations and standards. The previous 18 outcome inspection was undertaken on the 25, 26 and 27 of November 2014 and as part of the current inspection the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met with two of the children availing of evening respite in the centre. Although these children were unable to tell the inspector about their views of the service, the inspector observed warm interactions between the children and staff caring for them and that the children were in good spirits.

The inspectors interviewed the person in charge, the respite coordinator, a staff nurse and care assistant. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files. Children's files reviewed related to the three children availing of

overnight respite only.

#### Description of the service:

The service provided was described in the providers' statement of purpose. The centre provided day, evening and overnight respite care for children from the age of 4 to 18 years, with moderate to profound intellectual disability and or autism, with associated physical, sensory, medical and behavioural needs. There was capacity for four children to avail of overnight respite in the centre, although at the time of inspection only three children availed of overnight respite. On average they attended three nights in a six week period. On the day of inspection, there were three children availing of day respite in the centre. The service was a nurse-led service with a staff nurse on duty for every shift.

The centre was located in a five-bedroomed bungalow in a quiet housing estate on the outskirts of a town. There was a large outdoor area to the rear of the centre with a soft play area, trampoline, go-cart and large seating area.

#### Overall Judgement of our findings:

Overall, the inspector found that children were well cared for while availing of respite in the centre and that the provider had arrangements in place to promote their rights and safety. The inspector was satisfied that the provider had adequate systems in place to ensure that the majority of regulations were being met. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. Of the eight outcomes inspected on this inspection, four outcomes were in substantial compliance as outlined below.

#### Good practice was identified in areas such as:

- Each child's well being and welfare was maintained by a good standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities. (Outcome 5)
- The health and safety of children, visitors and staff were promoted and protected. (Outcome 7)
- There were appropriate measures in place to keep children safe and to protect them from abuse.. (Outcome 8)
- Children's healthcare needs were met in line with their personal plans (Outcome 11)
- There was a clearly defined management structure (Outcome 14)

#### Areas for improvement were identified in areas such as:

- There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, some improvements were required by the provider, in order to comply with the regulatory requirement for an unannounced inspection every six months and in relation to the annual review

of the quality and safety of care and support. (Outcome 14)

- The frequency of staff supervision was not always in line with the frequency set out in the centres' policy or in line with best practice in this area (Outcome 17)

**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 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):**

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

**Findings:**

There was an admission policy and procedure in place. Admissions to the centre were in line with the centres' statement of purpose.

At the time of the last inspection, the contracts on children's files did not meet the requirements of the regulations as they did not set out the arrangements for the support, care and welfare of each child, the services provided and any fees charged. Since that inspection a revised individual contract of care had been developed and was available on the files of each of the children availing of overnight respite in the centre.

Other aspects of this outcome were not inspected at the time of this inspection.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Each child's well-being and welfare was maintained by a good standard of evidence-based care and support. The arrangements to meet each child's assessed needs were set out in a personal plan that reflected his or her needs, interests and capacities.

Each child's health, personal and social care needs were fully assessed. There was documentary evidence to show that children's parents were involved in assessments to identify their child's individual needs and choices. Each child had a personal plan in place which detailed their assessed needs and choices. There was evidence that some goals were set for the children. There were processes in place to formally review children's personal support plans on a yearly basis. There was documentary evidence to show that the child's family representative were involved in the revision of personal plans as per the requirements of the regulations. Inspectors reviewed a sample of plans and found that they had been fully implemented to meet the support needs of the children.

**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 children, visitors and staff were promoted and protected.

There were policies and procedures in place for risk management, dated July 2014 and emergency planning, dated March 2015, which met regulatory requirements. The inspector reviewed a sample of individual risk assessments for children which contained a good level of detail, were specific to the child and had appropriate measures in place to control and manage the risks identified. There was a formal risk escalation pathway in place. The centre had a risk register. There was a safety statement in place, with written risk assessments pertaining to the environment and work practices. Hazards and repairs were reported to the providers maintenance department and records showed that requests were attended to promptly.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. This promoted opportunities for learning to

improve services and prevent incidences. A computer based incident management system was used to report all incidents which also recorded actions taken. At the time of the last inspection, inspectors found that the system for the recording and subsequent reporting of incidents in the centre was not robust. Since that inspection, the electronic incident management system had been reviewed with gaps in the system rectified. The inspector reviewed track and trend reports that were produced on a regular basis. Overall, there were a low number of incidents reported. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed.

