

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011623
Centre county:	Dublin 15
Email address:	cnm2ol1.stj@docservice.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary O'Toole
Person in charge:	Claire Sweeney and Caroline Farrell
Lead inspector:	Sheila McKeivitt
Support inspector(s):	Florence Farrelly
Type of inspection	Announced
Number of residents on the date of inspection:	31
Number of vacancies on the date of inspection:	0

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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
10 March 2014 10:30	10 March 2014 19:30
19 March 2014 10:30	19 March 2014 18:00
20 March 2014 09:30	20 March 2014 18:00

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 first inspection of the centre by the Health Information and Quality Authority (the Authority). All 18 outcomes were inspected against. The centre was in compliance with 6 of the 18 outcomes. The inspector found the management team had made some efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013. However, as evidenced from the body of this report improvements were required to bring the centre into full compliance.

The centre is situated on the grounds of St. Joseph's Residential Services and is run by the Daughter of Charity Service. The centre is made up of three separate units, two are located beside each other and share some facilities and the third is located along an internal corridor within the same building. There are 14 female residents' living in two of the units and the remaining three residents, one male and two female live in the third unit.

As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Overall the inspector found there were no immediate risks to residents. Residents' appeared well cared for and happy within the environment, although it was not ideal. Staff appeared kind and caring and provided the optimal level of care they could to residents' with the resources available to them.

The inspector found that improvements were required in 12 out of the 18 outcomes inspected against. Improvements were required in areas such as the statement of purpose, the contract of services, insurance policy, directory of residents' and the residents' guide. The workforce allocation, provision of staff training, governance and management structure and social aspect of care also required improvement. The action plans at the end of the report reflect the non compliances with regulations and standards.

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 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

Judgement:

Non Compliant - Moderate

Findings:

In general the inspector found that residents were consulted with and participated in decisions about their care and how the centre was run. However, improvements were required in some areas. Resident meetings were held on a monthly basis. Minutes of these meetings were reviewed and confirmed that all residents' attended; their views/requests were listened to and acted upon by Clinical Nurse Managers (CNM's). There was a complaints policy available. The inspector was informed there were no complaints and a review of the complaints file confirmed this. A resident spoken with was aware of the complaints procedure and residents had access to advocacy services.

Staff were observed treating residents with respect. Screening was available around each bed space in the large dormitories. Staff were seen using these to ensure residents privacy and dignity was maintained. One resident residing in a single bedroom showed the inspector the key for her bedroom door which she had hung around her neck. However, a number of issues with the premises impacted on the staff's ability to maintain residents' privacy and dignity at all times. These included access to the dormitory via an open door leading directly outside and an open door from the outside leading directly into the assisted bathroom in one of the units. In another unit inspectors found there was unrestricted access to the dormitory via an open door leading onto a main corridor. The first two issues had been addressed prior to the end of day 3 of inspection.

Each resident had designated storage space for their personal possessions, although this was not always within their personal space, for those residing in the dormitories it was often a distance away from their bed.

There was a policy in place for the management of residents' personal possessions and property. The clinical nurse managers on each unit informed the inspector that each resident had a mental capacity assessment completed to determine their capacity to manage their own finances however none of the residents were assessed as having capacity in this regard. Residents' petty cash was managed by the clinical nurse managers. The inspector reviewed in detail the process in place to manage resident finances and found that they were robust and in line with the centres policy. Receipts for all purchases were available and records of credit and debits were clear, concise and accurate. Balance of residents petty cash held in safe keeping tallied with cash available belonging to each resident.

Resident's main finances were managed by an administrator and there were clear, concise records of each resident's accounts held on the administrator's computer. All debits and credits were recorded, receipts kept and running balance in place. The inspector was informed that residents did not have individual bank accounts. Residents money went into one of two accounts' either the resident's old age pension account or resident's disabilities account, depending on the allowance they were receiving. The individual record held in the administrators office informed them of which resident had what amount in the either of these accounts. The inspector saw documented evidence that two residents on one of the units had been charged for the purchasing of their new bed and the provider confirmed that all residents who had funds in their account were been charged for their new bed. The administrator stated that each resident had been issued with an invoice for the bed. However, the money had not yet been withdrawn from their accounts. Staff were unable to inform the inspector if the residents' or their next of kin had been consulted with prior to this transaction taking place.

