

**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 Michael's House
Centre ID:	OSV-0002341
Centre county:	Dublin 13
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Nuala Rafferty
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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: 12 February 2015 10:30 To: 12 February 2015 18:00

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this 6 bed centre for persons with disabilities. The purpose of the inspection was to assess the level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities 2013 and the standard of care delivered to residents in the facility.

The centre forms part of a diverse number of services nationally delivered by the provider St Michaels House Group. As part of the process the inspector met with the person in charge, staff and residents and reviewed documentation such as clinical care records, risk management and rosters.

Overall, evidence was found that residents' healthcare needs were being met. Residents had access to general practitioner (GP) services and a full time medical officer as part of the overall services provided by St Michael's House Group and access to allied health professionals such as physiotherapy, speech and language therapists and to community health services were found to be available.

The findings from this inspection are detailed under each outcome in this report. Although in general evidence of good standards of practice were found improvements were noted to be required in some aspects of service delivery such as;

admissions and transfers; premises; staff inductions and training.

Where non compliances are identified an action plan is included under each outcome and identifies areas where improvements are required to comply with the regulations and Authority's standards.

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

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The Statement of Purpose was under review during this inspection and this is further referenced under Outcome 13.

On the day of inspection it was noted that the resident profile had been stable with no new or recent admissions however, a transfer into the service was arranged and was due to take place in the week following the inspection.

Overall, in discussions with the person in charge and on review of documentation available it was found that the transfer was being managed in line with a newly revised admissions and transfer policy and statement of purpose, communication processes within and between the staff in both centres involved in the transfer process and allied health professionals involved in supporting the resident were outlined in a transition plan submitted to the Authority following the inspection. This detailed regular meetings, discussions and visits on a weekly and bi weekly basis throughout January and February. The plan identified that staffing supports from the transferring service would remain in place until the end of March to facilitate the resident to settle into the new surroundings and become familiar with staff in the receiving centre. Additional staff to support existing staffing comes into force at the end of March 2015

The transfer was found to have been managed in line with the recently revised admissions and transfer policy in that all stakeholders were involved in aspects of the decision making on the suitability of the transfer to meet residents assessed needs including; the resident family members, supporting clinicians and the person in charge. Meetings were held and there was transfer of some clinical information such as; positive behavioural support plans and personal well being assessment tools.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Evidence that resident's well being and welfare was maintained by a good standard of evidence-based care and support was found although improvements were also found to be required particularly with meeting social needs for maintaining and developing life skills.

A care planning system with some evidenced based risk assessment tools was recently introduced into the centre and staff were being supported by the person in charge to become familiar with the system. Current residents were found to require high levels of physiological healthcare related inputs and were a complex group with assessed needs related to physical as well as social, emotional, psychiatric and psychological inputs.

Although there were some plans which required more detail, in general, care plans in place reflected the care delivered and were person centred. All healthcare related problems or needs were assessed to ensure the care required to manage the need was provided. Care plans which were in place were noted to be specific enough to appropriately manage the residents identified healthcare need.

However, the healthcare plans were not regularly reviewed to ensure effectiveness or updated to reflect changes in residents' condition and recommendations made by allied health professionals and external clinicians.

Evidence that all residents, their next of kin or nominated advocates were consulted and involved in the development of personal or healthcare plans was available

Although personal well being assessments were carried out which identified the requirements for supports related to aspects of daily living such as; integration into the community via activities or groups; communication; travel or transport; or technology.

Individual personal plans were not developed to support all resident's continued personal independence and life skills development.

Where personal plans were in place they did not contain enough detail to inform staff on the actual process to follow to ensure the eventual outcome for example, how residents individual personal goal would be achieved. The lack of detailed phased processes to support the achievement of outcome based goals was found in relation to identified goals to improve independence such as; going on holiday; increase level of physical activity or improve independence in personal care, meant that these goals were not yet achieved.

Judgment:

Non Compliant - Moderate

Outcome 06: Safe and suitable premises

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Overall the design and layout of the centre was found to meet the needs of the current resident profile in line with the Statement of purpose. The bungalow was contemporary in design with large bright rooms and included health and safety aspects, security, and decorative but comfortable features such as cushioned window seats which residents were found to use and enjoy. Appropriate equipment for use by residents or staff was available and maintained in good working order.

Efforts to provide furnishings, fixtures and fittings which created a personalised comfortable living space which also promoted residents' safety, dignity, independence and well being were noted. Adequate private and communal accommodation included; six single residents bedrooms without ensuite and one ensuite staff bedroom, all bedrooms with one exception contained a wash hand basin. There was a large fully fitted kitchen cum dining room; visitor's room also used as a quiet sensory area; sitting room; one large bathroom/ shower; 2 assisted and 1 non assisted toilet's; laundry facilities and small enclosed garden with safe access and egress available.