There were satisfactory procedures in place for the prevention and control of infection. The inspectors observed that all areas were clean and in a fair state of repair. Colour coded cleaning equipment was used and appropriately stored. There was a cleaning schedule in place and records maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use. Posters were appropriately displayed. There were adequate arrangements in place for the disposal of waste.

Adequate precautions were in place against the risk of fire. There was a fire safety policy in place, dated July 2014. Adequate means of escape were observed and all fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed. Each child had a recently updated personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Fire drills involved children and were undertaken on a regular basis. Staff who spoke with the inspector were familiar with the fire evacuation procedures. There was documentary evidence that the fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and checked regularly as part of internal checks in the centre.

There was a site specific emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

**Judgment:**  
Compliant

**Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services



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

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

**Findings:**

There were appropriate measures in place to keep children safe and to protect them from abuse.

The centre had a child protection policy, procedure and practices in place dated March 2015. The inspectors observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse. Staff had attended training in understanding abuse and Children First, National guidance for the protection and welfare of children, 2011. The picture and contact details for the designated liaison person for the centre, (as per Children First, 2011) were observed on display and was listed in the child protection policy. There had been no incidents, allegations or suspicions of abuse in the previous 12 month period. At the time of the last inspection, the centre did not have a policy and procedure on protected disclosure or whistleblowing in place. Since the last inspection, a policy on protected disclosures had been put in place.

There was an intimate care policy and procedure in place. The inspector reviewed individual intimate care plans on children's files. These plans were found to provide a good level of detail to guide staff in meeting the intimate care needs of children. Staff interviewed were familiar with the policy and intimate care plans for children. Since the last inspection the person in charge had introduced a schedule of formal observations of intimate care practices with each individual staff member. The inspector found that appropriate arrangements were in place to maintain the dignity and privacy of the child whilst the observation was being undertaken. The observations informed staff supervision and informed monitoring systems to protect children availing of respite. It was reported that children's verbal consent was sought in advance of all intimate care delivery.

Children were provided with emotional and behavioural support. There was a behaviour that challenges policy in place. Records showed that staff had attended training on positive behaviour management support. At the time of inspection, one of the children availing of overnight respite displayed behaviour that challenged. A behaviour support plan had been developed by staff to support the child and guide staff in the management of the child's behaviour. However, there was limited evidence of the sharing of up-to-date information between professionals involved in the care of the child, outside of the centre, with staff in the centre. This meant that a consistent and responsive approach to the management of the child's challenging behaviour may not have been taking place.

There were a very small number of physical and environmental restraints being used in the centre which had been prescribed by individual children's multidisciplinary teams to meet their support needs. All usage was monitored and recorded. Staff interviewed told the inspector that all alternative measures were considered before a restrictive procedure would be put in place. At the time of the last inspection, the use of bed rails for one child was not informed by an assessment from an occupational therapist or by a

risk assessment for the child. The person in charge reported that further to the inspection, the deficit was addressed but that the child had since been discharged from the centre.

**Judgment:**

Substantially Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Children's healthcare needs were met in line with their personal plans and assessments.

The respite service was a nurse-led service with a qualified nurse on each shift. This ensured that children, who had medical conditions that required monitoring, received nursing care. Each of the three children availing of overnight respite in the service had low medical needs and support requirements. Each child's health needs were appropriately assessed and met by the care provided in the centre. Hospital passports were observed on each of the children's files which contained a good level of detail to guide a health professional if so required. Each of the children had their own general practitioner (GP) and an out of hours GP service was also available. Training records showed that staff had received training in first aid and epilepsy management.

