

**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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003733
Centre county:	Dublin 15
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd
Provider Nominee:	Lorraine Macken
Lead inspector:	Helen Thompson
Support inspector(s):	Michael Keating; Ciara McShane (Both Day 1 only)
Type of inspection	Unannounced
Number of residents on the date of inspection:	16
Number of vacancies on the date of inspection:	2

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:	To:
02 June 2016 17:00	02 June 2016 18:00
08 June 2016 08:50	08 June 2016 20:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection

This was an unannounced inspection that was conducted in line with HIQA's remit to monitor ongoing compliance with the regulations. It was initiated on the evening of day one with the bulk of the findings gathered on day two of the inspection. The required actions from the centre's registration inspection in late June 2014 were also followed up as part of this inspection.

How we gathered our evidence

The inspectors met with a number of the staff team which included care staff, household staff, and the nursing team. The inspectors also conducted a lengthy meeting with the person in charge and talked to a clinical nurse specialist in complementary therapies who on day two was supporting residents of the centre.

Over the two day period inspectors met with a number of residents across all locations to gather their opinions on the quality of care and supports provided and spent time observing staff engagement and interactions with residents. As part of the inspection process the inspectors spoke with the aforementioned staff and reviewed various sources of documentation which included the statement of purpose, residents' files and a number of the centre's policy documents. The inspectors also completed a walk through the centre's premises, paying particular regard to the status and implications for the residents of the current buildings refurbishment.

Description of the service

The service provider had produced a statement of purpose which outlined the service provided within this centre. The centre was comprised of three bungalows which were situated on a campus setting. Refurbishment of the three bungalows was taking place at the time of the inspection which temporarily meant that some residents were being accommodated within the older congregated setting on the campus. Phase one of the refurbishment project was completed and the residents from that bungalow had returned to their home, phase two was ongoing for residents from the second bungalow and as per the project plan phase three was then due to commence for the residents of the third bungalow. The statement of purpose stated that two bungalows in the centre catered for individuals who had previously lived in institutional "dorm" type settings with the aim of supporting these service users to move to homes in the community and that the third bungalow catered for service users with complex needs who from time to time engaged in behaviours that challenge. There was capacity for 18 residents but it was now home to 16 residents over 18 years of age, one man and 15 women of different ability levels.

Overall judgment of our findings

Fifteen outcomes were inspected against, one outcome was found to be of major non-compliance with 11 found to be of moderate non-compliance. The inspectors found that residents' healthcare needs were substantially met as per their records but improvement was required in the mealtime experience for some residents. Due to the progress made since HIOA's last inspection safe and suitable premises was assessed as substantially compliant. When the current refurbishment is completed it was clear that the premises will meet the residents' needs. Overall the inspectors found that residents' medication needs were supported.

Areas for improvement were identified in the core outcomes of safeguarding and safety management, health and safety and risk management, governance and management, workforce in particular the provision of adequate staffing levels and in social care needs, with meaningful engagement and opportunities for some residents prioritised. Outstanding staff training in the areas of fire, safeguarding and manual handling needed to be completed. As per regulation 34 the provider needs to ensure that all complaints are recorded and processed in line with all the regulatory requirements.

These findings along with others are further detailed in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that since the last inspection the respecting of residents' privacy and dignity had improved with the practice of conducting nightly checks being informed and completed on an individualised basis. There was evidence that some of the previously identified regulatory gaps regarding residents' finances had been addressed but all the required actions could not be fully assessed. The inspectors found that a complaint expressed by a resident's family had not been recorded and dealt with as per regulatory requirements.

A review of the status of the provider's action plan to ensure that their financial procedures for residents met the regulatory requirements was conducted during this inspection. The completed capacity assessment for the resident and the permission form were not available for the inspectors to review and assess. The inspectors were informed by staff that the permission form is sent to the resident's family outlining proposed additional costs to the resident for holidays or equipment.

The inspectors observed that charges/costs to service users were now recorded according to the activity with detailed breakdown and associated costs. The centre's revised monthly accessories money requisition sheet specifically recorded the items purchased. The guidelines on staff managing service users monies document was revised in July 2014. The person in charge highlighted that these changes had brought clarity and transparency to the centre's financial practices with residents.

With regard to the above actions the inspectors afforded the person in charge the opportunity to furnish the required outstanding evidence on the day or to forward it,

however this information was not received.