The maintenance both internal and external was found to be of a good overall standard with suitable heating, lighting and ventilation. There was a good standard of hygiene and the centre was found to be visually clean and hygienic. The kitchen was fully operational with sufficient cooking facilities and equipment and was well organised. Appropriate assistive equipment was in place and available for use, service records were found to be up to date and maintenance contracts including domestic and clinical waste

were in place. Adequate storage was found and corridors were uncluttered and safe for residents mobilising.

Some improvements to aspects of the premises were identified as required including; provision of wash hand basin in one bedroom; provision of wardrobes, book shelves and other furnishings; replacement of vanity units, flooring and skirting; repair of plasterwork; replacement of one bedroom window with a patio door to enable safe evacuation process; ongoing repairs to plaster and woodwork and painting. All of these improvements were already identified by the person in charge and quotes for work obtained.

In discussion with the provider nominee and the person in charge the inspector was told that these works would be completed in a timely manner to ensure the premises continue to meet residents' needs and the regulations going forward.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

Findings:

The inspector found that in general good governance processes and safe practices implemented by the person in charge with staff promoted and protected the health and safety of residents. Processes and procedures were in place in relation to; health and safety, moving and handling and the safe evacuation of residents and staff in the event of fire; fire procedure was prominently displayed; smoke detectors were located in all bedroom and general purpose areas. Emergency lighting and fire exit signage was provided throughout the building. The inspector reviewed service records which showed that fire equipment, the fire alarm system, and emergency lighting were regularly serviced. Fire escape routes were unobstructed.

Personal emergency evacuation plans for all residents were in place and were sufficiently specific to guide staff. However, training had not yet been provided to all staff on the use of additional fire evacuation equipment to safely evacuate immobile residents or residents with limited mobility and procedures were not updated to reflect the recently occupied flat on the grounds of the centre

Arrangements were also in place for responding to emergencies including procedures and policies covering responses in the event of a resident being absent or missing

without staff knowledge. Some additional equipment to effectively and safely respond to emergencies was available such as; blankets and search torches.

The entrance to the centre was secure and a visitors' log was in use to monitor the movement of persons in and out of the building. Inspectors observed this record to be in use. Closed circuit television (CCTV) was found to be operating externally for security purposes.

Although overall the centre was found to be visually clean and there were appropriate Infection prevention and control systems in place, there were aspects of the premises which required to be thoroughly cleaned, in particular the laundry area where a build up of grime was noted on and around the washing machine and in the mop buckets.

Judgment:

Non Compliant - Moderate

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:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. In conversation with some staff members, the inspector found they were competent in their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged or suspected abuse. Although all residents spoken with were unable to express feeling safe, the inspector observed they appeared comfortable with staff and did not exhibit behaviours associated with distress or anxiety.

Where some residents exhibited aspects of behaviour that is challenging on occasions, staff were familiar with potential triggers and efforts were made to identify and alleviate the underlying causes for each individual resident.

It was found that few restrictive procedures were in place for any resident on this inspection. Bed rails were in limited use and were specific to those persons who required

to remain in an upright position to facilitate their nutritional requirements On review of the records and in conversation with staff and on observation it was found that the practice was fully assessed in terms of safety and appropriateness. Some cupboards in the kitchen area were locked to limit access to residents with dietary limitations however, these restrictions did not negatively impact on others who could access them independently.

Judgment:
Compliant

Outcome 09: Notification of Incidents

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

Theme:
Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. Quarterly notifications had been submitted to the Authority as required and within the appropriate time frame.

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 arrangements to meet residents' assessed needs were set out in individual health care plans and each resident had a healthcare plan completed. This was also referenced under Outcome 5

It was noted that staff endeavoured to encourage and enable residents to make healthy living choices. Evidence that residents' health care needs were being monitored through timely access to general practitioner (GP) services and other allied health care services was found. The inspector noted that residents were provided with appropriate treatment and therapies as required.

Evidence that staff were familiar with residents needs and could identify, recognise and manage signs of clinical deterioration particularly in frail or aging residents was found.

Residents were provided with food and drink at times and in quantities adequate for their needs. All meals were prepared in the centre and residents were encouraged to be involved in the preparation of evening meals as appropriate to their ability and preference.

The current resident group were noted to have a variety of complex health and social needs and required a high level of intervention and support with all of the activities of daily living in terms of physical, personal, emotional and social needs. Staff endeavoured to meet these needs and it was noted that the person in charge had ensured that those residents with complex healthcare needs and underlying medical issues had recently been reviewed and following clinical re assessments were referred to the multi disciplinary team for additional supports.

However, a system to ensure healthcare plans reflected the care delivered and were amended in response to changes in residents' health was not in place and all plans were not being checked regularly to make sure they were effective enough to maintain or improve a resident's health. An action in relation to this is included under Outcome 5

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

A written statement of purpose was available which broadly reflected the service provided in the centre. On review it was found that the document contained all of the information required by Schedule 1 of the Regulations. Copies were available for residents in the centre.

However, the document required to be further revised to incorporate the flat which was due to be occupied in the grounds of the centre and for which staff would be responsible.

