Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Brothers of Charity Services Limerick</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0002824</td>
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<tr>
<td><strong>Centre county:</strong></td>
<td>Limerick</td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Brothers of Charity Services Limerick</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Norma Bagge</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Margaret O'Regan</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Paul Dunbar</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>2</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
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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 wellbeing 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.
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 1 day(s).

The inspection took place over the following dates and times
From: 30 October 2014 09:00  
To: 30 October 2014 18:20

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

<table>
<thead>
<tr>
<th>Outcome 02: Communication</th>
<th>Outcome 03: Family and personal relationships and links with the community</th>
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</thead>
<tbody>
<tr>
<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
<td>Outcome 05: Social Care Needs</td>
</tr>
<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
<td>Outcome 08: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 14: Governance and Management</td>
<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection
This congregated setting for people with intellectual disabilities is operated by the Brothers of Charity, Limerick. In total 87 people were accommodated on this large site. The campus consisted of 15 bungalow style houses. The 15 houses were grouped under four separate centres and each centre had a person in charge. The centre to which this report refers, catered for 2 residents.

This was the first inspection of the centre carried out by the Health Information and Quality Authority (HIQA). It was announced and took place over one day. The inspectors met with residents, staff, the person in charge and senior management of the Brothers of Charity, Limerick. The inspectors observed practices and looked at documentation such as residents' care plans, medical records, policies and procedures and risk assessments.

The centre comprised a bungalow divided into two self contained apartments, with one resident in each apartment. The accommodation promoted independent living, in so far as possible. The centre catered for residents with behaviours that challenged. Both residents were male. Each apartment had a bedroom, sitting room, kitchen, bathroom and storage space. Office space was provided for staff in one of the
apartments.

Staff were well informed about each resident's needs and helped residents to make decisions and choices about their lives. Residents looked relaxed and comfortable in the company of staff. Residents had detailed care plans and they were written in a respectful and meaningful way. However, the review of these plans had not taken place as frequently as were meant to. Residents had easy to read versions of their care plan which described their likes and dislikes in picture format. Residents were facilitated to engage with their preferred interests and hobbies.

Alarms were in place to assist with the safety and security of residents, especially at night. Staff were on the premises up to midnight and thereafter residents were checked on an hourly basis by staff from a nearby house.

In summary, the inspectors found that a high standard of care was provided to residents in a comfortable environment. Residents were shown respect, their health care needs were attended to and a lot of work was done to help residents manage as independently as possible and in particular manage their behavioural needs. The three main areas which needed improvement were;
* the provision of contracts of care for residents
* the review of personal care plans in a timely manner
* the putting in place of a more robust governance structure to include more formal structures around staff meetings, staff supervision and staff rosters.

These are discussed further in the 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 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

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

Findings:
The inspectors found that the residents’ communication needs were met. Each resident’s specific needs in this area were written in their personal plan. One resident was in contact with a speech and language therapist and this was documented. Staff were aware of the different needs of each resident and could assist them where required. For example, one resident spoke in a low voice and it was noted in their personal plan that they did not like to be asked to speak up. The staff member on duty during the inspection was able to convey their speech to the inspectors in a way that was respectful to the resident.

All residents had access to a television and radio. Residents spoke to inspectors about their enjoyment of watching television and listening to music. Residents were also facilitated to use the telephone and there was evidence that one resident phoned their family regularly.

Much emphasis was placed on ensuring all staff who interacted with a resident were kept informed of the resident’s wellbeing and kept up to date on any issues that arose during the day. Each resident had a diary in which appointments, outings and visits were recorded. This was in addition to the daily notes maintained for each resident.

Judgment:
Compliant
### Outcome 03: Family and personal relationships and links with the community

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**
Individualised Supports and Care

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

**Findings:**
The inspectors found that there were opportunities for residents to engage with their families and to maintain links with the wider community.

Each resident’s personal plan had a list of family members and friends with their contact details. There was also a log which detailed the dates and times when a family member or friend called to the centre to take the resident out for a period of time. These outings were a regular occurrence and the residents spoke positively about these occasions to the inspectors. Family members were also invited to participate in the development of personal plans and there was evidence of their attendance at these meetings.

