

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003367
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Teresa Dykes
<b>Lead inspector:</b>	Thelma O'Neill
<b>Support inspector(s):</b>	Marie Matthews;
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	76
<b>Number of vacancies on the date of inspection:</b>	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 announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 22 January 2015 10:00 To: 22 January 2015 19:30

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority and involved a unit in the community . The designated centre was managed by the Health Service Executive (HSE) Cregg Community Services, Sligo. As part of the inspection, inspectors met with the Area Manager, and Clinical Nurse Manager 2, residents, and staff members. Inspectors observed practice and reviewed documentation such as personal plans, medical records, policies and procedures.

This unit of the designated centre provides day and residential services to twelve residents living in two semi-detached two-storey houses in Tubbercurry, Co. Sligo. The overall number of residents in this centre is 76 across all service units. Residents attended work in the community or accessed day services, suitable for their needs and abilities. The designated centre provided support and accommodation on a full-time basis, to both males and females, who have mild to moderate intellectual disability. The tenants were in residence seven days a week, usually, Monday to Friday from 4.30pm until 9.30am and all day Saturday and Sunday. Some residents went home to their families a few nights during the week or at the weekend.

During the inspection, inspectors requested and received the consent of the residents to enter their home and to review personal plan and care support files. Staff

interacted with residents in a warm and friendly manner and displayed an in-depth understanding of individual residents' needs, wishes and preferences. Residents spoke with the inspectors during the visit and confirmed that they were happy living in their house and lived an active life.

The inspectors found some good examples of care and support; however, some areas of risk management and social activities were not adequately assessed or consistently achieved due to staffing issues and required review. For example, individual evacuation plans required review to include resident's cognitive changes since their initial assessment. Also, there was inadequate staffing at the weekends with only two staff rostered to care for twelve residents. Non-compliances identified are discussed further in the report and included in the Action Plan at the end of this report.

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

**Outcome 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:**

There were twelve residents living in this unit of the centre, six residents in each of the two houses. The resident's individual goals were identified and reviewed using nursing assessments and recorded in the annual nursing reports. Inspectors found that residents had attended a concert, and a musical in Dublin, visited Knock Shrine, Galway city and a resident that loved trains went on a train journey.

However, some residents social and personal goals were not clearly identified since the organisation had stopped using the social care assessment model and reverted back to the medical care model.

**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):**

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

**Findings:**

Inspectors reviewed the units accident and incident log, and there were no accidents/incidents recorded in this unit for the past number of years. There was evidence that arrangements were in place for investigating and learning from serious incidents/adverse events involving residents. There was hand washing/sanitising facilities accessible to staff where residents are at risk of a healthcare associated infection. There was appropriate environmental cleaning equipment that was appropriate labelled to identify control the risk of cross-contamination.

The vehicle used to transport service users, provided by Cregg Services was roadworthy, regularly serviced, insured, equipped with appropriate safety equipment & driven by staff that are properly licenced & trained. However, the use of this vehicle was shared among the two units for the twelve residents, which inspectors found had limited the residents accessibility to+ participate in community activities.

The fire register recorded the location and number of fire fighting equipment kept in the centre. Fire safety equipment was serviced appropriately. There were adequate means of escape and fire exits were all unobstructed. There was an evacuation alert procedure displayed beside the fire panel to advise staff in the event of an emergency. Inspectors interviewed two staff members as to the procedures to following during an emergency evacuation, and they were very familiar with the evacuation procedures. There were regular fire evacuation drills and all staff had up to date fire training.

However; inspectors found that there was no house specific evacuation plan for these units that identified the individual needs/ abilities of residents in these two storey houses. For example; three service-users slept on the ground floor and three residents and one staff member slept upstairs in each of the houses. There was no communication system available such as a panic alarm system to alert the staff at night sleeping upstairs if residents downstairs needed staff assistance. In addition; residents had individual personal evacuation plans (PEEPS) in place. However, one resident's peeps did not identify the staff support required during an emergency evacuation.

