

**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 Catholic Institute for Deaf People
Centre ID:	OSV-0002090
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Catholic Institute for Deaf People
Provider Nominee:	Bernard McGlade
Lead inspector:	Linda Moore
Support inspector(s):	Helen Lindsey;
Type of inspection	Unannounced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	6

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:

4 November 2014 08:15

To:

4 November 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 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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Inspectors followed up on actions identified at the inspection of 26 and 27 August 2014 and the actions outstanding from the inspection of 5 and 6 August 2014.

Inspectors noted that there were 29 residents in the centre, as two were on holiday and one in hospital.

Inspectors met with residents and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Inspectors met the person in charge during this inspection as the provider was in the centre but did not attend the feedback meeting.

The CEO had invested significant resources into the care practices since the inspection on the 26 August 2014 and inspectors found that improvements identified at the previous inspection on the 26 and 27 August were maintained. Staff had an in-

depth knowledge of residents and their needs and were committed to providing person centred care to residents.

Residents had access to general practitioner (GP) services and to a range of other health services and overall healthcare needs of residents were met.

The dining experience for residents had significantly improved. Medication management and risk management practices had improved. The risks associated with residents at risk of going missing were addressed. Additional staff training was provided.

Areas identified for improvement included:

- staff nurse levels and the reliance on agency staff
- care plans

These items are discussed in the body of the report and are included in the Action Plan at the end of this report.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that resident's rights, dignity and consultation were well maintained. There was evidence that residents have opportunity to contribute in how the centre is planned and run.

Residents were involved within their local community including trips to the supermarket, and within their own deaf community. In addition to the staff, the activity staff member provided support to meet residents needs.

Complaints were well managed by the person in charge. A complaints log was in place if required, which included space for any responsive action undertaken as a result of a complaint. The complaints procedure was on display and was given to residents and their family on admission in an accessible format. The Person in Charge was knowledgeable of her role within the procedure. Regular meetings were held with an external advocate if required.

There is a policy protecting residents' property and monies which was seen to be implemented in practice. However there were areas for improvement. Residents retain control over their property where they choose and where monies are held by the centre there is transparent procedures around this to protect both residents and staff. However inspectors found that two signatures of the withdrawals were not always maintained in line with the policy. Balances were reviewed by the person in charge weekly.

Judgment:

Non Compliant - Minor

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors reviewed and found that the statement of purpose set out the arrangements and guided practice regarding admitting new residents to the centre. This was being demonstrated for the next planned admission. This process considered the wishes, needs and the safety of all residents in the centre.

Inspectors found that the only document available which referred to admissions to the centre was the statement of purpose and it did not fully include the specific care and support needs that the designated centre is intended to meet. See also outcome 13. Inspectors noted that care continued to be provided to residents with a range of health and social care needs and there was no plan or policy available to guide the admission process or to determine the future of the service to meet the residents changing needs.

Two different contracts of care were shown to inspectors. These set out the fees to be paid. However details of services to be provided and additional charges were not fully included.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The only aspect of this outcome reviewed on inspection were the care plans. Please see outcome 11.

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The design and layout of the centre was not suitable to meet the needs of residents and did not meet the requirements of the Regulations.

All bedrooms were single and appeared appropriate in size to meet residents' needs. The centre was clean, comfortable, welcoming and well maintained both internally and externally. Inspectors found that the communal spaces and bedrooms were homely in design, decor and furnishings and this was also frequently mentioned by relatives.

Hand rails were provided in circulation areas. A small passenger lift in addition to the chair lift was provided.

There were an insufficient number of toilets in locations to meet residents' needs. There had been improvements to the access to one of the showers, however it was still a distance from the bedrooms.

One resident used a commode in the bedroom as there was no accessible bathroom within close proximity to the resident's bedroom. Staff showed inspectors how one of the toilets was inaccessible for residents who were immobile.

Inspectors observed that many of the residents who were blind had difficulty accessing rooms due to the lack of automatic doors and the number of ramps in the centre. There

was no risk assessment completed for any resident to ascertain what supports were in place and those that were required.

There were no cleaners' rooms in the centre for the storage of cleaning equipment and chemicals. These were stored in laundry room and staff filed mop buckets from the sink in the laundry. Therefore there may be a risk of cross infection.