The inspectors were initially informed that the centre had no current or recent complaints. However, whilst following another line of enquiry the inspectors noted that a complaint was made by a family regarding the supports provided by a staff member to their family member. The matter regarding staff practice was being responded to by the centre's management and through the provider's human resource process. However from the resident's perspective this matter had not been put through the centre's complaints mechanism as per regulatory requirements. The person in charge noted that he had followed up and discussed the matter with the resident's family but no written evidence was available.

The inspectors reviewed the status of the provider's action plan to uphold residents privacy and dignity through addressing the practice of staff, without consent entering bedrooms at night to conduct checks. The inspectors found that the practice had changed for the majority of the residents with only two residents now being checked due to their medical status. The inspectors reviewed some residents' documentation and noted that the May 2016 night checking sheet reflected the completion of checks on two occasions only throughout the night period. Also, the inspectors observed that the healthcare status of the residents for whom higher frequency checks were currently completed were high support and the checks were appropriate to their assessed needs.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that some residents' communication needs were not being fully met.

The inspectors reviewed residents' files, observed interactions across the centre's locations and talked to staff. The inspectors found that there was good use of alternative augmentative communication in the files of some residents with communication passports present and easy to read pictorial type care plans to assist the residents' understanding. The inspectors noted good examples of outings and social goals recorded in photographs. Speech and language therapy support was also

observed. The person in charge reported that six residents had communication passports completed following assessment by staff and speech and language therapy.

However, the inspectors found that some residents in the centre still had no accessible version of their plans available to them, this was highlighted on HIQA's last inspection. The person in charge acknowledged this outstanding support gap.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

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

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

Findings:

The inspectors found that there was evidence of residents' families being involved in their lives and of some residents going out and participating in the local community. However this was not evident for some other residents that the inspectors met with little evidence found of any activity away from the campus based setting.

A review of some residents' files highlighted a lack of assessment of their social care needs and no outcome based social goals to guide staff in supporting them. Over the two days of the inspection process the inspectors observed that these residents had a lot of unoccupied time during which they experienced very little staff engagement.

The inspectors observed that some residents led active lives, were participating in their local community and staff were recording these activities in different formats. Three residents were in knitting clubs and one lady had a post office account. However, the inspectors noted that there was no increase in the level of these community based activities since the time of the last inspection which was acknowledged by the person in charge.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

The inspectors found that the wellbeing and welfare of some residents were not supported, especially with regard to their social needs. These residents' opportunities to engage in meaningful activities were very limited. Some residents did not have a family member or representative participating in the review of their care plans.

The inspectors observed that some residents in the centre appeared to have a lot of unoccupied time where they had very few non-care related interactions with staff. A review of their files highlighted a lack of assessment of their social care needs and no outcome based social goals to guide staff in supporting them. With regard to one particular resident the inspectors noted that their weekly activity sheet outlined three planned campus based activities with staff also unable to tell the inspectors of any other activity options to facilitate engagement with this resident. The inspectors noted that staff were unaware that this resident was no longer in the communal area but alone in their bedroom on the first evening of inspection.

The audit of care plans that was planned under the outcome 5 actions from the previous inspection was not available for review and the inspectors did not find evidence of positive outcomes from this process in some of the residents' plans that were reviewed as part of this inspection.

The inspectors were informed by the person in charge that the project planning group which is a sub-committee of the service provider's admissions, discharge and transfer committee have proposed that the number of residents in the centre should be reduced to more effectively meet some residents care and support needs. The person in charge outlined that the committee were reviewing residents' assessments, meeting with residents and their families, facilitating visits to other centres and liaising with the multidisciplinary team as required.

The timeframe for the six residents of bungalow two to return to their renovated home of five single rooms only is 1 August 2016. However at the time of inspection there was no evidence found of communication with a resident or their family regarding the

committee's current proposal to reduce numbers in the designated centre.

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):

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

Findings:

Building work to improve and provide premises to residents that are designed and laid out to meet their assessed needs continued in the centre at the time of this inspection. On the previous inspection the centre was comprised of three separate single storey bungalows. The premises was found not to be suitable to meet the needs of the residents and required renovation. Plans had been initiated to conduct a complete renovation of all the bungalows in line with residents' current and emerging needs. The development was due to commence in September 2014, however, due to increased costs and funding issues, the timelines had been revised a number of times. The provider had informed HIOA of these delays. HIOA was also aware that renovations were underway at the time of inspection and carried out this monitoring inspection to be reassured of progress in relation to the development.

