<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0004704</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Westmeath</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Maura Morgan</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Christopher McCann;</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>26</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
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 2 day(s).

The inspection took place over the following dates and times
From: 13 October 2015 11:00 14 October 2015 10:30
To: 13 October 2015 18:30 14 October 2015 17:00

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

| Outcome 07: Health and Safety and Risk Management |
|Outcome 11. Healthcare Needs                        |
|Outcome 14: Governance and Management               |
|Outcome 17: Workforce                               |

Summary of findings from this inspection
Following a number of initial inspections in 2014, the Authority became significantly concerned about the quality of life for residents in designated centres operated by the Health Service Executive (HSE) in Westmeath.

Inspectors undertook ten inspections in HSE operated centres located in Westmeath in 2015, four of which were announced and six unannounced.

These inspections found evidence of poor outcomes for residents and areas of risk to residents relating to safeguarding and health and safety. Poor managerial oversight and governance arrangements were also a recurrent finding in these designated centres. Due to the seriousness of the concerns, HIQA issued immediate actions and warning letters. Regulatory and escalation meetings were also held with the provider and members of senior management of the Health Service Executive. Due to the overall failure of the provider to implement effective improvements for residents identified throughout all inspections, a notice of proposal to refuse the registration of one of the centres was issued. Following on from this, the provider informed the Chief Inspector of their intention to cease the operation of four houses within the region. The purpose of this was to consolidate the staffing levels in the remaining twelve houses.

The Authority has been informed by the provider that the process for assuming operational and governance responsibility is now complete and the contract has been awarded to another service provider. The HSE has an agreed plan in place with the
incoming service provider for the transfer of services including a communication approach with service users and their families.

The Authority will continue to monitor these centres to ensure that the actions taken by the provider are sustained and result in continued improvements to the safety and quality of life of residents.

This designated centre referred to in this report consists of five community houses located in Co. Westmeath and operated by the Health Service Executive. The inspection was conducted following the receipt of information by the Authority. In August 2015, a warning letter was issued to the registered provider as statutory notifications had been submitted to the Authority six months after the incidents had occurred as opposed to within three working days as required by Regulation 31. The Chief Inspector requested that all outstanding notifications be submitted by the 28 August 2015. This resulted in 38 notifications being submitted to the Chief Inspector dating back to March 2014. From a desktop review of the information provided, inspectors were concerned that inappropriate action had been taken to safeguard residents. Therefore this inspection was conducted to specifically review the care provided to residents in the context of this information.

The inspection took place over two days and involved three of the five community house in the designated centre. The inspection was facilitated by the person in charge and staff employed in the designated centre. Evidence was obtained through observation, speaking with staff and reviewing documentation. The findings of this inspection substantiated the concerns of inspectors and are presented across four outcomes in this report. Seventeen breaches of regulation were identified which resulted in major non-compliance in each of the four outcomes. Four immediate actions were also issued regarding the following core issues:

- An absence of appropriate systems to manage and reduce risk
- An absence of appropriate measures to safeguard residents in the event of a fire
- An absence of appropriate healthcare provision to residents
- An absence of appropriate management systems to ensure residents are safe

Inspectors also requested that the provider conduct an internal review into the care provided to two residents which resulted in admissions to an acute setting. The information was submitted to the Authority in the appropriate time frame and further substantiated the findings of inspectors.
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 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The designated centre had policies and procedures in place regarding the health and safety of residents, staff and visitors. There were also policies and procedures in place regarding management of risk. However inspectors found that the policies were created in 2011 and therefore were not in compliance with Regulation 4. They were also reflective of the practice of the Executive as opposed to guiding the specific practice of the designated centre.