There was inadequate storage space throughout the centre for storage of equipment. Inspectors observed residents equipment such as hoists stored in residents bedrooms.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that there were robust systems in place in relation to promoting the health and safety of residents, staff and visitors. These had been improved since the previous inspection and there were plans to address the risks identified by the management team.

Inspectors read the risk management policies which were developed in line with the Regulations and guided practice. These had been improved since the previous inspection. They included the policies on violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff. There was a health and safety statement in place which had been reviewed in 2014 and it related to the health and safety of residents, staff and visitors.

Inspectors found that the management team had engaged in risk management training since the previous inspection and had a better understanding of the risks and required control measures in the centre.

The risk register was being reviewed to identify and manage the risks in the centre and risks pertaining to residents were maintained in their files. The top twenty risks in the centre were identified and were being addressed.

The clinical governance meetings continued since the previous inspection. This was used to review risk in the centre.

Accidents, incidents and near misses were being recorded in detail and a copy of the reports were submitted to and reviewed by the person in charge. Incidents were being discussed at regular governance and staff meetings with a view to learning from them and reducing the risk of recurrence.

Residents at risk of going missing

Inspectors found that there were now appropriate mechanisms in place to reduce the risk of residents going missing. The perimeter to the premises had been secured.

Residents at risk of choking

There were now appropriate plans in place to minimise the risk of residents at risk of choking. Supervision of the main meal had improved, however this was further required at the evening meal to ensure consistency of good practice. See Outcome 17.

Smoking risks

Inspectors found that all residents except one were supervised when smoking and smoking aprons were provided. However while residents at risk had a smoking risk assessment in place and care plans, they would not fully guide practice. This was being addressed.

Overall fire safety was well managed. Inspectors viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals as defined by the Regulations.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. Inspectors found that all internal fire exits were clear and unobstructed during the inspection. Personal evacuation plans were documented in resident's files and staff were aware of these plans.

All staff had been trained in manual handling and appropriate practices were observed by the inspectors.

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors reviewed the use of restraint and behaviours that challenge.

Overall restrictive practices were used infrequently in the centre. Inspectors noted that there had been a reduction in the use of bedrails since the inspection in August 2014. There was a policy and documentation in place which would guided practice and residents were observed while using restraint.

There were a small number of residents in the centre who displayed behaviours that were challenging at times. Inspectors found from a review of the training records that staff had been provided with training in the management of behaviours that challenge since the previous inspection, however they told inspectors this did not provided them with the skills necessary to manage this behaviour. The person in charge said this would be addressed.

While behaviour support plans were in place for some residents, they were still not comprehensively completed; they did not include the triggers or the therapeutic interventions and therefore were not being implemented. They did not include the use of medication to control or manage a resident's behaviour. There were no staff members in the centre with expertise in the development of these plans. Inspectors read the restraint policy and the behaviours that challenge policy and noted that overall the behaviours that challenge policy did not adequately guide practice. These were in the process of being reviewed.

Judgment:

Non Compliant - Minor

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

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

Findings:

Inspectors found that the person in charge and staff had maintained detailed records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of

inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there had been significant improvements in healthcare provision since the previous inspections. The CEO had invested significant resources to enable the improvements to be implemented and maintained. Appropriate equipment such as bed alarms and hip protectors were purchased as was access to allied health services.

There was an area for improvement in that the care plans did not guide practice. The provider said this would be addressed by 30 November 2014 and evidence of the progress being made was demonstrated to inspectors. This is actioned under Outcome 5.

Residents had a comprehensive health check completed by the GP and nurse with the aid of an interpreter since the previous inspection. Residents had access to allied health services as required such as optician, chiropody, dietician and speech and language therapy.

There was evidence that all residents had regular medical reviews by their GP and the access to this service was being improved.

A multi disciplinary team meeting continued monthly, attended by the pharmacy. This meeting was followed by the falls committee to review the health care needs of residents. Inspectors noted that this information was not been fully used to guide the care plans.

While there were care plans in place for all residents, they were a work in progress to guide the care delivered. These had improved in the area of nutrition, wound care and falls management but were not specific in the area of end of life, for example. A health assessment was in place but this did not inform a comprehensive health plan.