There was a good variety of activities available to residents on the grounds of the centre. Residents who had some degree of independence were involved in activities to meet their needs. These residents' told the inspector they went off campus with volunteers or friends, they appeared to be engaging in activities that interested them. However, residents who were dependant or described as having a severe intellectual disability were involved in little or no activities. They were seen spending a lot of time sitting in the communal sitting room during the three day inspection. A review of two of these residents' activity records showed that one had 1 hour 20 minutes, the other 3 hours and 20 minutes of scheduled activities planned per week. Clinical nurse managers confirmed this was the case.

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

Judgement:

Non Compliant - Major

Findings:

Residents' were assisted and supported by staff to communicate at all times. Staff demonstrated that they knew how to communicate with each individual resident either verbally, by use of gestures or by use of sign language. Practice observed, reflected the residents' communication needs recorded in their personal plan.

Televisions, radios and knowledge of local events were available to residents'. However, residents' did not have access to the internet within their home; access was available to independent residents in the computer department only. Residents had access to one telephone situated in the staff office. However, the office was not accessible to wheelchair dependant residents'; therefore they did not have access to a telephone. There was no access to assistive aids, appliances or technology which may have promoted the capabilities of some of the more dependent residents' living in the centre. For example, staff confirmed they did not have access to pictorial charts other than those available in the dining room which related to food only.

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

Judgement:

Compliant

Findings:

Staff stated there was an open visiting policy and this was reflected on the statement of purpose. Residents' were seen receiving visitors in the small private sitting rooms situated on each unit.

One resident confirmed that she could have visitors when she wanted, another told the inspector a friend was coming in and taking her out for the evening and later confirmed she had been out for her tea and also had done some personal shopping.

Staff were responsible for buying snack food for the residents' living in the unit and described how they bought residents with them to the local supermarket to assist with the shopping. There was evidence that residents next of kin were consulted with regarding their care.

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

Judgement:

Non Compliant - Major

Findings:

The admission criteria to the centre was not clearly outlined and was not reflected within the statement of purpose. The inspector saw that the decision to admit a resident to the centre was based on a multi-disciplinary team review of the residents needs. Records reviewed confirmed that a multi disciplinary meeting had taken place prior to a resident being recently transferred to the centre and the residents' family had been consulted with.

Residents' did not have a written contract in place dealing with the support, care and welfare of the resident and included details of the services to be provided for the resident and the fess to be charged.

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

Judgement:

Non Compliant - Moderate

Findings:

The inspector reviewed two resident records reflecting their assessments and personal plans. The inspector found that there were comprehensive assessments completed which clearly identified their individual level of participation, individual needs, preferences and preferred routines. Personal plans were in place, they focused mainly on the health and emotional needs of the resident. However, they were not updated when there was a change in the plan of care. For example, one care plan stated the residents' blood pressure was to be recorded monthly. However, the residents' general

practitioner had requested daily blood pressure checks for a period of time. Records showed the change in care was being provided but the care plan had not been updated.

The social aspect of the residents' personal plan did not include detailed information about the resident's goals and aspirations. Therefore, staff did not have a specific goal to assist the resident to work towards achieving. For example, one personal plan stated: loves outings and aim was two per month. However, it did not provide details of where the resident liked going or how they liked to travel. It had not been evaluated so the inspector was unable to determine if the resident was achieving their aim each month or if it was improving the life of the resident.

Personal plans were not available in a format accessible to the resident or their representative.

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

Judgement:

Non Compliant - Major

Findings:

The inspectors formed the view that the design and layout of the centre was not suitable for its stated purpose and did not meet the needs of all the residents.

