

**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 St John of God Community Services Limited
Centre ID:	OSV-0003004
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Bernadette Shevlin
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Jillian Connolly;
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 November 2014 11:00 To: 11 November 2014 18:30

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 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Following the issuing of a warning letter by the Authority on the 24 October 2014 in respect of insufficient staffing levels an unannounced monitoring inspection took place specifically to determine the appropriateness of the staff numbers and skill mix to meet the assessed needs of residents. However, other matters mainly in respect of the safe delivery of services were observed and therefore forms part of this report.

The inspection methodology included observation of practices, interactions between residents and staff, obtaining the views of staff members on duty and reviewing documentation.

The designated centre accommodates 9 residents assessed with a diagnosis of intellectual disability. The dependency levels of the majority of the residents were assessed as high to maximum. Residents were unaware of the inspection process.

The findings of the inspection were primarily as follows: –

- The number of staff working in the designated centre was not sufficient to meet the assessed needs of the residents.
- Residents were not appropriately supervised at all times.
- Residents did not receive continuity of care and support, as some staff working in the centre had been recently recruited from an agency.
- All staff had not participated in training in respect of their roles and responsibilities

and were not appropriately supervised.

- Arrangements were not in place to meet the assessed health care needs of all of the residents being accommodated as some staff demonstrated that they did not have sufficient knowledge of residents' conditions and their needs.
- Staff did not have up-to-date knowledge and skills to support a resident to manage self injurious behaviour.
- Residents did not have opportunities to participate in activities in accordance with their interests, capacities and developmental needs.
- Residents were not protected from a risk of a healthcare associated infection by the adoption of procedures consistent with the standards for the prevention and control of health care associated infections.

These findings constitute major non-compliance with the regulations with the potential of serious injury or harm occurring to residents and were shared with the management team, including the deputising person in charge during the post inspection review. The provider nominee was informed per telephone.

The inspectors issued an Immediate Action Plan in respect of the following matters:

- Residents did not have opportunities to participate in activities in accordance with their interests, capacities and developmental needs.
- The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents.
- Residents did not receive continuity of care and support.
- Staff were not appropriately supervised.

On the evening of the inspection the Authority received per email details of the provider nominee's response to the Immediate Action Plan.

Following the inspection further enforcement regulatory activity was initiated.

The action plan of this report identifies the areas requiring to be addressed by the provider and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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):

No actions were required from the previous inspection.

Findings:

There was a major non-compliance with the Regulation regarding the general welfare and development of residents.

Inspectors found that residents did not have opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Based on the findings set out below inspectors issued an Immediate Action Plan (Regulation 13 (2) (b)).

Inspectors observed residents in the communal areas with no opportunities to participate in activities in accordance with their interests, capacities and developmental needs. For example, for the majority of time inspectors saw:

A resident sitting on the floor with building blocks (the only respite from this activity was to sit at the dining table, while having lunch and going to the bathroom).

A resident sitting in a specialised wheelchair with a table to the front (the table was used to serve the resident's lunch).

A resident self propelling in a wheelchair throughout the centre collecting items to bring to the bedroom.

A resident sitting in a wheelchair in the office area.

A resident in a wheelchair recovering from an epileptic seizure and the remainder of the residents moving at intervals from a seated position in the day room to the dining room.

The engagement/interaction from staff was task orientated and related to the general routines such as assisting residents with food, personal care and hygiene.

Some staff members prepared and assisted some residents in wheelchairs to go outside into the grounds, however, the inclement weather and the arrival of the lunchtime meal did not allow for a longer period than approximately 15 minutes. During the preparation period for this activity inspectors noted that there were approximately 5 residents in wheelchairs and 4 staff members congregated in the dining room in close proximity to the front door. The area became congested and noise levels increased. The inspectors were informed that the resident who was occupying this area of the dining room from shortly after the commencement of the inspection preferred a quiet environment. Furthermore, prior to serving of the lunchtime meal a staff member put a laminated notice on the notice board indicating the need for quiet. Subsequently the vacuum cleaner was operated in close proximity to the dining room.

The inspectors heard that in the afternoons a jamboree session always takes place in the designated centre and that residents love to participate in the music and sing songs. Inspectors were unable to verify this, as they were not in the designated centre in the afternoon.

Inspectors noted that residents did not have opportunities for new experiences and social participation outside the designated centre.

The inspectors met a resident who normally attends a day care centre in a nearby town but remained in the designated centre for an appointment with the occupational therapist which had been completed by the commencement of the inspection. Inspectors heard that this resident was not offered the opportunity to attend the day care facility for the remainder of the day because there was no bus available.

Prior to the commencement of the inspection a resident had an epileptic seizure. The resident was in a wheelchair in the communal day room being observed by staff members on a rotational basis. The resident's privacy and dignity had not been respected by staff members as other residents observed the varying stages of the seizure activity and inspectors saw and heard staff members going of shift for their break provide personal information to the incoming staff about the resident's medication and condition.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

A resident's non-verbal mode of communication had not been explained or communicated to a newly appointed staff member and therefore the staff member was unaware of the resident's non-verbal cues in respect of choices at the lunchtime meal.