There was a lot of meaningful information maintained on residents in the centre, this included the information book, life events and people part of my life.

Each resident had a personal plan and inspectors reviewed many of the plans with a staff member. While they identified the goals for resident and were based on the individual support needs of the resident, there was no documentary evidence of regular reviews. The personal plans were not multidisciplinary and there was no system to assess the effectiveness of the plans. There was no evidence of who was involved in the development of the plans. The person in charge showed inspectors the new goal sheet which would address the issues raised by inspectors.

Judgment:

Non Compliant - Minor

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:

Improvements were noted in the administration of medication.

Medications were administered by nurses who were knowledgeable in the types of medications and the contraindications. All care staff who administered medication were trained in this process.

Inspectors observed good practice in the administration of medication during the inspection. The medication management policy was being reviewed and was in draft format.

There was now a system in place for the management of errors and stock control in the centre. Inspectors found that medication errors were being discussed and reviewed through the clinical governance meetings and these were being addressed by the nurse manager.

The nurse manager outlined the plans to address the errors going forward. Monthly audits and three monthly reviews of the medications was planned by the pharmacy.

The person in charge carried out audits monthly and the results were positive.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

As discussed under Outcome four, the statement of purpose did not meet the requirements of the Regulations. It did not include all matters listed under Schedule 1 of the Regulations. The registered provider is incorrectly stated in this document. Please also refer to outcome four also.

Judgment:

Non Compliant - Minor

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Inspectors found that there was an increase in the number of permanent nurses employed since August 2014 and that supervision had improved. The clinical nurse manager was available to supervise the care during the day.

However, while inspectors found that the current staffing levels, qualifications and skill mix were appropriate for the assessed needs of residents on most days, this was not sufficient after four pm daily or at the weekend to meet the needs of residents and the layout of the centre. There was one nurse on duty for 33 residents at these times. Inspectors found that there were 11 residents with low dependency needs, 15 high and 6 maximum dependency needs. Staff confirmed the medication round was interrupted many times during the evening and they often had difficulty supervising and delivering care.

Inspectors noted that due to the decrease in the number of nurses available, there continued to be a reliance on agency staff which would not ensure consistency of care needs and maintain the standards of care across these times, for example at meal times. The person in charge was currently recruiting additional nurses to address this issue.

Inspectors noted from a review of training records and speaking to staff that additional training was provided to staff since the inspection, this included dysphagia and epilepsy. Inspectors noted that staff were knowledgeable in these areas and were applying the principles in practice. For example, the chef was in the process of reviewing the menu to meet the needs of all residents. There were plans to train all staff in the areas of risk management and dementia care to meet the assessed needs of residents.

Inspectors noted that two of the staff files did not meet the requirements of the Regulations. For example, references were not on file for one staff member.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

While all policies in line with Schedule 5 of the Regulations had been developed, these were not centre specific and did not guide staff in the delivery of services to residents and the running of the centre. They are currently being revised to guide practice. staff did not have access to the policies to guide practice.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Linda Moore
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Catholic Institute for Deaf People
Centre ID:	OSV-0002090
Date of Inspection:	4 November 2014
Date of response:	15 December 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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The care plans did not fully guide the care to be delivered.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects

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

the resident's assessed needs.

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

Actions Taken

- All Social Care Plans (My Information Book) have been reviewed to include implementation steps.
- It has been agreed that these plans are being formally launched week commencing 15/12/14.
- In Clinical Care Plans, the Nursing Model (Assess-Plan-Implement-Evaluate) has been integrated into the Health Management Plan in order to guide care. Implementation may take the form of Observation Sheets / Assessments / Progress notes and Care Plan updates.

Actions to be Taken:

- Plan to ensure that MDT input is reflected in the care plan by Nurse Keyworker and Care Supervisor. 31/1/2015
- Annual review of Care Plan to be implemented January 2015. Aim to complete 3-4 resident Care Plans per month by a team to include the resident, their family/friend, their keyworker and input from the MDT. Commencing 10/1/2015 and to be fully completed by 31/10/2015.
- Addition of a 'Change / Alert sheet to be added to the Clinical Care Plan as in My Information Book. 30/4/2015.
- A review of effectiveness of implementation steps described above – 31/3/2015
- On this basis, consideration is to be given to combining Social Care Plan and the Clinical Care Plan. 30/4/2015

Proposed Timescale: 31/10/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The design and layout of the centre was not suitable to meet the needs of residents and did not meet the requirements of the Regulations.