In the first unit the inspector found that while the unit was clean and tidy the physical design and layout was not suitable to meet the needs of the 14 residents living there. There was a lack of personal space available to each resident. Twelve residents' occupied a large dormitory style bedroom, the layout of which was not suitable to meet their needs. For example, a number of beds were positioned under windows or up against curtains which meant they did not have access to an over bed light. Each resident in the dormitory had a minimal amount of bedroom furniture. For example, each had a new low, low bed, 8 out of the 12 had a bedside locker and just 1 of the 12 had a bedside table and 1 of the 12 a bed side chair. There was minimal personalisation of the residents' personal space. The two single bedrooms allowed for a little more personal space. However, one of these could only be accessed by walking through the 12 bedded dormitory.

The storage space for residents' private personal possessions was not adequate. The inspector was informed that as seasons changed the contents of the wardrobe were swapped with those stored off the unit. However, the inspector observed that three additional double wardrobes within the twelve bedded dormitory were being used to store

incontinence wear.

The second unit was designed and laid out in the same manner and the lack of personal space and equipment replicated the findings as outlined above.

The storage space for residents' private personal possessions was not adequate, the inspector observed that two double wardrobes within the twelve bedded dormitory were empty and one was being used to store arts and craft materials.

The three residents living in the third unit had an adequate amount of private space. However, this unit was isolated from the rest of the centre.

Each unit contained an assisted bathroom with a toilet, two assisted shower rooms, three assisted toilets and a room containing four wash hand basins. Two shower rooms were not accessible at all times to residents as they were being used to store equipment. Staff reported that they remove all equipment in order to support residents' personal care each morning. The privacy and dignity of residents using the one assisted bathroom could not be maintained due to open access via the door as discussed under outcome 1. The communal spaces accessible to residents were adequate they included a large sitting room, a smaller cosy television room and a large dining room/kitchen which contained all necessary equipment. All these rooms were decorated in a somewhat homely manner. Each large sitting room had an open fire which was lit at night time. However, there were no light shades over ceiling light bulbs in two of the units, one of the single bedrooms had the same issue.

There were two sluice rooms in the centre. One was out of order, staff stated it had no running hot water and was out of use for a number of months. It had been reported but had not been repaired. The inspector was informed that a number of the residents' used a bedside commode at night time, therefore sluicing facilities were required.

On day two of the inspection, some improvements had been made on one of the units around the provision of furniture to residents', the installation of light shades and the removal of incontinence wear from residents private storage space.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Findings:

While there were arrangements in place to manage risk, non compliances were identified in the risk management arrangements and fire precautions. There was a risk management policy in place. Each resident was assessed with potential risks identified

and measures outlined on how to address these risks. There was a health and safety statement available for the centre and staff were aware of it. All fire equipment had been serviced and fire drills had taken place twice in the past year. However, not all staff had been involved in a fire drill and a number spoken with had not had refresher fire training for over four years. The inspector also noted the fire evacuation sheet which contained each resident's name did not clearly identify how they were to be evacuated. For example, it stated ambulant or non ambulant by each residents name, for those that were non ambulant (11 of the 14 resident's on one of the units) it did not state how they were to be evacuated. The last fire drill had taken place in December 2013, while evacuating residents in their bed staff identified an issue with getting the beds out over a lip in the fire exit door. This was all recorded on the fire drill record from December 2013 and the inspector saw that the issue with the door lip had been addressed. However, a fire drill had not been practised since the issue had been resolved. Therefore, staff were not sure if residents could be evacuated safely in a bed via the fire exit door.

Rooms within the centre were not numbered. Staff informed the inspector when the alarm sounded and the alarm panel lit up it would read bedroom and this could mean either one of the single rooms or the dormitory, all had to be checked by staff. In addition, the ground floor plan posted on the wall in the communal dining room did not correspond to the current layout of one unit which had the potential of leading to confusion in the event of a fire.

The fire assembly point in another of the units posed a potential risk to residents' as it was located in front of an oil tank and beside rubbish bins.