Some fire doors were being kept open by door wedges, and staff stated that this was so, staff could hear residents downstairs if they needed assistance during the night. There were no self-closing devices attached to the fire doors to ensure the doors closed automatically in the event of the fire. In addition, there were no keys available for an external door to the roof top garden area.

There was a Risk Management policy in place but it required review to provide centre specific guidance for staff to manage risks. Policies and procedures were available, relating to health and safety, including an up-to-date health and safety statement and a risk management policy. The risk management policy was the HSE national policy. However, it was not organisational specific and did not reflect the practices in place to identify and manage risks in line with the day to day procedures of Cregg Services.

There were records of resident's individual risks, and risks were risk rated in their personal plans. However, the centre used two separate risk assessments templates a "global risk assessment" and an "individualised Risk Assessment". The duplication in assessing resident's risks could cause confusion and lack of direction for staff as to which control measures were appropriate. The Area Manager informed inspectors that

the global risk assessment was no longer in use in the organisation and that the individualised risk assessment were the only template now used in the centre.

Staff required additional training in completing risk assessment to ensure a consistent approach when assessing and controlling risks for residents. For example; one resident diagnosed with early stages dementia had a risk assessment completed; identifying that they were at risk of going missing while travelling on public transport to his home in Donegal. However, when inspectors discussed these risks with the staff and management team, they were told that this resident was now transported home by car. However, this information had not been updated in the residents risk assessments, and unfamiliar staff may have allowed the resident to travel alone on public transport. In addition, this resident sleeps alone unsupervised downstairs, and the sleepover staff sleeps upstairs. Inspectors found that there was a considerable distance between the sleepover staff and the residents and there was no communication system to support the residents contacting staff at night should they need assistance.

**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:**

Appropriate training in the protection of vulnerable adults was in place to protect residents being harmed or suffering abuse. Staff members were observed to treat residents with respect and warmth and residents told inspectors they were happy in the centre. A user-friendly policy on protecting vulnerable adults was displayed in an accessible format on walls in the kitchen, and the name and telephone number of the designated person was clearly identified beside the complaints policy.

There was a national HSE policy available for the prevention, detection and response to abuse; however, it was not organisational specific and did not detail the appropriate persons to contact or contact numbers in the event of an allegation of abuse. However, the user-friendly picture version was centre specific and easy to follow. For example; there was a centre specific flow diagram identifying the steps to follow in the event of an allegation of abuse. In addition, the name of the senior social worker was listed as the designated contact person in the centres policy and staff were aware of her role.

Staff members interviewed knew what constituted abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. However, the clinical nurse manager confirmed that she and most of the long-term staff did not have Garda clearance for working with vulnerable adults in this unit of the centre.

Residents receive appropriate support to help promote a positive approach to behaviour that challenges. For example; inspectors reviewed some residents behavioural support plans and the centre's policy and found that it was adequate to support staff and meet the needs of the residents living in this centre.

**Judgment:**

Substantially Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

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

**Findings:**

Ten residents attended two-day services in the Tubbercurry area five days a week and the remaining residents had daily activities provided by alternative day services in Sligo.

Inspectors found that resident's participated in social activities that were community-based activities. Residents participated in Bocce, Golf, bowling, and physical activities in the gym, music therapy, cookery classes, massage therapy and religious activities at the weekends. A number of residents had represented Ireland in European and the World Special Olympics games and had won gold and silver medals at these events.

**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:**

Residents in the unit were supported to achieve and enjoy the best possible health. Each resident's health needs and care plans were recorded to ensure they received the appropriate care.

Service users were provided appropriate health care in accordance with their personal plan, and when medical treatment was recommended and agreed by the service user, it was facilitated. Residents had annual medical checks completed including regular blood tests, ear and eye examinations and were seen by specialists for further consultation as required. In addition; allied health professionals services were provided by Cregg services and HSE community services. Service users were also supported to access appropriate health information within the disability and the community services.