The centre had a fully equipped kitchen and a dining area. The service had a policy on the provision of food and nutrition. A range of nutritious, appetizing and varied foods were available in the centre for the children. Meal times were at times which suited the children. A good supply of healthy snacks was available for children to choose from. At the time of the last inspection, inspectors found that records maintained of food eaten by children did not facilitate the person in charge to maintain an overview of the adequacy of children's diet. Since that inspection, a food diary had been put in place for each of the children in line with the centres food and nutrition policy.

**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:**

There were systems in place to ensure the safe management and administration of medications.

There was a medication management policy in place dated April 2014, which the person in charge reported was in the process of being reviewed. The processes in place for the handling of medicines was safe and in accordance with current guidelines and legislation. There was a secure cupboard for the storage of all medicines. There was a medication fridge available. At the time of the last inspection, inspectors found inappropriate recording on the administration and prescription sheets of a small number of children's file. On this inspection, the inspector found that all prescription and administration sheets had been appropriately completed. Staff interviewed had a good knowledge of appropriate medication management practices and medications were administered as prescribed.

Staff had assessed the ability of individual children to self manage medication and found it was not appropriate for any of the children availing of overnight respite to be responsible for their own medications. There were no chemical restraints used in the centre.

There was a system in place to review and monitor safe medication management practices. Medication stock controls were completed during each child's admission and discharge process. Medication administration sheets were checked on a daily basis as part of daily task safety checks. Medication audits were undertaken on a periodic basis and where issues were identified appropriate actions had been taken. The respite service was nurse-led with a qualified nurse on duty for every shift, who held responsibility for the administration of all medications.

**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:**

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, some improvements, were required by the provider, in order to comply with the regulatory requirement for an unannounced visit every six months and in relation to the annual review of the quality and safety of care and support.

The centre was managed by a suitably qualified, skilled and experienced person. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role. Children were observed to interact warmly with her. The inspector found that the person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the health needs and support requirements for children availing of respite in the centre. On call arrangements were in place and staff were aware of these and the contact details.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. Staff who spoke with the inspector had a clear understanding of their role and responsibility. The person in charge was in a full time post and she also held responsibility for another designated centre. The person in charge reported to the residential coordinator (provider nominee) who in turn reported to the general manager. There were adequate supervision and performance review arrangements for the person in charge.

The service had a policy, planning and quality committee in place and the residential coordinator (provider nominee) was a member of this committee. A schedule of audits were in place and undertaken in the centre. Examples include, children's file audits, health and safety, medication, communication, food and nutrition and observation of intimate care practices. There was evidence that issues identified in these audits were appropriately addressed. Findings from the audits were used to inform a quality assurance operational system in place. A range of reports were submitted on a monthly basis to the board of directors. These reports included information on service user related incidents, risks, behaviour that challenges, medication, financial, HIQA notifications, complaints, non-accidental injuries and staff related matters.

An unannounced visit of the safety and quality of care in the centre had been undertaken by the provider in March 2016. An improvement action plan to address issues identified had been put in place, with an appropriate assignment of responsibility and timelines. However, a further unannounced inspection, within six months, as per the requirement of the regulations, had not yet been undertaken.

At the time of the last inspection, a copy of the annual review of the quality and safety of care and support had not been made available to children or their families. Since the last inspection, letters had been sent to families advising that the annual review was available for them to see. An annual review of the quality and safety of care had been undertaken for 2015 as per regulatory requirements. The report from this, provided an overview of the findings of audits undertaken throughout the year and change of practice implemented as a result. However, the inspector noted that the report did not provide an appropriate overview of the quality and safety of care and support in some areas. In addition, although there was evidence that children and their families had been consulted with, regarding the quality of care and support in the centre, this was not reflected in the annual review report.

**Judgment:**

Substantially 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 were appropriate staff numbers and skill mix to meet the assessed needs of children availing of respite and to deliver safe services. However, staff supervision arrangements required some improvement.