Another staff member was unable to locate the resident's care plan in order to determine if there was information regarding the resident's form of communication.

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):

No actions were required from the previous inspection.

Findings:

The designated centre accommodates 9 residents. All of the resident have an intellectual disability and were primarily assessed as having a high to maximum dependency.

The inspectors found that arrangements were not in place to meet the assessed needs of residents in accordance with their comprehensive assessment as staff supervising a resident who was having an epileptic seizure lacked knowledge of the condition and care

requirements. Inspectors were informed that 5 residents have epilepsy.

A resident who has been discharged from hospital as a result of a post operative eye procedure had been assigned a recently recruited staff member to assist the resident and prevent interference with the dressings. The staff member was unfamiliar with the resident's individual personal plans (IPP) which details the resident's needs, interventions/treatments, capabilities, preferences and life histories.

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):

No actions were required from the previous inspection.

Findings:

In the main, the inspectors found that the health and safety of residents was not promoted and protected.

Arrangements for the identification, of a potentially serious incident or adverse event involving a resident had not been determined as staff had not assessed the risks to a resident who normally uses a particular space in a corner of the dining room of the designated centre. A metal framed privacy screen was placed by staff in this area which was unsupervised by staff and was subsequently overthrown by another resident self propelling in a wheelchair. Fortunately the resident who normally occupies this area had vacated it.

A recently recruited staff member informed the inspectors that she/ he had not been trained in fire safety and prevention. The staff member did not know the location of the fire panel, nor the procedure in the event of the fire alarm sounding. At a later stage of the inspection the inspectors received a checklist completed by the staff member responsible for the designated centre and the recently recruited staff member confirming aspects of induction and fire safety procedures, however, the checklist had the incorrect date.

Procedures consistent with the standards for the prevention and control of health care associated infections were not adopted by all staff. For example, inspectors did not observe staff adhering to hand hygiene procedures.

Inspectors saw that a resident's wheelchair lap belt was not clean as there was ingrained food stains present.

A vacuum cleaner stored in a twin bedroom occupied by residents was not being used, but the electric lead was plugged into the corridor socket and the trailing lead was on the corridor posing a risk to residents using the area.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspectors saw that measures were not in place to protect residents from being harmed. Staff did not intervene or have knowledge and skills, appropriate to their role, to respond to a resident who was engaging in self injurious behaviour (intermittently hitting left side of face with left fist).

The inspectors observed that a physical restraint in the form of a tabletop was placed in front of a resident who was sitting in a specialised wheelchair for approximately the duration of the inspection. The only time that inspectors saw the table being used for a specific purpose was to serve the resident's lunchtime meal. Staff did not use the tabletop to engage the resident in activities nor was the restriction (table top) removed at any time.

A resident self propelling in a wheelchair was attempting to endanger other residents by wheeling closely to their toes and feet (residents were not wearing shoes and socks) when manoeuvring the wheelchair.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The inspectors heard about the management systems which were adopted following the issuing of a warning letter by the Authority on 24 October 2014 in relation to insufficient staffing levels. One of these measures was the formation of an allocation group to assess staffing levels and make arrangements to cover any staff vacancies either by core staff working additional hours or the recruitment of agency staff. In addition, a senior management group were involved on a daily basis, monitoring staffing levels.

The inspectors examined the staff duty roster and saw that a named staff member from an agency was scheduled to work in the designated centre from 08:00 hours to 20:00 hours. This staff member did not present for work and the staff implementing the management systems failed to identify it as a risk to be addressed which ultimately contributed to insufficient staffing levels and unsafe delivery of care in the designated centre.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There was major non-compliance with the Regulations regarding staffing and training and staff development.

Inspectors found that the numbers of staff with the necessary experience and competencies to meet the needs of residents was not appropriate, staff were not supervised and residents did not receive continuity of care and support.

Based on the findings set out below the inspectors issued 3 Immediate Action Plans (Regulation 15 (1) and (3) and Regulation 16 (1) (b)).

From an examination of the staff rotas and inspectors' observations the following staff were rostered to provide direct care and support to 9 residents primarily assessed as having a high to maximum dependency:

- 2 staff nurses, one of whom took responsibility for the operational management of the designated centre in the absence of the clinical nurse manager 1 and another, agency staff member,
- A fourth-year student nurse,
- A second-year student (work placement for 2 weeks, supernumerary, placement ending 14 October 2014),
- 2 care assistants (RPAs)
- An agency staff member assigned to a resident and referred to as a "special" and
- An agency staff member who did not present for work.

Of the 8 staff members rostered to work 7 were working in the designated centre, 4, had knowledge of/relationships with residents (including the second-year student) and 2 were from an agency (one staff member on the 2nd day of employment),

Staff communicated with the inspectors and described their roles, duties and responsibilities and experiences of being in the centre. For example, the inspectors learned that staff are kept "busy", carrying out daily tasks and general routines, residents can be out of bed as early as 05:00 hours or awake and up all night and engaged in opening and closing doors. All staff agreed that the routine during the morning of the inspection was "busy" and even "chaotic" at times. Some staff confirmed that there were insufficient staff to meet the "complex" needs of the resident group, provide care to a resident who had an epileptic seizure and a resident post cataract surgery and facilitate a health care appointment.