Meals were nutritious, appetising, varied and available in sufficient quantities. Snacks were available throughout the day or as requested. Inspectors observed one mealtime that was a positive and social event.

There were picture menus in an album showing residents meal options that they could choose to cook from on a daily basis. Residents planned, shopping lists, dinner menus and participated in cooking meals with support from staff.

Dieticians and other specialists advice were sought as required and implemented in accordance with each resident's personal plan. There were annual nursing assessments, nursing reports and risk assessments completed on each resident. Residents that had mobility difficulties had FRASE assessments completed. All residents BMI/ weights and nutritional assessments completed and reviewed monthly. Recently a resident's weight had increased by 6kg, and healthy eating was recommended daily by staff.

Some residents' had epilepsy and inspectors found that details of the treatment and management of this condition were recorded in the residents medical and nursing notes. For example; in one case the neurologist had reviewed the residents medication and revised their prescription. In addition there was a protocol in place to guide staff in the event of the resident having a seizure, and a risk assessment had been completed identifying the risks and the control measures in place.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The designated centres had policies and procedures in place for safe medication

management. However, some care staff in this unit required training in safe medication management practices.

There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. Resident medication were stored in blister packs and stored in the residents own bedrooms in a locked press.

Individual medication kardex's were appropriately prescribed by a General Practitioner and reviewed as part of the individual personal plans. The processes in place for the storing of medicines were safe and in accordance with current guidelines and legislation. Inspectors also saw that staff adhered to appropriate medication administration practices, including supervising residents when self-medicating. Although most residents were self-medicating, they were still supported daily to ensure residents had received their medication

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

This centre is managed by the provider nominee for the HSE, A Director of Services/PIC, a Community Area Manager and one Clinical Nurse Manager 2. There were two houses in this unit of the designated centre (six adults in each unit).

The Director of Services had notified the Health information and Quality Authority in the returned section 69 notifications that he was the person in charge for Cregg Services. However, the clinical nurse manager told inspectors that she was the person in charge of this unit of the centre; the Statement of Purpose (SOP) provided to the Inspectors confirmed this to be the case. However, the Authority was not appropriately notified as to the proposed changes in person in charge of this centre.

The Director of Services informed inspectors that once a month there was a meeting with the provider nominee and all of the other senior management disability providers in the Sligo/ Leitrim area. In addition, every fortnight the senior management team in Cregg House meet to discuss the management of Cregg House campus and community

services. This involved Director of Services, two Area Managers, Social Worker, H.R. and Finance personnel and other senior members of MDT. However, the person in charge confirmed that there is no separate meeting with the provider nominee to discuss the governance and management issues solely in Cregg House services.

The clinical nurse manager was responsible for ten community houses. The clinical nurse manager 2 stated that she met with all of the CNM1 once a month, and they forwarded on the minutes of the meetings to the staff teams.

The inspectors found that the on-call system did not provide adequate support for the community houses and required review; particularly at times when the clinical nurse manager was not on call. On occasions, the on-call support was through telephone contact with the manager on duty for Cregg campus. This manager can only provide advice to staff over the telephone and do not visit community houses

**Judgment:**

Non Compliant - Moderate

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

There was a good consistency of staff working in this centre and members interviewed had worked with these residents for a number of years and were very familiar with the resident's abilities and disabilities. One nurse and one care assistant were on duty each day to care for the twelve residents between the two units and at night staff were rostered for sleepover duty.

In the evenings and particularly at weekends, there were only two staff members rostered to support twelve residents (6 in each house). Social activities usually involved seven individuals (6 residents and 1 staff) going out together. However, sometimes residents didn't want to go out in large groups, and a staff member would support a small group of 2-3 residents going out socially. However, the other staff member had to support and supervise nine to ten residents over the two houses and this limited other resident's opportunities and was a potential risk to all residents. Staffing required review and the area manager and clinical nurse manager were informed of this issue at the feedback meeting at the end of the inspection.