These risks were brought to the attention of the provider during the feedback meeting following the first day of inspection and the provider was requested to attend to the issues raised as a matter of priority. During the second day of inspection inspectors were given information from the provider to confirm fire drills had taken place and all staff on the campus were in the process of receiving up to date fire training however, this process was not complete and remained a non compliance as outlined in the action plan of this report.

Adequate measures were not in place to prevent the spread of infection within the centre. Two of the units shared a cleaning room. This cleaning room did not contain any running water or any sinks. Household staff described how they filled and emptied the mop buckets in the large delph sink in the laundry room, also shared between both units. There were no wash hand basins available to staff in either the cleaning or the laundry room.

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

Judgement:

Non Compliant - Moderate

Findings:

There were measures in place to adequately protect residents. The policy available on the protection of vulnerable residents against abuse was adequate to guide staff. Five out of six staff spoken with knew the procedure to follow in the event of suspected or confirmed abuse. All staff had completed training on the protection of vulnerable residents however, this training had been completed up to four years ago and no refresher training had been provided to staff since then.

The inspector was told by the person in charge that chemical restraint was not in use in the centre however, physical restraint, lap straps and bed rails were used for a small number of residents'. Each resident had a protocol in place for each type of restraint in use which outlined reasons, rationale and guidelines for use. However, it did not identify what if any non restrictive methods were tried prior to the restraint been used. Intimate care plans were in place for each resident and staff were observed promoting residents independence. For example, one resident who was going out was prompted by staff to put on a warm coat.

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

Judgement:

Compliant

Findings:

There was a system in place to record all incidents that occurred in the centre.

Records were reviewed and the inspector found that at the time of this inspection, there had been no incidents in the centre that required notification to the Authority as required by the Regulations. However, the person in charge and provider was very knowledgeable about the requirements in the Regulations.

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

Judgement:

Compliant

Findings:

The inspector found that residents with the ability to participate had access to new experiences and social participation through their activities programmes as outlined earlier in this report. A number of residents' living in this centre had been assessed as having a severe or profound intellectual disability; therefore their ability to take part in educational programmes or employment was diminished due to their disability. However, those with a moderate intellectual disability were seen assisting staff. Staff encouraged this group of residents' to take part in daily activities within the centre, such as preparing evening tea. One resident was observed pushing the linen trolley for laundry staff, the CNM 2 informed the inspector that it was the residents job every morning to carry out this task.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Compliant

Findings:

The health care needs of residents were being met. The inspector reviewed four resident files and found the care provided was a medical/nursing model of care. Residents were seen by their general practitioner at least once every six months and were having a full review of their medications at this time. Access to multi-disciplinary team members was available on site and referrals were made with residents seen without delay. A dental clinic, ophthalmology and chiropody clinic were held on site and a occupational therapist, physiotherapist and dietician employed fulltime were also available on site.

The nutritional needs of residents were being met. Lunch service was observed and the dishes served appeared nutritious and hot. Residents had a choice of meal, they could select from the choices displayed and dishes served appeared nutritious and hot.

Residents were observed eating their entire meal and indicated to the inspector that they enjoyed it. Snacks selected and bought by residents with the assistance of staff were available in the communal kitchen/dining room and residents' had access to a variety of hot and cold drinks.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Compliant

Findings:

Residents were protected by safe medication management policies and practices. Practices observed by the inspector reflected policies. Storage of medications was safe and secure. All medications brought into the centre were checked by two staff nurses and all returns were signed by both a nurse and a pharmacist. Medication prescriptions reviewed were in line with best practice and administration practices observed on inspection were in line with An Bord Altranais agus Cnáimhseachais na hÉireann Guidance to nurses and midwives on medication management.

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

Judgement:

Non Compliant - Minor

Findings:

There is a written statement of purpose that generally reflects the service that is provided in the centre. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons with Disabilities) Regulations 2013. For example, criteria used for admission to the designated centre were not included.

Residents' personal information should not be contained in this document. Copies of the statement of purpose were available to residents' in the centre.