There was a risk register maintained in the designated centre which identified some of the risks identified by inspectors during the course of the inspection. However whilst risks had been identified, there was an absence of evidence to support that appropriate action had been taken to reduce/eliminate the risk. For example, in January 2015 it was identified in one of the community houses that two staff were insufficient to ensure appropriate supervision of residents. In July 2015, an additional staff member was placed on duty from 08.00 – 20.00hrs to address this issue. However inspectors found from the sample of rosters reviewed that this was not consistent. There had also been no action taken to address the risk from 20.00hrs to 08.00hrs. Inspectors reviewed the collective needs of residents and found that there were times in which residents were unsupervised post 20.00hrs. Staff further confirmed this practice. The control measure in place for one resident following a significant adverse incident was to be supervised at all times. Therefore inspectors determined that insufficient action had been taken to reduce the hazard.

Inspectors further determined that significant improvement was required in the systems in place to ensure proportionate management of risk and safeguarding of residents following an adverse event. Prior to commencing the inspection, inspectors were notified of a resident requiring a surgical procedure following the ingestion of a foreign object. Inspectors reviewed the incident in the context of the safeguards in place prior to the incident occurring to ascertain if it was preventable and if the appropriate actions had been taken following the incident to prevent a reoccurrence. From speaking with staff
and reviewing documentation, inspectors determined that insufficient supports had been provided to the resident prior to the incident occurring. Following on from the incident, there was also a delay in the review occurring by management to ascertain the rationale for the incident occurring. Inspectors found that the review, which occurred two weeks following the incident, did not identify numerous factors which could have influenced the sequence of events which led to the resident requiring surgery. Staff stated that the likelihood of reoccurrence was reduced due to staff knowledge of the resident. However inspectors found due to insufficient staff employed there were regularly unfamiliar staff present in the centre including the day in which the incident occurred. There was also evidence that the induction provided to staff was insufficient. Inspectors requested that the provider complete an immediate internal investigation into the incident and inform the Chief Inspector of the outcome inclusive of the supports to be provided to the resident going forward.

Improvements were also required in the procedures in place to ensure there was appropriate management and control of infection in the designated centre. Inspectors reviewed the policies in place and found that they were reflective of the procedures to be followed in an acute setting as opposed to the designated centre. Inspectors also found that the practices in place were not in line with best practice. For example, there was an absence of hand washing facilities in laundry rooms and aids and appliances were stored in bathrooms. The plans of care in place for residents who had conditions which could result in cross infection were inadequate as they did not ensure appropriate precautions were identified to safeguard all.

The designated centre had policies and procedures in place regarding the prevention, detection and management of fire. The provider had also sourced the services of an external provider to ensure that fire equipment was serviced at regular intervals. However inspectors were not assured that the procedures to be followed in the event of an emergency were robust and ensured that in the event of a fire occurring, residents and staff would be safe. For example, in one community house it was identified that a minimum of two staff were required to safely evacuate residents to a location of safety, however there was frequently one member of staff on duty. In another community house, aids and appliances had been sourced to assist with evacuation, however were stored in a location which would delay evacuation if required. From a review of fire drills it also demonstrated that it took 10 minutes to complete a full evacuation in one house, which was a necessity due to the structure of the building, which inspectors determined was unacceptable. From a review of training records it also became apparent that some staff had not received training in the prevention, detection and management of fire. The findings of inspectors and subsequent risk identified to residents, resulted in an immediate action being issued to the provider in respect of Regulation 28 (3) (d).

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.
**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors reviewed a sample of personal plans of residents and found that there were inconsistent practices in place to ensure that the healthcare needs of residents were being met. In some instances personal plans clearly outlined the supports a resident required to ensure that a healthcare need was being met and that the resident could experience optimal health. In other instances there was an absence of appropriate plans of care in place. Significant improvement was also required in practice to ensure that proportionate action was taken to proactively address residents’ chronic healthcare needs or in the event of a resident experiencing an acute need. For example, inspectors found that the practice of consistently monitoring residents’ blood pressure, glucose levels or heart rate was not completed as stated in the plan of care of residents. Inspectors also found that there was an absence of review of the care plan of residents following discharge from an acute setting. In one instance, there was also a delay in a resident being reviewed by a general practitioner. The resident was presenting with symptoms similar to those which had resulted in admission to hospital two weeks previous. However the timeframes from the initial onset of the symptoms to review by a general practitioner was two days. The resident was subsequently readmitted to hospital.