Inspectors observed that there were no opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs. See outcome 1 for details.

The staff member in charge of the designated centre confirmed that staff were instructed to inform senior management and the internal allocations group if staffing levels were insufficient to meet the needs of residents, however, the staff member in charge of the designated centre did not consider that the staffing levels warranted this intervention and therefore did not communicate with senior management. The staff

member in charge of the designated centre considered that there was insufficient planning regarding the day's routines and activities and direction for staff.

Arrangements for the identification, of a potentially serious incident or adverse event involving a resident had not been determined as staff had not assessed the risks to a resident who normally uses a particular space in a corner of the dining room of the designated centre. A metal framed privacy screen was placed by staff in this area which was unsupervised and was subsequently overthrown by another resident self propelling in a wheelchair. Fortunately the resident who normally occupies this area had vacated it.

There were periods throughout the inspection when the communal areas and in particular, the dining room was unsupervised by staff. On two occasions, the inspectors had to alert staff to the fact that a resident was removing clothing, including continence wear and required staff's assistance to provide privacy, either in the form of screening or redirecting the resident to a private place.

Inspectors were informed and saw that 2 staff from the total staffing compliment rostered took their mid-morning and lunchtime break together. As a result, the inspectors observed that while 2 staff in the afternoon assisted residents to the toilet the agency staff member (who was on their 2nd day of employment) and who was rostered to provide one-to one supervision of a particular resident was responsible for the supervision of 8 residents located in different parts of the designated centre. Furthermore, as a staff member took a lunch break. This agency staff member was directed to supervise the resident who had an epileptic seizure. During this time the resident whom the agency staff member had been assigned to moved from the communal area accompanied by by the agency staff member thus leaving the resident who was still in seizure activity and other residents unsupervised. The inspectors considered that there were insufficient staffing levels and inadequate monitoring and supervision of residents.

The inspectors heard the handover discussion between 2 staff regarding the care of a resident who had an epileptic seizure. From the questioning of the incoming staff member it was evident that the staff lacked the necessary experience and competencies to care for the resident.

Recently recruited staff members confirmed that they did not have the sufficient knowledge of residents and their health care conditions. One staff member had no previous experience of working with residents with an intellectual disability, had not received an induction and was not being supervised.

A staff member assisting a resident to have lunch demonstrated that there was a lack of the necessary skills as the staff member was not in the correct position to assist the resident and the meal was placed in front of the staff member and not the resident. The staff member was unfamiliar with the resident's non-verbal mode of communication.

Staff demonstrated that they did not have the required skills, experience and competencies to respond to a resident who was engaging in self injurious behaviour and did not intervene to assist the resident to manage the behaviour.

Judgment: Non Compliant - Major

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:

Siobhan Kennedy
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 St John of God Community Services Limited
Centre ID:	OSV-0003004
Date of Inspection:	11 November 2014
Date of response:	01 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

A resident's privacy and dignity was not respected as staff provided observation and care to the resident who was experiencing an epileptic seizure in a communal area.

Action Required:

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

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:

- The Person in Charge will discuss the importance of promoting and maintaining the privacy and dignity of each residents at a staff team meeting scheduled for 1/12/14 and 3/12/14.
- Privacy for a resident who experience seizure activity has been reviewed to ensure their dignity at all times. In the event of a resident experiencing seizure activity in a communal area their privacy will be respected appropriately by ensuring that a privacy screen is in place /or if appropriate their own private bedroom area is utilised with staff supervision at all times. This has been documented in resident's epilepsy management plan.
- In the event of a resident experiences prolonged seizure activity, resident will be given the choice to go to his bedroom or remain in the communal area.
- The local Induction Process for all staff members who are employed on a less than full time basis /full time basis e.g. Agency Staff, On Call Staff has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to Chestnut Heights with immediate effect. This includes maintaining privacy and respect for all residents within this house.
- This House within this Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group. The Shift Leader is in place in the absence of the Clinical Nurse Manager and ensures (b) that the Induction process and template has been completed appropriately for staff employed on a less than full- time basis/ full time basis, first day at work within this House e.g. Agency staff, On Call Staff, to ensure that staff presenting for duty in a Designated Centre for the first time receive the necessary induction to the residents/centre. The Shift Leader also manages the plan for the day including meaningful day activities for this House.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres, which in the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to support the role of the Shift Leader.
- A Monitoring Control Template has been introduced for this House to support this process to ensure regular checks with regard to the health and safety of residents and the implementation of the planned meaningful day schedule on a daily basis.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

A resident's privacy and dignity was not respected as members of the staff team discussed a resident's personal information in a communal area.