There was a written statement of purpose that generally reflected the service provided in the centre. However, it did not contain some of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

Elements to be addressed within the statement of purpose include:

- 2.(a) the specific care and support needs that the designated centre is intended to meet
- 2.(d) criteria used for admission to the designated centre, including the designated centre's policy and procedures (if any) for emergency admission.
- 4. a description (either in narrative form or a floor plan) of the rooms in the designated centre including their size and primary function.
- 7. the organisational structure of the designated centre (did not include reporting structure for all staff)
- 9. details of any specific therapeutic techniques used in the designated centre and arrangements made for their supervision.
- 11. the arrangements for residents to access education, training and employment.

Personal information such as names and dates of birth must also be removed from the document in line with data protection guidelines. This information should be stored separately within the directory of residents.

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

Judgement:

Non Compliant - Major

Findings:

The inspector had concerns that the management structure in place did not provide clear lines of authority and accountability. This designated centre formed part of a larger service provider with a complex management structure and associated levels and lines of authority and accountability. Additionally, the CNM's and nominee provider referred to

many people with responsibility for clinical governance that they report to or relied upon for support.

The management structure in the centre included a CNM 1 and 2 on two of the units. The CNM's on one of the units also had responsibility for the three residents and staff living in the third unit. The CNM's worked opposite each other on days covering at least one day at the weekend. However, there was a lack of accountability and leadership in the centre as evidenced by no nominated person in charge, lack of autonomy in relation to admission and discharge of residents and the CNM's did not have control of the allocation of night staff to the centre. The night supervisor who did not form part of the organisational structure outlined in the statement of purpose did and this meant that unknown to the clinical nurse managers appropriate staffing was not always put in place at night time.

All CNM's had a good knowledge of the residents living in the centre and demonstrated a good knowledge of the regulations and standards. They were aware of the responsibility and accountability of the person in charge. However, it had not yet been decided by the provider who would hold the post of person in charge.

Staff interviewed told the inspector that arrangements were not in place to support, develop or performance manage all members of the work force to exercise their personal and professional responsibility in order for them to deliver a quality driven and safe service to residents'.

A review of the quality and safety of care was not reviewed on this inspection.

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

Judgement:

Compliant

Findings:

There had been no incident where either of the CNM2's had been away from the centre for more than 28 days. The clinical nurse managers from each unit cover for each other in the event of an absence.

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

Judgement:

Non Compliant - Moderate

Findings:

The systems currently in place in the unit where three of the residents lived did not ensure that the service provided to these residents was at all times safe, appropriate to meet their needs nor consistent or effectively monitored. For example, all three residents had a degree of behaviour that was challenging yet there was only one member of staff allocated to care for these residents' at any one time, this raised concerns as the unit was situated in a different part of the building to the other two units. The inspector was also informed that staff from one of the units providing care to 14 residents and this unit covered each other for staff breaks during the day and night shift which meant that this often left one staff member caring for 14 residents'.

The inspector saw staff had access to assistive devices. For example, equipment like hoists and transport in the form of cars which staff were insured to drive and bring residents out in.

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

Judgement:

Non Compliant - Moderate

Findings:

The number and skill mix of staff appeared appropriate to meet the needs of residents on the days of inspection in two of the units. However, as mentioned under outcome 16 staffing levels in one of the units were not always safe. There was at least one qualified nurse on duty at all times. The planned staff roster reflected this. However, it did not reflect the care staff scheduled to work on night duty. Staff informed the inspector that on some nights there was only a staff nurse scheduled to work on one of the 14 bedded units and a care assistant rostered caring for the three residents on the other unit. This

raised concerns as one staff could not safely evacuate 14 residents' in the event of a fire.

Supervisory practices were in place for student nurses. They were allocated a mentor and each resident had a key worker. Staff spoken with had knowledge of the regulations and standards. Care staff spoken with confirmed they had FETAC level 5 training. Staff knew the procedures to follow in the event of a fire or in the event of a resident being exposed to any form of abuse. However, staff stated and training records confirmed they did not have up-to-date refresher training in place for fire management, protection of vulnerable residents' (as mentioned under outcome 7 and 8) or manual handling practices.