Residents were engaged in activities in the community. These activities were led by the requests of the residents and staff sought to facilitate these requests. For example, one resident enjoyed vintage car rallies. Staff sought information on upcoming rallies and ensured that the resident would be in a position to attend. Another resident was due to attend a monthly social on the day of the inspection and spoke to inspectors about his enjoyment of meeting friends there. The inspectors reviewed residents’ daily logs which were maintained by staff and noted regular trips outside the centre to various places e.g. walks, the local pub, restaurants and massage appointments.

**Judgment:**
Compliant

### Outcome 04: Admissions and Contract for the Provision of Services

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

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
Inspectors found that the admissions policy of the centre was reflected in the statement of purpose. The admissions process was handled by the admissions, discharge and transfer (ADT) committee which was centrally organised by the centre’s parent organisation (Brothers of Charity, Limerick).

Staff spoke to inspectors about the differing needs of each resident. Their placements were continuously monitored with input from the multi-disciplinary team to ensure they were appropriately placed.

However, inspectors found that there were no contracts of care available for the residents on the day of inspection. Management personnel informed inspectors contracts of care were completed for new residents and that they were in the process of implementing contracts for residents already within the service.

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

Findings:
Each resident’s wellbeing and welfare was maintained by a high standard of care and support. Each resident had opportunities to participate in meaningful activities, appropriate to their interests and preferences. The arrangements to meet each resident’s assessed needs were set out in a personal plan. Personal plans were drawn up with the participation of each resident and their families. The inspectors saw this documented. Residents showed and explained their easy to read pictorial plan to the inspectors.

The documentation showed, and it was confirmed to inspectors by staff, that residents were supported in the transition between services. Each resident and their family were actively involved in the assessment to identify their individual needs and choices. Each assessment has multi-disciplinary input. Plans were implemented and care needs were
attended to. However, the three monthly reviews which the person in charge had deemed necessary, had not been conducted.

**Judgment:**
Non Compliant - Minor

<table>
<thead>
<tr>
<th>Outcome 07: Health and Safety and Risk Management</th>
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<tbody>
<tr>
<td><em>The health and safety of residents, visitors and staff is promoted and protected.</em></td>
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**Theme:**
Effective Services

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

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected. There were policies and procedures relating to health and safety in place and an up-to-date health and safety statement. Procedures for the prevention and control of infection were satisfactory with the provision of good hand washing facilities, notices with regards to correct hand washing procedures and the location of gels at the entrance to each apartment.

There was a risk management policy in place which covered the identification and management of risks, the measures in place to control risks and arrangements for identification, recording, investigation and learning from serious incidents. This policy was implemented in practice with comprehensive risk assessments having been conducted for each resident.

Arrangements were in place for investigating and learning from serious incidents or adverse events involving residents. Records were maintained of all incidents and they were audited on a quarterly basis. Arrangements were in place for responding to emergencies with emergency contact numbers displayed in a prominent place in each apartment. A diagrammatic evacuation plan was displayed and alarms were provided to staff for them to seek assistance is needed.

Staff confirmed to inspectors that they were trained in moving and handling and had regular updates on this. There were adequate precautions in place against the risk of fire. For example, fire escape routes were unobstructed, fire equipment was available and serviced annually and fire drills were conducted on a two monthly basis.

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

**Findings:**
The inspectors found that systems were in place to protect residents from being harmed or suffering abuse. There was a non judgemental approach to managing behaviours that challenge. Specific plans were put in place to assist residents and staff in finding a satisfactory way of working with such challenges. The plans detailed the emotional, behavioural and therapeutic interventions put in place to assist in achieving a good outcome. Psychological support was sought to assist with specific positive behaviour plans and families were also involved in these. There was documentary evidence that the interventions put in place were effective, while at all times promoting a restraint-free environment and protecting the privacy and dignity of the resident. The restraint-free environment was evident from the manner in which the house was designed and on observing how staff and residents interacted.