The staffing levels, skill mix and experience were sufficient to meet the needs of the children availing of respite in the centre. The respite service was nurse-led with a staff nurse on duty for every shift. The majority of staff had worked in the centre for a number of years which meant that children had continuity in their care givers. A small number of relief staff were used on occasions. It was noted that these staff were not used on a regular basis but when they were, they were rostered on duty with a permanent member of staff. The inspector reviewed the records for a member of staff who was recruited and started working in the service in July 2017. Appropriate recruitment, induction and probation arrangements were recorded.

A training programme was in place for staff which was coordinated by the providers training department. Training records showed that all staff were up to date with mandatory training requirements. A training needs analysis had been undertaken.

Specific training for staff to meet the care needs of the children had been identified and delivered or scheduled. For example, training regarding sensory integration and deep tissue massage had been delivered, whilst training on communication methods was scheduled to be delivered by the speech and language therapist at the end of November 2016. Staff interviewed were knowledgeable about policies and procedures in place. The inspector observed that a copy of the standards and regulations were available in the centre.

There were effective recruitment procedures in place that include checking and recording all required information. The inspector reviewed a sample of four staff files. These records were found to contain the information outlined as required in schedule 2 of the regulations with the exception of one staff nurses file, which did not contain an up-to-date registration status with the professional body for nursing An Bord Altranais. This was furnished to HIQA, two days after the inspection.

There were staff supervision arrangements in place but the frequency of supervision was not in line with the centres' policy on supervision. The inspector reviewed supervision records for four members of staff and found that supervision was not always undertaken within the timelines proposed in the centres' policy.

There were no volunteers working in the centre at the time of inspection.

**Judgment:**

Substantially Compliant

**Closing the Visit**

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

**Acknowledgements**

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

***Report Compiled by:***

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

## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	A designated centre for people with disabilities operated by St Christopher's Services Company Limited by Guarantee
<b>Centre ID:</b>	OSV-0001840
<b>Date of Inspection:</b>	11 November 2016
<b>Date of response:</b>	24 January 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

One of the children availing of overnight respite displayed behaviour that challenged. There was limited evidence of the sharing of up-to-date information between professionals involved in the care of the child outside of the centre with staff in the centre. This meant that a consistent and responsive approach to the management of

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

the child's challenging behaviour was not assured.

**1. Action Required:**

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

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

The Provider Nominee will seek parental permission to ensure that each child is identified on the local school age team.

The Provider Nominee will seek assurance that each child where required is referred to the Behaviour Therapist attached to the school age team

The Provider Nominee will seek assurance with parental consent, from the Behaviour Therapist that she/he will link with the Person in Charge on a regular basis or as required.

**Proposed Timescale:** 24/01/2017

**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:**

An unannounced visit of the safety and quality of care in the centre had been undertaken by the provider in March 2016. However, a further unannounced visit, within six months, as per the requirement of the regulations, had not yet been undertaken.

**2. Action Required:**

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

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

The second bi-annual unannounced visit for 2016 was completed on the 22/12/2016 by the Provider Nominee. The 2017 Annual Schedule of Audits will ensure all inspections are completed inside the six monthly requirements.

**Proposed Timescale:** 31/08/2017

**Theme:** Leadership, Governance and Management

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



An annual review of the quality and safety of care had been undertaken for 2015 as per regulatory requirements. However, the inspector noted that the report did not provide an appropriate overview of the quality and safety of care and support in some areas.

Although there was evidence that children and their families had been consulted with, regarding the quality of care and support in the centre, this was not reflected in the annual review report.

**3. Action Required:**

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

The Annual Review of the Quality and Safety of Care Report has been revised and updated to demonstrate recording of evidence received from consultation with children and their families.

**Proposed Timescale:** 24/01/2017

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The inspector reviewed supervision records for four members of staff and found that supervision was not always undertaken within the timelines proposed in the centres policy.

**4. Action Required:**

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

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

Staff supervision schedule amended to ensure all staff supervision is completed within the time limits set out in the organisation policy on staff supervision.

**Proposed Timescale:** 24/01/2017