The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with vulnerable adults.

Four staff files were reviewed and contained all of the documents as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and appropriate documentation was in place for volunteers working in the centre.

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

Judgement:

Non Compliant - Moderate

Findings:

Resident records maintained were found to be accurate and up-to-date. They were easy to retrieve and kept secure. The policies listed in schedule 5 were available and staff had a good knowledge of them. However, some were not sufficiently detailed. For example, the emergency plan and the policy to follow in the event of a resident going missing were not specific enough to guide staff.

Residents had access to some information, available in a leaflet. However, the leaflet did not include all the information required to be included in the guide. The inspector was told there was no residents guide developed to date.

The insurance in place was not adequate to cover the sum of cash held on both 14 bedded units.

The inspector was informed that a directory of residents' had not yet been established.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sheila McKeivitt
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	ORG-0011623
Date of Inspection:	10 March 2014
Date of response:	30 April 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

The open door leading from the main corridor into the dormitory of one of the units did not ensure residents' right to privacy, dignity and respect.

Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

Automatic swipe has been placed on this door to ensure privacy, respect and dignity for service users.

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

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

The resident or their next of kin were not consulted with prior to major purchases been made on their behalf.

Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

All staff are aware of the service policy relating to Patients private property accounts. Service users were incorrectly invoiced for new beds and where this has occurred the monies have been reimbursed to their personal accounts on the 21/05/14, this will not occur again. In line with private patients property accounts policy expenditure will be more clearly explained to service users and family in future.

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

Dependant residents did not have the opportunity to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

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

Activities are prioritised with dependent service users in accordance with their interests, capacities and needs, which is ongoing.

Activities are based on staff knowledge of individual service users likes and dislikes.

Activities will enhance involvement in the local community such as outings, overnight stays in hotels, local library, shopping centres etc.

Referrals have been sent to the Activation Manager to provide more opportunities for dependent service users to engage in scheduled day activation programmes.

Proposed Timescale: 31/10/2014

Outcome 02: Communication

Theme: DCAD10 Individualised Supports and Care

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

Wheelchair dependant residents did not have access to a telephone.

Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

A cordless phone has been provided with accessibility for all service users.

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

All residents did not have access to the internet.

Action Required:

Under Regulation 10 (3) (a) you are required to: Ensure that each resident has access to a telephone and appropriate media, such as television, radio, newspapers and internet.

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

Internet and Skype facilities are available to service users who wish to avail of same, located within same premises in day services. A letter has been sent to families on the 13/05/14 re: availability of Skype facilities inviting them to return their Skype address.

Proposed Timescale: 30/04/2014

Theme: DCAD10 Individualised Supports and Care

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

Dependant residents were not facilitated to access aids, appliances or assistive devices to promote their full capabilities.

Action Required:

Under Regulation 10 (3) (b) you are required to: Ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.

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

A risk assessment for more dependent Service Users where appropriate to access assistive technology and aids and appliances to promote their full capabilities will be carried out.

This assessment will be in conjunction with the Speech and Language Therapist to develop pictorial charts and communication passports.

Possibility of using laptop, ipad or tablet to promote the service users full capabilities if appropriate

Proposed Timescale: 31/10/2014

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:

There is no clear criteria for admission to the centre.

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:

An Admission, discharge and transfer document has been developed and will be utilised by all service users.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

There was no agreement made in writing with any of the 31 residents' or their representatives outlining the terms on which the resident was to reside in the centre.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

A written Contract of Care has been developed and implemented for each service user. Families have been informed of same via letter sent 19/05/14.

Proposed Timescale: 30/04/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

The personal plan was not available in a format accessible to the resident or their representative.

Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

Following on from a meeting with the Speech and Language Therapist on the 08/05/14 a communication passport is being developed for each service user by their key workers. It is anticipated that all service users will have a communication passport to enhance communication and choice.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

The social aspect of the personal plan did not outline the supports required to maximise residents' personal development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Social aspect goals to be SMART (Specific, Measurable, Attainable, Realistic, Timed) and include all details pertaining to goal.