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:

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and for full time staff on their first day , has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this House with immediate effect.
- The New Induction Template includes critical areas including Respect, Personal Intimate Care, Positive Professional Language and Confidentially.
- Person in Charge will discuss maintaining privacy, dignity and maintaining confidentiality of residents at Staff team meetings scheduled on 1/12/14 and 3/12/14.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff, to ensure that staff presenting for duty in a Designated Centre for the first time receive the necessary induction to the residents/centre.
- The Person In Charge/Clinical Nurse Manager / Staff team shall be supported by Quality Advisers in the context of driving practice development and person centeredness and will include Dignity and Respect.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

Each resident in accordance with his or her wishes, age and the nature of his or her disability did not have the freedom to exercise choice and control in his or her daily life with regard to having a quiet environment.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

- A review of each Resident's Individual Programme Plan has taken place with all staff working in this Residential House supported by Quality Advisers to ascertain individual choices, preferences in the context of supporting residents with appropriate meaningful day activities and schedules which supports them to exercise choice and control in their daily life and includes their individual need for a quiet environment. This includes activity samplings.

- Following this an Individual Plan for Meaningful Day activities has been put in place for all residents in this residential house with the introduction of off -site activities managed both by the Programme Manager Day Services and by the Residential Services.
- Following the introduction of a weekly meaningful day schedule for all residents of this House, more choice of meaningful day activities are available to residents including community integration.
- This Residential House is now utilizing additional space which is adjoining their House with access to another sitting room, which allows for a quieter environment within the home for individual residents.
- Activity sampling has been introduced to residents of this Residential House and these will be reviewed by keyworkers by the; 31/12/2014

Proposed Timescale: 30/01/2015

Theme: Individualised Supports and Care

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

A resident was not offered the opportunity to attend the day care facility for the remainder of the day following an appointment in the designated centre because there was no bus available.

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:

- This Resident and all other residents within this House will be offered the opportunity to attend a day care facility following appointments, if he/they choose by ensuring that there is always an alternative arrangement in place to provide transport in the event that he/they are unable to access the daily routine transport.
- A review of each resident's Individual Programme Plan has taken place with all staff working in this Residential House, supported by the Quality Advisors to ascertain individual choices, preferences in the context of supporting residents with appropriate meaningful day activities and schedules.
- Following this an Individual Plan for Meaningful Day activities has been put in place for all residents in this Residential House with the introduction of off -site activities managed by both the Programme Manager Day Services and Residential Staff Team.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager, 2 to ensure the management of the daily plan for residents and this House. This practice has been replicated across all Designated Centres within the provider group.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and to manage the daily plan for all

residents including the consistent implementation of meaningful day schedules.

- A Monitoring Control Template has been introduced for this Residential House to support this process to ensure regular checks with regard to the health and safety of residents and the implementation of the planned meaningful day activities/schedule for all residents.
- The Person In Charge/Clinical Nurse Manager 2/ Staff team shall be supported by Quality Advisors in the context of driving practice development and person centeredness including meaningful day planning and implementation.

Proposed Timescale: 30/01/2015

Theme: Individualised Supports and Care

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

There were no opportunities for residents to participate in activities in accordance with their interest, 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:

- A review of each resident's Individual Programme Plan has taken place with all staff working in this Residential House supported by Quality Advisors to ascertain individual choices, preferences in the context of supporting residents with appropriate meaningful day activities and schedules. This includes activity samplings.
- Following this an Individual Plan for Meaningful Day activities has been put in place for all residents in this Residential House with the introduction of off -site activities managed by both the Programme Manager Day Services and Residential Staff Team. Additional onsite opportunities will be available through an Activity Centre for residents within this residential house.
- Activity sampling has been introduced to residents of this Residential House and these will be reviewed by keyworkers by the ; 31/12/2014
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents/centre and to ensure the daily meaningful day schedule in being implemented appropriately.
- A Monitoring Control Template has been introduced for this residential house,

Designated Centre to support this process to ensure regular checks with regard to the health and safety of residents and the implementation of the planned meaningful day activities/schedule.

- The Person In Charge/Clinical Nurse Manager / Staff team shall be supported by Quality Advisers in the context of driving practice development and person centeredness.
- A Clinical Nurse Manager 2 from an Adult Day Service who has experience working within the provider group has been assigned to manage the Allocations Department to ensure appropriate distribution of staff who are employed on a less than full time basis to support the implementation of meaningful day schedules.
- A Presentation on the role of a Keyworker will be given to staff on the 1st of December and 3/12/14
- Activity sampling has been introduced to residents of this Residential House and these will be reviewed by keyworkers by the 31/12/2014

Proposed Timescale: 30/01/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

A newly recruited staff member was unaware of any particular individual communication support required by a resident.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and for permanent staff on their first day working in this Designated Centre, has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- The Induction Process includes each resident's Critical Information Form which includes their Individual Communication Supports needs.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group and this will ensure all new staff are appropriately inducted and familiar with residents assessed support needs.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process

and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents assessed support needs including their communication needs.

Proposed Timescale: 31/12/2014

Theme: Individualised Supports and Care

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

A staff member was unable to find a resident's personal plan in order to determine the particular individual communications supports required by the resident.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- All current staff working in this Residential House, have been made aware of where each resident's Individual Personal Plans are and all new staff are familiarised with each resident's Individual Personal Plan as part of the induction process.
- The Induction Process includes each resident's Critical Information Form which includes their Individual Communication Supports needs.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group and this will ensure all new staff are appropriately inducted and familiar with residents assessed support needs.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents assessed support needs including their communication needs.