The first phase of building had been completed and residents had within recent months returned to their home. They were now concentrating on decorating their new home and looking forward to their upcoming house warming event. Residents demonstrated their swipe access for the new automatic doors and the inspectors observed the universal accessibility of the new build. Adaptations to support residents' specific needs, for example, an automated hoist were also accommodated in the renovations and was shown to the inspectors by the resident.

The second bungalow was nearing the final phase of renovation and the residents from this location were being temporarily accommodated in a unit of the original campus building. They informed the inspectors that they were eager to return to their home but at the time they were unclear as to when exactly that might happen. Staff noted that it was originally scheduled for 06 June 2016 but staff and residents were not aware on the first day of inspection of a revised timeframe for their return. The inspectors were subsequently informed by the person in charge and by email that the renovations of

bungalow number two were scheduled for completion on 01 August 2016. The renovation of bungalow three would then commence for the residents of that location.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that improvements were required to ensure that the health and safety of residents, visitors and staff is robustly protected. Precautions against the risk of fire also needed to be improved to ensure an effective fire safety management system for residents in this centre.

The inspectors found that individual risk assessments were conducted for residents, these included manual handling and challenging behaviour. However, some residents' assessments had not been reviewed in line with their recorded risk assessment review process or post incidents. The centre had a risk register which identified manual handling, challenging behaviour and safety as the centre's main risks but this document had not been updated since 18 June 2015.

Accidents and incidents in the centre were being recorded and were further reviewed by the provider's health and safety officer. The person in charge highlighted that in his opinion the system could be more effective for the centre if he participated directly in the health and safety committee.

The centre had a suite of the required policies in place, these included risk management and emergency planning, incidents where a resident goes missing and a health and safety statement.

The inspectors found that not all staff members working in the centre were familiar with the evacuation procedures in the bungalow where they worked. Review of fire training records showed that a number of staff members had last attended fire training in early 2014. The inspectors also noted that a number of the staffs' manual handling training was out of date.

On a walkabout in one of the bungalows the inspectors observed that there was no emergency lighting displayed over a sliding door which was identified in the fire procedure as a fire exit. The centre's weekly checklist for emergency lighting had some gaps in records and did not identify this issue. The inspectors also noted that the last

servicing record available for emergency lighting was in January 2015. Fire doors were not present throughout the centre but this was being addressed through the new building works.

Suitable fire equipment was provided in the centre and current procedures were displayed as required. Fire checks were being conducted in the centre. The inspectors observed that the fire alarm and equipment was serviced with the certificate displayed under the fire panel. Evidence of the completion and recording of fire drills at various times of the day was available. Individual fire risk assessments were completed for each resident, which incorporated their level of functioning and outlined the type of supports required to assist them to evacuate. Oxygen cylinders in the centre were checked weekly as part of the centre's medical emergency equipment review.

No infection control issues were observed in the centre though the underpinning policy document to guide staff practice was out of date (2009).

The centre's transport vehicle was not assessed during this inspection.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that not all the required measures were in place to protect residents in the centre from being harmed or suffering abuse. Not all staff had been provided with training in the safeguarding of vulnerable adults. A positive behaviour support approach was not evident for some residents that engage in behaviour that is challenging. There was poor promotion for residents of a restrictive practice and restraint free environment.

The inspectors found that there had been a recent safeguarding issue in the centre. The person in charge outlined the centre's response, recording and investigation process of the matter. A screening meeting was scheduled for the day of the inspection.

The inspectors noted that there was a gap in the provision of training to staff in the safeguarding of vulnerable adults which was readily acknowledged as a concern by the person in charge on the day of inspection.

Staff informed the inspectors of the process for responding to a safeguarding issue with residents, of the types of abuse and of the centre's reporting process. However staff were unclear with regard to identifying a single designated safeguarding person with reference made instead to the complaints officer.

The inspectors found that there was a restrictive practice in place in relation to the management of behaviours that challenge. However, there were no recent assessments in place to warrant this level of restriction. Additionally, no current protocol was available to guide staff practice when implementing the restriction and there was a lack of clarity around the rationale for its implementation. Tracking, recording and monitoring of the restriction usage was not conducted. There was no evidence that other measures had been trialled as an alternative to this restriction. Evidence of consent for this intervention was not available.

Also, the inspectors observed a protocol document (15 February 2016) for the administration of psychotropic medication to manage a resident's behaviour. Records showed that this medication was last administered to the resident in June 2015. There was no evidence found of a recent multidisciplinary review of this chemically restrictive response to the resident's behaviour. Staff were not trained in a positive behaviour support approach nor in the use and implications of restrictive procedures.