There was documentary evidence that residents had been reviewed by allied health professionals in respect of their food and nutrition. However the evidence did not support that the recommendations for the allied health professionals were implemented in practice. For example, if residents were prescribed a high calcium diet, there was no evidence to support that they were in receipt of same.

One factor which could also have contributed to a resident requiring surgery following ingestion of a foreign object was that the resident was being supported to eat sweets at the time of the incident. The resident was prescribed a ‘lump free’ diet by the relevant allied health professional.

Due to the concerns identified by inspectors, an immediate action was issued in respect of Regulation 6 (1). Inspectors also requested that an internal investigation be completed in respect of one resident as there was evidence of repeated admissions to hospital. However their personal plan did not adequately support that all efforts had been made to prevent this from occurring. The report was submitted to the Authority within the agreed timeframe and confirmed the findings of inspectors.

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

Findings:
Inspectors reviewed the procedures in place to ensure that the services provided were safe and effective. As stated previously the designated centre consists of five community houses. Of the three houses inspected on this inspection, two of the houses had a frontline manager. The third house was managed by the person in charge. The person in charge has responsibility for two designated centres, each containing five community houses.

Inspectors met with the person in charge who facilitated the inspection. Inspectors found that due to the distance between community houses and the absence of structured reporting mechanisms which included accountability by various members of the management team, the person in charge was not in a position to fulfil their statutory obligations. Inspectors further formed the view that due to the absence of appropriate governance and management systems, five community houses in one designated centre was inappropriate to ensure safe services were provided. Inspectors were informed that there had been no review on the quality and safety of care provided to residents inclusive of standard audits. The person in charge stated there could be a month in between them having the capacity to visit individual community houses. There was no identified person for staff to report to or to supervise staff in the event of frontline management being off duty.

At night, there was one person identified in a community house of another designated centre to liaise with staff in the event of an emergency. However inspectors found that this was not a robust system as residents’ safety had been compromised due to staff being reallocated to another area.

The cumulative findings of this inspection resulted in an immediate action being issued in respect of Regulation 23 (1) (c) as inspectors determined that action was required to ensure that the reporting mechanisms and supervision arrangements in place within the designated centre were amended to ensure that:
• there was sufficient staff in the designated centre
• staff not employed on a regular basis received the appropriate induction to the needs of the residents
• proportionate action was taken to safeguard residents following an adverse incident and preventative measures were implemented to prevent a reoccurrence

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

Findings:
Inspectors reviewed a sample of rosters and found that a planned and actual roster was not maintained in the designated centre. For example, there were days when it had been identified that there was a shortage of staff however the roster did not indicate if that need had been filled. Inspectors also reviewed the number of staff employed in the designated centre and found that there was insufficient staffs employed in the designated centre to meet the basic needs of residents.

Due to the absence of appropriate plans of care, the evidence did not support that when nursing care was required it was provided. There was also an instance in which residents did not receive their medication as there was no nursing staff on duty. The designated centre has a policy in place for medication to be only administered by a registered nurse.

As stated previously staff did not have the appropriate training in the prevention, detection and management of fire. Staff also did not have the appropriate manual handling training. Furthermore a control measure identified in one community house was for staff to complete basis life skills training due to the risk of residents choking or becoming unresponsive. This training had not occurred as of the day of inspection. Inspectors were informed that staff supervision had yet to occur as the policy had recently been developed; however, management had yet to receive training in same.

Inspectors issued an immediate action in respect of Regulation 15 (1) on the day of
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:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Health Service Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0004704</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>13 and 14 October 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 January 2016</td>
</tr>
</tbody>
</table>

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 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:

Risk management policies had not been reviewed since July 2011. The policies also did not address the procedures to be implemented in the designated centre.