Proposed Timescale: 31/12/2014

Outcome 05: Social Care Needs

Theme: Effective Services

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

Arrangements were not in place to meet the assessed needs of residents in accordance with their comprehensive assessment as staff supervising a resident who was having an epileptic seizure lacked knowledge of the condition and care requirements.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- Staffing levels are being reviewed on a daily basis to ensure that the competencies of the staff meet the assessed needs of the residents
- This results in a direct carer ratio 1.5 residents to 1 Support Staff carer during peak hours.
- Clinical Nurse Managers shall be supported by the Person in Charge who shall be supernummary.
- A Clinical Nurse Manager 2 from an Adult Day Service who has experience working within the provider group has been assigned to manage the Allocations Department to ensure appropriate distribution of staff and staff who are employed on a less than full time basis.
- The Person In Charge/Clinical Nurse Manager / Staff team shall be supported by Quality Advisors in the context of driving practice development and person centeredness.
- Staff Nurses /Residential Programme Assistants /Housekeeping Staff shall be supervised by Clinical Nurse Manager's. With effect from 1/12/14 the Clinical Nurse Manger for the designated centre will have minimum of 8 hours protected time on a weekly basis to support them in their role as a Manager for this Designated Centre.
- This Clinical Nurse Manager 1 will be working 30 hours over a seven day basis and will be included in the roster to provide direct support to staff and residents for a maximum of 18 hours with the remaining 12 hours supernummary / protected time.
- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- All current staff have been made aware of where each resident's Individual Personal Plans and Epilepsy Management Plans are and all new staff are familiarised with each resident's Individual Personal Plan as part of the induction process.
- The Induction Process includes each resident's Critical Information Form which includes their Individual Epilepsy Management Plan.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group and this will ensure all new staff are

appropriately inducted and familiar with residents assessed support needs.

- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group.
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents assessed support needs including their Epilepsy Care Plan .

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

Arrangements were not in place to meet the needs of each resident, as assessed in accordance with their comprehensive assessment as recently recruited staff members were unfamiliar with residents' individual personal plans (IPP) which should detail residents' needs, interventions/treatments, capabilities, preferences and life histories.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- All current staff have been made aware of where each resident's Individual Personal Plans are and all new staff are familiarised with each resident's Individual Personal Plan as part of the induction process.
- The Induction Process includes each resident's Critical Information Form which includes their Individual Personal Plan.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group and this will ensure all new staff are appropriately inducted and familiar with residents assessed support needs.
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day

within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents assessed support needs including their Individual Meaningful Day Plan.

- Staffing levels are being reviewed on a daily basis to ensure that the competencies of the staff meet the assessed needs of the residents
- This results in a direct carer ratio 1.5 residents to 1 Support Staff carer during peak hours.
- Clinical Nurse Managers shall be supported by the Person in Charge who shall be supernummary.
- A Clinical Nurse Manager 2 from an Adult Day Service who has experience working within the provider group has been assigned to manage the Allocations Department to ensure appropriate distribution of staff and staff who are employed on a less than full time basis.
- The Person In Charge/Clinical Nurse Manager / Staff team shall be supported by Quality Advisors in the context of driving practice development and person centeredness.
- Staff Nurses /Residential Programme Assistants /Housekeeping Staff shall be supervised by Clinical Nurse Manager's. With effect from 1/12/14 the Clinical Nurse Manger for this Residential Centre will have minimum of 12 hours protected time on a weekly basis to support them in their role as a Manager for this Designated Centre.
- This Clinical Nurse Manager 1 will be working 30 hours over a seven day basis and will be included in the roster to provide direct support to staff and residents for a maximum of 18 hours with the remaining 12 hours supernummary / protected time.

Proposed Timescale: 31/12/2014

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:

A vacuum cleaner stored in a twin bedroom occupied by residents was not being used, but the electric lead was plugged into the corridor socket and the trailing lead was on the corridor posing a risk to residents using the area.

Action Required:

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

- Person in Charge has met with the housekeeping staff explained the risks of a trailing lead and leaving it unattended.
- Person in Charge is revising the risk management policy for this Designated Centre and is developing a hazard identification log.
- Person In Charge has requested all staff to be aware of the hazards in the environment and rectifying these immediately where possible.
- Person In Charge to ensure that all staff is fully familiar with the risk management policy and to ensure the provision of hazard identification log training.

Proposed Timescale: 28/02/2015

Theme: Effective Services

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

Arrangements for the identification, of a potentially serious incident or adverse event involving a resident had not been determined as staff had not assessed the risks to a resident who normally uses a particular space in a corner of the dining room of the designated centre where a metal privacy screen was placed by staff, was unsupervised and was subsequently overthrown by another resident self propelling in a wheelchair in this area.

Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

- A Risk assessment is to be carried out in relation to this resident using his wheelchair in his home environment with appropriate control measures agreed and communicated to and implemented by the staff team.
- Person in charge is sourcing an alternative screen to support the dignity and privacy of a resident.
- Person In Charge/ Manager to communicate with all staff the importance of thorough supervision of a privacy screen when it is in use
- Person In Charge /Manager will reinforce with the staff team the importance of providing appropriate supervision to a resident using his wheelchair in a busy are.
- Person in Charge is revising the risk management policy for this Designated Centre and is developing a hazard identification log.
- Person In Charge has requested all staff to be aware of the hazards in the environment and rectifying these immediately where possible.
- Person In Charge to ensure that all staff is fully familiar with the risk management policy and to ensure the provision of hazard identification log training.
- Person In Charge/ Manager to ensure the supervision requirements of each resident is documented in their Critical Information Template so as to ensure new staff will receive the appropriate induction relating to this.
- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and permanent staff on their first day working in this House, has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- The Induction Process includes each resident's Critical Information Form which will include level of supervision required to minimise risk and keep resident's safe at all times.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across

all Designated Centres within the provider group and this will ensure all new staff are appropriately inducted and familiar with residents assessed support needs.

- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and staff permanent staff on their first day within this house, to ensure that staff presenting for duty in this Designated Centre for the first time receive the necessary induction to the residents assessed support needs including their Critical Information Template and individualised risk assessments and supervision plans.

Proposed Timescale: 30/01/2015

Theme: Effective Services

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

A resident's wheelchair lap belt was not clean as there were ingrained food stains.

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:

- The wheelchair Lap belt as identified during the Monitoring Inspection was cleaned thoroughly immediately after the inspection, and will be cleaned on a daily basis.
- Training in Infection Control will commence on Monday, 1/12/14 and will be completed by 12/12/14 for all staff including nursing staff, residential programme assistants, housekeeping staff and manager.
- A revised cleaning schedule is being introduced to improve hygiene standards of resident's equipment.
- A cleaning schedule is in place to support the revised allocation of tasks to improve hygiene and infection control standards.
- All staff will be re- inducted into the local Infection Control Standard Operating Procedure by the Person In Charge by 12/12/14.
- Infection Control audit will be carried out by 3/12/14 by Clinical Nurse Specialist in Health Promotion with an actions plan agreed and prioritised by 12/12/14 and this will be managed by the Person In Charge.

Proposed Timescale: 31/12/2014

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

The health and safety of residents was not promoted and protected as all staff did not adhere to hand hygiene procedures, when moving between tasks.

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:

- Refresher staff training in hand hygiene will be provided for staff commencing on Tuesday, 25/11/14 by Clinical Nurse Specialist in Health Promotion. This refresher training will include nursing staff, residential programme assistants, housekeeping staff, managers
- Training in Infection Control will commence on Monday, 1/12/14 and will be completed by 12/12/14 for all staff including nursing staff, residential programme assistants, housekeeping staff and manager.
- Cleaning schedules are being updated to reflect the areas for improvement as identified in the infection control that was conducted 26/11/2014, to improve hygiene and infection control standards.
- All staff will be re-inducted into the local Infection Control Standard Operating Procedure by the Person In Charge by the 12/12/14.
- Infection Control audit will be carried out by 3/12/14 by Clinical Nurse Specialist in Health Promotion with an actions plan agreed and prioritised by 12/12/14 and this will be managed by the Person In Charge.
- Person in Charge and Clinical Nurse Manager to carry out routine inspections on compliance with Infection Control procedures and will give feedback to staff on this.
- Housekeeping arrangements are being reviewed to provide a more efficient and effective service in line with Infection Control Standards for this designated centre.

Proposed Timescale: 31/12/2014

Theme: Effective Services

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

A recently recruited staff member informed the inspectors that she/ he has not been trained in fire safety and prevention. At a later stage of the inspection the inspectors received a checklist completed by the staff member responsible for the designated centre and the recently recruited staff member confirming aspects of induction and fire safety procedures, however, the checklist had the incorrect date.

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:

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and permanent staff who are working in this house for the first time, has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to Residential House with immediate effect.
- The new Induction Template includes, fire fighting equipment, fire points, fire safety form, fire prevention, fire evacuations, fire doors & personal emergency evacuation.
- All staff currently working in this Residential House, within this Designated Centre is fully inducted into fire safety and safe evacuation. Each staff member has signed an Induction Form to confirm this.
- To ensure that all regular and new staff is fully inducted into Fire Safety for this Residential House, each manager takes responsibility for this and in their absence a Shift leader will ensure that all inductions are completed on commencement of the shift.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- A Support Template for all Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .

Proposed Timescale: 31/12/2014

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:

Measures were not in place to protect residents from being harmed as staff did not have knowledge and skills, appropriate to their role, to respond to a resident who was engaging in self injurious behaviour.

Action Required:

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

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

- The Person In Charge will ensure that all staff within this Residential House is fully familiar with national policy and evidence base practice relating to positive behaviour support management and the use of restrictive practices.
- The Person In Charge will ensure that all staff working in this residential house is fully familiar with this residents Individuals Behaviour Support Plan which includes proactive strategies to support this resident.
- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and permanent staff who are working in this house for the first time, has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised

Induction Template has been introduced to Residential House with immediate effect.