Nursing Care Plan audit tool to be implemented every 3 months by Person In Charge.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Residents' care plans were not updated to reflect changes in the residents' plan of care.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Keyworders systems in place, allocate time to keyworders to update and re-evaluate service users care plans. Utilise daily task allocation sheet/daily diary/duty roster(specific time during the day) on going.

Proposed Timescale: 30/04/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Shower rooms were not accessible to residents at all times due to lack of storage space for equipment.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Shower rooms will be made accessible to all service users for personal care, all service users are dependent on either one or two staff for their personal care needs. Equipment will be removed from all shower rooms during times of personal care and any other time of day or night that service users require personal care.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

A sluice room was out of service. It had no running hot water and repairs had not been carried out in a timely manner.

Action Required:

Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

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

Repairs have been carried out. The sluice area is now in operation

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

The amount of private space provided to each resident was not adequate.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Risk assessments will be carried out in conjunction with the Occupational Therapist and Physiotherapist regarding the requirements of individual service users need for bedside chair, locker if they utilise a specialised wheelchair. Referrals have been sent to Occupational Therapist and Physiotherapist.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

The current design and layout of the beds in the dormitories was not suitable to meet the needs of each resident. Beds were placed beneath windows, beside curtains which blocked over bed lights.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Layout of beds in the dormitory setting will be reviewed.
Curtain rails to be adjusted according to service users requirements.
A bedside light will be provided to service users who require same

Proposed Timescale: 30/07/2014

Theme: Effective Services

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

Storage space within the residents' personal space was been used to store general materials used for activities.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

General materials have been removed from the service users personal storage space and this area is only used for the storage of the service users personal belongings.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Suitable storage space was not provided to store equipment. Equipment was stored in shower rooms preventing access to residents.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Shower rooms are used to store equipment when the service users personal care has been completed.

Shower rooms are always accessible for service users personal care at their request and equipment is removed.

Proposed plan is to facilitate a storage area on veranda area.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Ceiling light fittings in the main sitting room in two units did not have light shades fitted. Both these rooms were used by residents.

Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

Ceiling light fittings have been fitted.

Proposed Timescale: 30/04/2014

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:

Measures were not in place to protect residents' from the spread of infection for the following reasons:

- No running water in the cleaning room.
- No sinks in the cleaning room.
- No wash hand basin available in either the laundry or the cleaning room.

Action Required:

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

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

Hand basin to be placed in cleaning room.

Hand basin to be placed in storage room for house hold equipment.

Door to be placed in storage room entrance.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

Adequate measures were not in place to detect fire, as rooms in the centre were not numbered and therefore the specific room could not be identified when a room

appeared on the fire panel.

Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Logistics Officer has been contacted and we are awaiting a response re: fire detection devices for each individual section of the dormitory.

Proposed Timescale: 30/06/2014

Theme: Effective Services

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

The floor plan mounted on the wall in the communal sitting room in unit 1 did not correspond with the actual number of bedrooms, layout or number of beds in the centre.

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:

Floor Plan mounted on the wall in communal sitting room in unit One has been updated.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

The evacuation plan did not provide details of how non ambulant residents were to be evacuated.

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 detailed documented plan has been completed to guide staff when evacuating non-ambulatory service users.

Proposed Timescale: 30/04/2014

Theme: Effective Services

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

Some staff had not practiced a fire drill and a large number had not attended refresher fire training.

Action Required:

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

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

All staff will have fire training sessions completed by 11/06/14.

Proposed Timescale: 11/06/2014

Theme: Effective Services

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

The fire assembly point for unit 1 did not appear to be a safe location.

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:

Fire assembly point for unit one has been relocated.

Proposed Timescale: 30/04/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Individuals physical restraint records did not identify what non restrictive practices were trialled prior to the use of physical restraint been used.

Action Required:

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

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

All other options are trialled and documented prior to introducing a restrictive practice. Ensure that a risk assessment followed by an MDT is undertaken to decide on an effective outcome.