1. Action Required:

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The Regional Director of Nursing and the PIC have commenced work in relation to the updating of a local Risk Management Policy for all houses in the Designated Centre.

Training in Risk identification and management has been organised for all staff in the five houses.
A full review of all of Risk Assessments will be carried out in all five houses by January 30th.

Risk Registers are in place in the five house and all will be reviewed before year end

Increased staffing identified on the date of the inspection has remained in place at night in one house which will ensure evacuation if required in the event of fire and also allow for appropriate supervision of residents.

**Proposed Timescale:** 30/01/2016

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The practices in respect of protecting residents from healthcare associated infections were inadequate.

2. **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:**
Resident equipment is no longer stored in the bathroom

A HSE HCAI policy in relation to infection prevention and control is being adapted for local use.
Training is scheduled for all staff in relation to Infection prevention and control.

An HCAI audit of hand washing facilities carried out on the 17th December 2015 in the five houses. Hand washing facilities require upgrading in two houses.

In the interim all necessary hand hygiene precautions are being taken using personal protective equipment and hand hygiene gel.
**Proposed Timescale:** 28/02/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
The systems in place in respect of fire management were inadequate.

**3. 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:**  
Fire training has been provided for all staff in the designated centre for 2015

Fire evacuation drill has taken place which identified that residents could be evacuated based on the staffing levels in place within an appropriate timeframe  
Staffing levels now in place facilitate safe evacuation of residents.

All staff have attended up to date fire training over the following dates:  
Fire drills which included evacuation techniques on the following dates:  
House 1 – 23/9/15  
House 2 – 1/11/15  
House 3 – 16/11/15  
House 4 - 22/12/15  
House 5 – 23/12/15.

Fire training is planned for 2016 on the following dates:  
House 1 – 11th January 2016  
House 2 – 11th January 2016  
House 3 – 11th January 2016  
House 4 - 14th January 2016 at 2.30pm  
House 5 – 28th January 2016 at 11.00am

---

**Proposed Timescale:** 30/01/2016  
**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**  
Evidence did not support that all residents could be safely evacuated in the event of a fire. This was an immediate action issued on the day of inspection.

**4. Action Required:**  
Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

**Please state the actions you have taken or are planning to take:**
Fire training has been provided for all staff in the designated centre for 2015. Fire evacuation drill has taken place which identified that residents could be evacuated based on the staffing levels in place within an appropriate timeframe. Staffing levels now in place facilitate safe evacuation of residents. All staff have attended up to date fire training over the following dates:
Fire drills which included evacuation techniques on the following dates:
House 1 – 23/9/15
House 2 – 1/11/15
House 3 – 16/11/15
House 4 – 22/12/15
House 5 – 23/12/15.

Fire training is planned for 2016 on the following dates:
House 1 – 11th January 2016
House 2 – 11th January 2016
House 3 – 11th January 2016
House 4 – 14th January 2016 at 2.30pm
House 5 – 28th January 2016 at 11.00am

Proposed Timescale: 28/01/2016
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All staff had not received adequate training.

5. 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:
Fire training has been provided for all staff in the designated centre for 2015

Proposed Timescale: 23/12/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff were not clear on the procedure to be followed in the event of a fire.

6. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety
management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
Fire training has been provided for all staff in the designated centre for 2015
Fire evacuation drill has taken place which identified that residents could be evacuated based on the staffing levels in place within an appropriate timeframe

Proposed Timescale: 23/12/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an absence of appropriate assessment and interventions outlined in residents' personal plans. Evidence did not support that the appropriate healthcare was provided to residents. Therefore an immediate action was issued in respect of this regulation.

7. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
A plan has been put in place by the CNM11 to ensure that a full assessment of needs will be carried out for each resident to identify the required health care support. An appropriate plan of care will be put in place based on this.

Proposed Timescale: 08/01/2016

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:
Evidence did not support that the appropriate systems were in place to ensure that the person in charge could effectively manage the designated centre to ensure that the services were safe and effective.