- This House has introduced a Shift Leader who will take responsibility in the absence of the Manager to ensure that all staff is fully inducted into each resident Critical Information Template and their Positive Behaviour Support Plan. This revised Induction Template will be signed off by staff on commencement of each Shift.
- A Support Template for all Managers/ Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff, to ensure that staff presenting for duty in a Designated Centre for the first time receive the necessary induction to the residents/centre and are familiar with residents assessed needs including their behaviour support plan .
- The Person In Charge / Manager will ensure that all Staff has read and signed resident's Behaviour Support Plan
- The Person In Charge/ Manager will ensure that referrals are made to the Positive Behaviour Support Committee for any resident who does not have Behaviour Support Plan.
- The Person In Charge will ensure that all staff within this Residential House completes a One day training programme in Positive Behaviour Support.
- The Person in Charge has completed the Multi Element Behaviour Support training and will support the Manager and staff team in this area. .
- All staff will be supported by their Clinical Nurse Manager 1 in this Designated Centre who will have a minimum of 12 hours protected time on a weekly basis.
- This Clinical Nurse Manager 1 will be working 30 hours over a seven day basis and will be included in the roster to provide direct support to staff and residents for a maximum of 18 hours with the remaining 12 hours supernumery / protected time.
- The Person In Charge will ensure that the local operational procedures will be discussed with staff team in this Residential House.

Proposed Timescale: 31/03/2015

Theme: Safe Services

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

Measures were not in place to protect residents from being harmed as staff did not have knowledge and skills, appropriate to their role, to respond to a resident who was attempting to endanger other residents by wheeling in a wheelchair close to their bare feet and toes.

Action Required:

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

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

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- The Person In Charge will ensure that a risk assessment is completed on resident who uses a wheelchair independently in the communal area of his home and ensure any control measures identified will be fully implemented by staff team.
- The Person In Charge is ensuring more proactive measures have been put in place to support the residents including, the development of more individualised meaningful day activities and to explore seating arrangements based on residents preferred choice.
- The nine residents living this house are now utilising two sitting room areas, increasing the living area and thus increasing the communal area of the home for residents.
- Staff have been made aware of the requirement for increased supervision of resident when resident who uses a wheelchair to mobilise in the communal area.
- The Manager/Person In Charge will ensure increased meaningful day activities for residents based on their preferences and choices which is reducing the number of residents within the house at one time
- The Person In Charge will ensure appropriate referrals to the Positive Behaviour Support Committee for any resident who does not have behaviour support plan.

Proposed Timescale: 30/01/2015

Theme: Safe Services

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

Restrictive procedures were not applied in accordance with national policy and evidence base practice as a tabletop in front of a resident had not been removed for the duration of the inspection.

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:

- The Person In Charge will ensure that all staff within this Residential House is fully familiar with national policy and evidence base practice relating to positive behaviour support management and the use of restrictive practices.
- The Person In Charge will ensure that all staff working in this residential house is fully familiar with this residents Individuals Behaviour Support Plan which outlines that the table top is only used to support the resident with greater independence at mealtime

and during table top activities.

- This House has introduced a Shift Leader who will take responsibility in the absence of the Manger to ensure that all staff are fully inducted into each residents Critical Information Template and their Positive Behaviour Support Plan. This revised Induction Template will be signed off by staff on commencement of each Shift.
- The Person In Charge will ensure that all staff within this Residential House completes a One day training programme in Positive Behaviour Support.
- The Person in Charge has completed the Multi Element Behaviour Support training and will support the Manager and staff team in this area.
- All staff will be supported by their Clinical Nurse Manger 1 in this Designated Centre who will have a minimum of 12 hours protected time on a weekly basis.
- This Clinical Nurse Manager 1 will be working 30 hours over a seven day basis and will be included in the roster to provide direct support to staff and residents for a maximum of 18 hours with the remaining 12 hours supernummary / protected time.
- The Person In Charge will ensure that the local operational procedures will be discussed with staff team in this Residential House.

Proposed Timescale: 31/12/2014

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:

Management systems set up to monitor staffing levels failed to identify that an agency staff member did not present for work with the result no action was taken to address the risk.

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:

- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- As part of the new Shift Leader responsibility, the Shift Leader must contact the Allocations Department and the Manager On Call to advise when a staff does not report for duty as per the Roster.
- A Clinical Nurse Manager 2, from an Adult Day Service who has experience working in Residential Services has been assigned to manage the Allocations Department on a Interim basis to ensure appropriate systems are in place to assist with the distribution of staff who are employed on a less than full time basis.
- The communication system in place between the Allocations Department and Designated Centres is currently under review with a view to improving it's effectiveness.

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number, qualifications and skill mix of staff was not appropriate to the number and assessed needs of the residents, and the size and layout of the designated centre.