Policies were in place in relation to the protection of vulnerable adults. The inspectors spoke with staff who were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse. The inspectors interacted with residents and were satisfied that residents felt safe in the centre and had access to staff with whom they could communicate. There was a nominated person to manage any incidents, allegations or suspicions of abuse.

Staff had specific training and considerable experience in the care of residents with an intellectual disability. Regular training updates were provided to staff in the management of behaviours that challenge including de-escalation and intervention techniques. Practices observed showed the staff had the skills to manage and support residents to manage their behaviour in a safe and dignified way.

The inspectors reviewed arrangements in place for managing residents' finances and found that residents had access to their own monies and were supported to manage their own financial affairs, as far as reasonably practicable.

**Judgment:**
Compliant
# Outcome 11. Healthcare Needs

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

## Theme:
Health and Development

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

## Findings:
The inspector saw that a comprehensive holistic assessment was carried out by staff in conjunction with the resident and/or their relative. From the assessments, plans of care were devised. The plans seen by the inspector were detailed and showed that many disciplines (psychologist, occupational therapist, social worker) were involved in drawing up and implementing the plan. Staff with whom the inspector spoke, were well informed as to each resident’s needs and requirements. The practices in place showed that good health was promoted; for example, healthy eating and exercise was encouraged, residents were offered vaccinations and regular health screening checks were provided.

The records showed that blood tests were carried out on a regular basis. Blood pressures were checked and residents were weighted regularly. Where something was wrong with these tests, action was taken to correct them.

The dietician and speech and language therapist were available to lend support and guidance in the planning of good nutritional care for residents. There was evidence of referral and access to the GP, psychologist, psychiatrist, dentist and optician. Where other specialist services were required these were facilitated. Discussions took place around end-of-life care and these were documented. Religious and spiritual care needs were assessed.

The breakfast and evening meal was prepared and cooked daily in the centre. Residents had their lunch delivered to them from a contract catering company. Good communication took place between the contract catering company and the centre in relation to specific dietary requirements. For example, residents requiring a high fibre diet and coeliac diet were catered for. Mealtimes were flexible. The inspector saw that staff supervision and assistance was in place and that residents were facilitated to be as independent as possible.

## Judgment:
Compliant
Outcome 12. Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Health and Development

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

Findings:
Written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents were in place. There were clear processes in place for the handling of medicines in accordance with current guidelines and legislation. All medication was administered by a nurse and kept in locked cupboards. Procedures for the handling and disposal for unused and out-of-date medicines were in place and they were returned to the pharmacy.

Medications practices were audited and the pharmacist was available to support staff with queries in relation to medication matters.

Residents had regular access to GP services and residents’ medicines prescriptions were up to date and reviewed as their needs or conditions changed.

When residents went home adequate supplies of medication were provided to the resident.

Judgment:
Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
The inspectors were satisfied that there was a good management structure in place. However, the structure needed to be examined as to how the person in charge could be further supported in her role. The person in charge was known to residents. Staff stated they received support from her. She worked full-time and reported to the head of integrated services, who in turn reported to the provider nominee. The person in charge had the required skills, qualifications and experience to manage the centre. Weekly meetings were held between the person in charge and her line manager.

The person in charge was also person in charge of another centre which accommodated 25 residents. She was helped in her role by two clinical nurse managers. A third clinical nurse manager was assigned to a specific project. The needs of residents in both centres were complex and the centres were spread out over a large area and between six different houses. The physical environment combined with the complexity of needs of the residents meant it was a challenge for a person in charge to fulfil her duties; however, overall the person in charge achieved this. For further improvements to take place a review of how tasks are delegated is warranted with ideally a staff member in each house who leads the care in that house and reports to the person in charge.

Staff meetings were not routine and this was a weakness in the way management decisions were communicated. Systems were in place to ensure that feedback from residents and relatives was sought and led to improvements. These included weekly house meetings between staff and residents.