Proposed Timescale: 30/04/2014

Theme: Safe Services

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

Residents were not protected from potential financial abuse as there was no policy in place to guide the management of residents' main funds/bank accounts.

Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Currently there is a Patients private Property account, updated Feb 2014. All staff to read and sign this policy and sign a cover sheet to state they have read and understand same.

Proposed Timescale: 01/06/2014

Theme: Safe Services

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

Staff had not received appropriate refresher training in relation to the protection of the vulnerable resident.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Staff training in service user welfare and protection is scheduled for July and August 2014

Proposed Timescale: 31/08/2014

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 did not contain some of the information as required in Schedule 1.

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 Statement of Purpose has been updated.

Proposed Timescale: 30/04/2014

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:

There was no person in charge appointed.

Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

During inspection these areas were merged for monitory inspection, going forward unit one will be identified as a designated centre with a Person In Charge and unit two will also be a designated centre with a Person In Charge.

Proposed Timescale: 30/04/2014

Theme: Leadership, Governance and Management

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

The management structure was not clearly defined and lines of authority and accountability were not clear as the night supervisor was omitted from the organisational structure.

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 Management structure is now clearly defined, current rosters display persons participating in management for both day and night duty for example CNM2 night duty, CNM3 day duty and service manager.

Proposed Timescale: 30/04/2014

Theme: Leadership, Governance and Management

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

There were no arrangements in place to carry out performance reviews with staff.

Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Currently the service has a performance Development Review System.
All staff complete the annual performance development review.

Proposed Timescale: 31/12/2014

Outcome 16: Use of Resources

Theme: Use of Resources

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

Management systems were not in place to ensure the safe consistent and effective delivery of care to meet residents' needs, particularly those residents in Sacred Heart.

Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

A property has been sourced for one service user and it is in the process of being registered with HIQA. A transition process is being implemented presently. The remaining service users will be transferred into more suitable environment.

Proposed Timescale: 31/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number of staff scheduled to work on night duty was not always adequate to meet the residents' needs at night time.

Action Required:

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

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

An additional care staff member is available to meet the residents needs at night time.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

The planned roster did not reflect the care staff scheduled to work at night time.

Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

All day duty and night duty staff are rostered on current duty roster.

Proposed Timescale: 30/04/2014

Theme: Responsive Workforce

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

Staff spoken with did not have refresher training in place for manual handling.

Action Required:

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

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

Staff spoken to has now received and completed manual handling training. Manual handling training is ongoing and updated every three years for all staff. Training plan in place.

Proposed Timescale: 30/04/2014

Outcome 18: Records and documentation

Theme: Use of Information

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

Policies in place were not detailed enough to guide staff.

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:

Appendices of the Emergency plan are completed, updated 2012. All staff are aware of their roles and responsibilities in relation to same. This has been ensured through all staff reading the policy, then signing a staff signature cover sheet to state they have read and understand same. Missing person's policy, revised, 2013. All staff are aware of their roles and responsibilities in relation to same and sign a staff signature sheet once they have read and understand same.

Proposed Timescale: 30/04/2014

Theme: Use of Information

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

A directory of residents had not been established in the centre.

Action Required:

Under Regulation 19 (1) you are required to: Establish and maintain a directory of residents in the designated centre.

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

A Directory of Residents has been compiled.

Proposed Timescale: 30/04/2014

Theme: Use of Information

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

There was no guide available to residents.

Action Required:

Under Regulation 20 (1) you are required to: Prepare a guide in respect of the designated centre and provide a copy to each resident.

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

A residents guide has been developed.

Proposed Timescale: 30/04/2014

Theme: Use of Information

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

The insurance cover in place was not adequate to cover the sum of cash held in the centre.

Action Required:

Under Regulation 22 (2) you are required to: Insure against other risks in the designated centre, including loss or damage to property and where such insurance is effected advise the residents accordingly.

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

Insurance cover is in place to adequately cover petty cash in the centre.

Proposed Timescale: 30/04/2014