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:

- A Person In Charge with responsibility for this Designated Centre commenced on 24/11/14, this is an interim arrangement while the service appoints a Director of Care and Support and the interviews for this position are taking place on 01/12/14.
- Staffing levels are being reviewed on a daily basis to ensure that the competencies/skill mix of the staff meet the assessed need of the residents.
- This results in a direct carer ratio 1.5 residents to 1 Support staff during peak hours.
- Staff Nurses /Residential Programme Assistants /Housekeeping Staff shall be supervised by Clinical Nurse Manager 1. With effect from 1/12/14 the Clinical Nurse Manger 1 for this Residential House will have minimum of 12 hours protected time on a weekly basis to support her in their role as a Manager for this Residential House. This Clinical Nurse Manager 1 will be working 30 hours over a seven day basis and will be included in the roster to provide direct support to staff and residents for a maximum of 18 hours with the remaining 12 hours supernumery/protected time.
- Clinical Nurse Managers shall be supported by the Person in Charge who shall be supernumerary and who has experience as Person In Charge in the Community,
- The Person in Charge shall be supported by the Director of Services and Quality Advisers.
- Clinical Nurse Managers and Support staff shall be supported by Quality Advisers to provide support in the context of practice development and person centredness.
- A Person In Charge Forum will commence on Tuesday 25/11/14 to support the five Person's In Charge who have been appointed on an Interim basis until the appointment of the Director of Care and Support/PIC. Interviews for the position of Director of Care and Support are taking place on 1/12/14 with appointment to this position immediately after the recruitment process has been completed.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- As part of the new shift leader responsibility, the shift leader must contact allocations and person on call if not all staff have attended for duty.
- A Roster Review Committee has been established to explore the skill mix and the rhythm of the roster in the context of meeting the assessed needs of residents.
- A dependency review for all residents within this Designated Centre is being progressed which will ascertain the appropriate levels, skill mix of staffing to meet the

assessed needs of residents.

- A recruitment process has been undertaken to increase the number of regular competent, qualified staff to improve the continuity of care and support for residents and this is managed by the Human Resource Department.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Residents did not receive continuity of care and support, as some staff were employed on a less than full-time basis.

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:

- The local Induction Process for all staff members who are employed on a less than full time basis e.g. Agency Staff, On Call Staff and permanent staff who are working in this residential house for the first time , has been reviewed with the implementation of a revised Induction Template/Process on Tuesday, 18/11/14 with all Managers. This revised Induction Template has been introduced to this Residential House with immediate effect.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- A Support Template for all Managers/Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff, and permanent staff who are working in this residential house for the first time to ensure that staff presenting for duty in a Designated Centre for the first time receive the necessary induction to the residents/centre.
- A Monitoring Control Template has been introduced to support this process to ensure regular checks with regard to the health and safety of residents and the implementation of meaningful day schedules.
- Quality Advisers have been supporting the staff team of this Residential House in terms of developing appropriate meaningful day activities. Opportunities off site have also been obtained for some of the residents and they are now availing of them on five day basis and this is managed by both the Programme Manager of Day Services and Residential Staff Team.
- A Clinical Nurse Manager 2 from an Adult Day Service who has experience working

within the provider group has been assigned to manage the Allocations Department to ensure appropriate distribution of staff and staff who are employed on a less than full time basis.

- As part of the new shift leader responsibility, the shift leader must contact allocations and the Manager On Call if not all staff have attended for duty as per roster.
- A recruitment process has been undertaken to increase the number of regular competent, qualified staff to improve the continuity of care and support for residents and this is managed by the Human Resource Department.

Proposed Timescale: 31/12/2014

Theme: Responsive Workforce

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

Staff were not appropriately supervised.

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 new Person In Charge with relevant experience of this role within a Community Residential Services has been appointed on an Interim basis to this Designated Centre and Residential House commencing on Monday, 24/11/14 and this arrangement will be in place until the appointment of a Director of Care and Support /PIC. Interviews will take place for this position on 1/12/14.
- This Person In Charge will be supported by Director of Services and Quality Advisers to support practice development and person centeredness.
- All staff will be supported by their Clinical Nurse Managers in this Residential House who will have a minimum of twelve hours protected time for management and staff support duties commencing on 1/12/14.
- This Designated Centre has introduced a system whereby a Shift Leader is appointed in the absence of the Clinical Nurse Manager. This practice has been replicated across all Designated Centres within the provider group .
- A Support Template for all Managers/ Shift Leaders has been agreed and implemented into this Designated Centre and across all Designated Centres within the provider group .
- Regular monitoring has been introduced whereby a Clinical Nurse Specialists and Clinical Placement Co-ordinators are assigned to check that (a) A Shift Leader is in place in the absence of the Clinical Nurse Manager and (b) that the Induction process and template has been completed appropriately for staff employed on a less than full-time basis e.g. Agency staff, On Call Staff and permanent staff on their first day of work in this house, to ensure that staff presenting for duty in a Designated Centre for the first time receive the necessary induction to the residents/centre.
- A Monitoring Control Template has been introduced to support this process to ensure regular checks with regard to the health and safety of residents and the implementation of meaningful day schedules for residents.
- Person In Charge and Clinical Nurse Managers and support staff shall be supported by

Quality Advisers who will support them in the context of driving practice development and Person Centeredness.

- The Person In Charge/Manager will have regular monthly meetings with the staff team for this Residential House.
- The Person In Charge will hold weekly supervision meetings with the Manager of this Residential House.
- A Person In Charge Forum has been introduced on a weekly basis to support them in their roles.

Proposed Timescale: 31/12/2014