Staff had not up to date training on managing behaviours that challenge. However, there were six staff planned to undertake this training in January 2015. Also, some staff had no up-to-date training in first aid, epilepsy management, safe medication practices, safe moving and handling and infection control training.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

### ***Report Compiled by:***

Thelma O'Neill  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Health Service Executive
<b>Centre ID:</b>	OSV-0003367
<b>Date of Inspection:</b>	22 January 2015
<b>Date of response:</b>	04 June 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:**

Residents personal goals were not clearly identified.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Personal Care Plans for all residents will be reviewed and social goals up-dated.

**Proposed Timescale:** 15/05/2015

**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:**

The risk management policy was not organisational specific and did not reflect the practices in place to identify and manage risks in line with the day to day procedures of Cregg Services.

**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:**

The Risk Management Policy will be reviewed with regard to addressing HSE Cregg Service specific risk management

**Proposed Timescale:** 18/05/2015

**Theme:** Effective Services

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

The centre used two separate risk assessments templates a "global risk assessment" and an "individualised Risk Assessment". The duplication in assessing resident's risks could cause confusion and lack of direction for staff as to which control measures were appropriate.

**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:**

Individualised Risk Assessments will be used in assessing risk.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

Staff required training in completing risk assessments.

**Action Required:**

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

Staff will be provided with training in the process of risk assessment.

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

There was no communication system to support the residents contacting staff at night should they need assistance.

**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:**

The service is currently costing providing Assistive Technology alarm systems

**Proposed Timescale:** 30/06/2015

**Theme:** Effective Services

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

1. There was no house specific evacuation plan for these units, to adequately consider the individual needs/ abilities of residents in these two storey houses.
2. There was no communication system available such as a panic alarm system to alert the staff at night sleeping upstairs if residents downstairs needed staff assistance, and this requires a review.
3. One resident's peeps did not identify the staff support required during an emergency evacuation.
4. Some fire doors were being kept open by door wedges,
5. There were no self-closing devices attached to the fire doors to ensure the doors closed automatically in the event of the fire.
6. There were no keys available for an external door to the roof top garden area.

**Action Required:**

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

1. House specific evacuation plans are now in place.

1. The service is currently costing a residents alarm system\*
2. PEEPs was review and updated for all residents
3. All door wedges have be removed
4. Self Closing Devices – the service is currently costing providing this\*
5. Keys are now available for doors leading out to the roof garden

**Proposed Timescale:** 08/06/2015

### **Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Staff did not have Garda clearance for working with vulnerable adults in this unit of the centre.

**Action Required:**

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

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

Garda clearance is currently being persued and completion is subject to the timelines of vetting process

**Proposed Timescale:** 31/12/2015

### **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:**

The nominated person in charge for this unit of the centre was not clearly identified or notified.

**Action Required:**

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

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

The Area Manager is identified as the PIC

**Proposed Timescale:** 30/04/2015

**Theme:** Leadership, Governance and Management

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

There was no regular individual meetings between the Director of Services and the provider nominee to discuss management of Cregg Services.



**Action Required:**

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

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

A schedule of regular meeting has been agreed between the Service Provider and the Director of Services

**Proposed Timescale:** 31/03/2015

**Theme:** Leadership, Governance and Management

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

The on-call system did not provide adequate support for the community houses and required review; particularly at times when the clinical nurse manager was not on call.

**Action Required:**

Under Regulation 23 (1) (b) you are required to: Put in place a clearly defined management structure in the designated centre that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of service provision.

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

A review by the wider ID Service will be undertake in relation to establishing an 'On-Call System' in local service areas.

**Proposed Timescale:** 31/08/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was only two staff to care and support for twelve residents and residents usually could only go out in groups to participate in social activities as a result.

**Action Required:**

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

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

An business case for additional 19.5 social support hrs per week, for each house, to support individualised evening and week end activates has been submitted.

**Proposed Timescale:** 30/06/2015

**Theme:** Responsive Workforce

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

Some care staff required training in safe medication management practices.

**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:**

Training in SAM will be organised by the service for all care staff working in community settings.

**Proposed Timescale:** 07/09/2015