Judgment:

Substantially Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

This was the centre's first inspection by the Authority.

Findings:

An actual and planned rota was in place and although absences were covered primarily by agency staff, these were usually the same people and residents to provide consistency. However, the roster did not include the names of relief staff and the twenty four hour clock was not used as recommended to ensure clarity of shift start and end times.

The inspector found supervision of staff practice by the person in charge in conjunction with supports to provide learning and development were reviewed and monitored on an ongoing basis. The person in charge worked alongside staff on a regular basis and regular team meetings to discuss improvements and ongoing developments were held.

The levels and skill mix of staff were sufficient to meet the needs of the current resident profile on this inspection and staff were supervised appropriate to their role. The inspector observed staff and residents interactions and found that staff were respectful patient and attentive to residents needs. It was noted that staff provided reassurance to residents by delivering care to them in a quiet confident manner.

Additional staffing to support the introduction of a new resident with specific individual supports was identified and in process, the inspector was told an additional 2.5 whole time equivalent staff would be provided and rotate through the unit roster. It was also found that current staff were not fully informed of the needs of new admissions and training needs required to meet those needs were not yet identified to ensure they could be met in full, particularly in relation to positive behaviour supports and managing behaviours.

Judgment: Substantially Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty
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 Michael's House
Centre ID:	OSV-0002341
Date of Inspection:	12 February 2015
Date of response:	24 March 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

Individual personal plans for all residents did not contain enough detail to adequately support resident's continued personal independence and life skills development.

Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the

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

supports required to maximise the resident's personal development in accordance with his or her wishes.

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

Introduction of steps to detail the achievement of outcome based goals

27/3/2015 Discuss at staff meeting the process of identifying goals and details the process to supplement achievement.

Key workers will arrange/organise I.P. planning meetings with key clients, families and day services.

Key worker to discuss and include detailed process for agreeing and implementing I.P. goals

All current care plans and individual plans will be reviewed regularly and details will include supports required to meet individual needs.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

Individual personal plans for all residents were not in place

Action Required:

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

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

Introduction of steps to detail the achievement of outcome based goals

•27/3/2015 Discuss at staff meeting the process of identifying goals and details the process to supplement achievement.

•Key workers will arrange/organise I.P. planning meetings with key clients, families and day services.

•Key worker to discuss and include detailed process for agreeing and implementing I.P. goals

All current care plans and individual plans will be reviewed regularly and details will include supports required to meet individual needs.

Proposed Timescale: 31/05/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

the following respect:

Some improvements to aspects of the premises were identified as required including; provision of wash hand basin in one bedroom; provision of wardrobes, book shelves and other furnishings; replacement of vanity units, flooring and skirting; repair of plasterwork; replacement of one bedroom window with a patio door to enable safe evacuation process; ongoing repairs to plaster and woodwork and painting

Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

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

Individual wash hand basin not required in each bedroom.

Replacement of one bedroom window to a patio door request sent to Technical Services Department 19/03/2015

All other repair work completed

Proposed Timescale: 14/04/2015

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:

Revise responses to emergencies to include the flat in the grounds of the centre for which staff are also responsible

Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Copy of the following documents in place:

- Emergency Plan
- Contact Numbers (Emergency)
- Evacuation Plan
- Unit Risk Assessments

Proposed Timescale: 14/04/2015

Theme: Effective Services

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

A build up of dirt and grime was noted in the laundry area and on some equipment and requires a thorough clean to prevent risk of infection.

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:

Thorough cleaning of laundry area carried out and this task now included in the list of regular household tasks

Proposed Timescale: 23/03/2015

Theme: Effective Services

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

Fire procedures did not include the response to a fire or other emergency in the occupied flat in the grounds of the centre for which staff are also responsible.

Action Required:

Under Regulation 28 (2) (b)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Fire Evacuation Plan in place in the flat. A meeting with the resident in the flat regarding evacuation plan took place on 04/03/2015

Proposed Timescale: 23/03/2015

Theme: Effective Services

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

Training on the use of all fire evacuation equipment had not been provided to staff

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:

Evacuation Aid training scheduled for 24/04/2015

Proposed Timescale: 24/04/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include the flat which was due to be occupied in the grounds of the centre and for which staff will be responsible.

Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

Statement of purpose reviewed, amended and updated, this includes the flat.

Proposed Timescale: 23/03/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

All staff including names of relief staff were not included on the roster and shift times were not specific as the twenty four hour clock was not in use

Action Required:

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

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

All names of relief and agency staff are included on the roster and shift times changed to twenty four hour clock.

Proposed Timescale: 23/03/2015

Theme: Responsive Workforce

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

Provide staff with full information and necessary training in order to ensure they can

appropriately and safely meet the assessed needs of all residents including new admissions.

Action Required:

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

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

Person in charge will carry out assessments/analysis on all staff training needs in accordance to residents needs. This will help identify appropriate training required

Person in charge will request required training for the individual/team.

Proposed Timescale: 20/04/2015