8. Action Required:
Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.
Please state the actions you have taken or are planning to take:
PIC will ensure that weekly meeting take place in the designated centre to support personnel in management in each of the houses commencing Tuesday 8th December 2015.
A new CNM 11 is due to be appointed in one of the houses.
It is planned to reduce the number of houses in the Designated Centre
Four of the houses in the designated Centre have a CNM11. This provides senior nurse management and supervision governance in the residences. In the remaining house a CNM11 is in the process of being appointed and should be in post by end of January.
We are in negotiations in relation to the reassignment of CNM11 to a 5/7 day duty roster with night duty governance being provided centrally. This will ensure more effective governance, operation management and administration of the centre.

Proposed Timescale: 30/06/2016
Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The management structure did not support individual lines of accountability and responsibility.

9. 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:
The regional Director of Nursing and the PIC have formalised the Governance Structure for each house.
A copy of the organigram will be on view in each of the houses.
A system has been put in place to ensure that there is a person with management responsibility on duty at all times. This will be identified on the roster and in a suitable format for residents.
Weekly PIC meetings with a standard agenda, have commenced.

A training model in supervision for PICs and PPIMs is scheduled for delivery in February 2016.
The systems implemented did not support safe delivery of services. Therefore an immediate action was issued on the day of inspection.

10. **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:**
- Staffing level has been increased to a level identified during inspection which will support staff on night duty in the case of emergency.
- Number of houses in the designated centre is to be reduced.
- PIC will commence weekly monitoring meetings.
- Full assessment of needs will be carried out for each resident to identify the required health care support.

**Proposed Timescale:** 08/01/2016

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was an absence of reviews of the safety and quality of care.

11. **Action Required:**
Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

**Please state the actions you have taken or are planning to take:**
- Work has commenced on data gathering required to carry out a full review of the quality and safety of care at the designated centre for 2015.

**Proposed Timescale:** 31/03/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were insufficient staff employed in the designated centre therefore an immediate action was issued.

12. **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
Please state the actions you have taken or are planning to take:
• An assessment of the dependency levels of each resident is being carried out using a recognised evidenced base assessment tool which will calculate the dependency level of each resident and determine the skill mix of staff required to meet the needs of the residents.
• Following this skill mix will be determined.

Proposed Timescale: 28/02/2016
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Nursing care was not provided when required.

13. Action Required:
Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

Please state the actions you have taken or are planning to take:
Staffing level has been increased to a level identified during inspection which ensures that nursing care required is provided for residents.
Training on Care Planning has been provided for Nursing and HCA staff on 16/9/15, 8/10/15, 19/10/15 and further dates are planned for 2016.

Proposed Timescale: 28/02/2016
Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Due to an absence of appropriate induction and plans of care outlining the supports residents required, evidence did not support that residents received consistent care in line with their needs.

14. 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:
• A review is being carried out identifying the needs of all residents.
• We are in the process of developing a standardised folder for the purpose of induction. This will include and capture more accurately the individual needs of each resident.
Proposed Timescale: 26/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of actual and planned staff rosters maintained in the designated centre.

15. 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:
Actual and planned staff rosters are now being maintained in the designated centre.
An audit of rosters is scheduled for February 2016

Proposed Timescale: 28/02/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff did not have the appropriate training to meet the assessed needs of residents.

16. 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:
Mandatory training has been completed with the exception of one member of staff who is on long term sick leave. Training will be scheduled as soon as they return to duty.

A full review of training needs has been carried out and a training scheduled has been drawn up to address the deficits.

Proposed Timescale: 31/07/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was an absence of staff supervision.
17. **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:**
The PICs have will commence Supervision as part of the weekly meetings with management in the houses.
A roll out of supervision training will commence for PIC and PPIMs and CNM11s on 14th January and 19th January. Following this training a plan for individual supervision dates will be drawn up.

**Proposed Timescale:** 30/04/2016