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:

Actions Taken

- An audit of Design and Layout of the Designated Centre has been carried out by the Registered Provider's Nominee and the CEO.
- This identified two addition locations for toilets to be fitted – both on the upstairs part of the building.
- Cleaning materials have been removed from the laundry area.
- In addition, two storage areas for cleaning materials have been identified – One

upstairs and one downstairs. This will remove the need to fill cleaning buckets in the laundry.

- The health status of the resident in question has changed and the resident has been relocated to a new room. This new room is adjacent to a toilet.
- Shower Room has been modified to make it accessible to residents who are immobile.
- A storage room has been identified for storing hoists.
- Manual doors assist Deaf Blind residents to orientate themselves throughout the building. There is no plan to introduce any additional automatic doors.

Actions to be Taken:

- Final commissioning of room for storing hoists 16/1/2015.
- Installation of two toilets upstairs. 16/1/2015.
- Cleaning rooms are to be fitted with deep sinks and shelving 23/1/2015.

Proposed Timescale: 23/01/2015

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:

Behaviour support plans did not guide practice and the training delivered was not sufficient for some staff.

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:

Actions Taken

- Discussion was held at the care meeting in relation to specific behaviours that present within the house and how the creative approaches help to support residents and staff in challenging times.

Actions to be Taken

- We are seeking advice from a specialist to review the use of Anti Psychotic medication.
- The services of a deaf, signing Psychotherapist will be engaged in January 2015 to provide therapy and guide behavioural supports and practices.
- Behaviour Support Plans, with triggers and management plans will be prepared for all residents, commencing with the four residents whose behaviours present the greatest challenges. 31st January 2015. All other residents by mid year.

Proposed Timescale: 30/06/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose does not meet the requirements of the Regulations.

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:

Actions to be Taken

- Statement of Purpose is being updated to ensure compliance with the regulations. 23/12/2014.

Proposed Timescale: 23/12/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number and skill mix of staff nurses was not sufficient to meet the needs of residents.

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:

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:

Actions Taken

- In addition to the supernumerary Nurse Manager, there are three full time nursing staff and two part time nursing staff working at St. Joseph's House.
- We have recruited two additional nursing staff to commence 15/12/2014.
- However, one staff is leaving on 25/12/2014.

Actions to be taken

- Recruit permanent staff (combination of full and part time to total 51 hours per

week) by 28/2/2015.

- We are issuing nursing recruitment briefs to additional agencies.

Proposed Timescale: 28/02/2015

Theme: Responsive Workforce

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

The staff files did not meet the requirement of the Regulations.

Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Actions Taken:

- The two files have been re-checked. There is a phone reference on file for the staff member mentioned.
- A robust induction programme has been introduced for commencement of new employees to ensure that all the requirements of Schedule 2 of the Regulations are met before the person commences work.

Actions to be taken:

- The reference provided for the former Nurse Manager on leaving, is to be placed on her file now that she has returned.
- Character reference to be provided where employment reference not available due to shutdown etc. 31/1/2015
- Random audit of Staff files by Registered Provider's Representative 28/2/2015.

Proposed Timescale: 28/02/2015

Theme: Responsive Workforce

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

There continued to be a reliance on agency nursing staff.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

Actions to be taken

- Continued recruitment efforts as detailed above.

Proposed Timescale: 28/02/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

Staff did not have access to policies to guide practice.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Actions Taken:

- Five Schedule five Documents edited - Complete
- Ten additional Schedule 5 documents to complete editing 18/12/2014.

Actions to be taken:

- Complete reviews of the remaining Schedule five documents – 16/1/2015
- Agree a plan for training and implementation of all documents. - 31/1/2015
- Documents to be made accessible to all staff throughout the building - 31/1/2014
- Deliver on the implementation plan, to include discussion groups to ensure that policies guide action. Interpreters to be used to facilitate deaf staff - 30/6/2015
- Seeking assistance from trained interpreter to Sign Policies on video to assist with training of deaf staff. 31/1/2015

Proposed Timescale: 30/06/2015