The head of integrated services and the person in charge told the inspector that staff appraisals did not take place.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The inspectors found that at the time of inspection the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of the residents. Every
effort was made to ensure regular staff worked with the residents to minimise any incidents triggered by staff not being familiar with residents needs. However, the arrangements in place for staff to support each other were unclear. For example, in this centre one staff member supported two residents. When this staff member attended a social event or an activity that took longer than an hour, it was not adequately planned in advance the arrangements for checking the other resident, who was assessed as needing an hourly check.

The management team demonstrated commitment to providing ongoing mandatory education and training to staff. Staff confirmed they had received this training. However, other opportunities for staff development were limited.

Staff were supervised in their work by the person in charge; however, records of staff supervision were not maintained. The absence of a more formal structure around supervision and the absence of regular staff meetings made it unclear as to how staff were informed of continuous improvement practices.

There was a staff recruitment policy in place. Staff files were held in an office off-site.

**Judgment:**
Non Compliant - Moderate

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**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:**

Margaret O'Regan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Saoirse (Integreated Services)</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0002824</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>30 October 2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>28 November 2014</td>
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</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the 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.

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

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Contracts of care outlining the terms on which residents will reside in the centre were not in place.

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

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
terms on which that resident shall reside in the designated centre.

**Please state the actions you have taken or are planning to take:**
- Draft Contract of Care document finalised.
- Admissions, Discharges and Transfers Committee to review draft Contract of Care document on 1/12/14.
- Document to be approved. Easy read version to be developed.
- Contract will commence rolling across services in January 2015.

**Proposed Timescale:** 31/01/2015

### 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:
Reviews of personal plans had not taken place as scheduled.

**Action Required:**
Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan reviews assess the effectiveness of each plan and take into account changes in circumstances and new developments.

**Please state the actions you have taken or are planning to take:**
- The three monthly review of the personal plans has been completed.
- Each plan will be reviewed quarterly by the key Worker.
- The PIC will review either a quarterly or the annual review.
- The CNM1 will review either a quarterly or an annual review so that each plan is reviewed twice by management in the year.

**Proposed Timescale:** Immediate & on-going

### 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:
Management systems in place warrant review to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

**Action Required:**
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.
Please state the actions you have taken or are planning to take:
- An additional CNM I has been appointed to support the PIC.
- The CNM1 will ensure proper management systems are in place.
- The CNM I will report directly to the Person In Charge.

**Proposed Timescale:** Immediate

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Not having 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.

**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:
- Monthly staff meetings chaired by the CNM1 with set agendas and minutes commenced on the 22/11/14.
- Minutes will be located in each residence where staff have access to them.
- Monthly meetings between the CNMI and the Person in Charge commenced 11/11/14. In 2015 a review of the timeline for meetings will be explored with the view to meeting taking place on a weekly basis.
- Unscheduled meetings with staff will be documented in a communication book held in the residence. This has commenced since 08/11/14. This process will be reviewed.

**Proposed Timescale:** Immediate and on-going

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The arrangements in place for staff to support each other were unclear. For example, in this centre one staff member supported two residents. When this staff member attended a social event or an activity that took longer than an hour, it was not adequately planned in advance the arrangements for checking the other resident.

**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:
• Person in Charge to meet with CNM1 & night manager to agree a protocol on supervision for the resident remaining on campus.
• Protocol will be documented.
• Relevant staff will be informed.

Proposed Timescale: Completed

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The absence of a formal structure around supervision and the absence of regular staff meetings made it unclear as to how staff were informed of continuous improvement practices.

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

Please state the actions you have taken or are planning to take:
• A CNM I was appointed to support this residence in November 2014.
• Staff meetings with agendas and minutes commenced 22/11/14 chaired by the CNMI. All staff will have access to the minutes which will be located in the house.
• These meetings will occur monthly and will be focused on ensuring appropriate supervision of staff. A set agenda has been developed to support this process.
• The Clinical Nurse Specialist from the Behaviour team will attend quarterly & more frequently if required.
• The CNMI will meet with the Person in Charge monthly and this has commenced since 11/11/14. This timeline will be reviewed in January 2015 with the view to incorporating weekly meetings.
• Unscheduled meetings with staff & CNM I will be documented in the communication book held in the residence. This has commenced since 08/11/14.

Proposed Timescale: Immediate and on-going