During the inspection staff members' interactions with residents were observed as responsive, warm and respectful. The centre had current policies in place as required by regulation.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
A record of incidents that occurred in the centre were maintained. On the day of inspection an incident was identified which was a notifiable event. The inspectors

reiterated the notification requirement for this type of incident, however HIQA had not received an NF06 at the time of this report.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The inspectors found that opportunities for new experiences, social participation, education and up skilling were not provided to some residents in the centre. This finding was not in keeping with the centre's statement of purpose and function where the promotion of residents' independence and community inclusion was stated.

As outlined in outcomes 3 and 5 of this report the inspectors noted that some residents had very little experiences and interactions outside of their care needs being met. There was no assessment of their social or educational goals with no plans available to guide staff members daily supports of these needs. The inspectors observed that these residents experienced a lot of unstructured time where they were left alone. It was noted that one of these residents was living in the recently refurbished bungalow which now had a swipe access door. Whilst all her peers happily and proudly utilising this new system, there was no evidence found that this option or any related skills teaching around it had been considered with this resident. Staff were unable to give any rationale for not affording her this opportunity.

The inspectors observed that there were activities provided on the campus site and noted on the morning of the inspection that a number of residents were coming and going to these with another resident heading out to attend mass. The inspectors met the clinical nurse specialist in complementary therapies who described the range and level of support activities that she provided to residents in the centre.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that residents in this centre were supported to achieve and enjoy the best possible health.

A review of residents' plans showed that the healthcare needs of residents were being responded to in a timely manner, were assessed and supported. The inspectors noted that residents had access to and were supported by a multidisciplinary team which included psychiatry, physiotherapy, speech and language therapy and occupational therapy. Residents also attended allied health care services as required for their needs, this included neurology, oncology and medical consultants.

The inspectors found that residents were well supported by their general practitioner as he visited the centre on a daily basis reviewing the medical status and emerging needs of each resident.

Residents' nutritional needs were assessed and documented in their plans and the inspectors noted that residents were assessed and supported by a dietician as required. Residents' weights were also recorded. The inspectors found that choice with food and menu planning was supported for residents in the centre.

During the inspection several mealtimes were observed, it was a relaxed, social experience for some residents but the inspectors noted that the mealtime process was not positive for all. In one location of the centre the table was not set with any condiments, residents wore an institutional type clothes protector, their food was served haphazardly and overall there was little evidence of a positive mealtime experience.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that the residents were protected by the centre's policies and procedures for medication management.

There were written operational policies and procedures relating to the ordering, prescribing, storing and administration of medicines to residents. Medicines in the centre which at the time included control drugs were stored as required and residents' medication records were kept in a safe and accessible place. The inspectors observed the centre's register of controlled drugs.

A pharmacist was available on site to each resident and there was evidence of on-going review of the residents' medical status and of their medication. Medication in this centre was only administered by registered nurses. The inspectors observed the bank list of nursing staff signatures with their registration numbers.

The inspectors observed that that there were systems in place for the auditing of the MPARS by a staff nurse every week and the CNM2 night supervisor also conducts quarterly medication audits. The centre had a system in place for the identification and reviewing of medication errors.

The inspectors noted that no residents in this centre were responsible for the administration of their own medication.

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):

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

Findings:

The centre's updated statement of purpose contained most of the regulatory requirements and described the service's provided for residents of the centre. However, the inspectors found that it did not clearly and comprehensively outline all the required

information regarding the criteria used for admission to this designated centre particularly in relation to emergency admissions.

The inspectors noted that the mission statement section only referenced the women that resided there. Also, the timeframe period for the review of the statement of purpose was greater than a year with the current document dated 07 June 2016 and the previous document to that dated 04 April 2015.

The inspectors noted that, as per the centre's previous action plan residents' personal information had been removed from the document.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that improvements were required in relation to the governance and management of the centre. In particular the inspectors noted that effective arrangements were not in place to facilitate all staff to fulfil the obligations of their role and responsibilities. The management systems that were in place were not effectively supporting and promoting the delivery of safe, quality care services.

The person in charge had responsibility for two designated centres, this one on campus and another in the community. From the initial introductory meeting with the inspectors he highlighted that one of the biggest challenges at present is his lack of protected time with the subsequent reduction in his ability to provide oversight and accountability for the quality and safety of care to residents. One of the main contributory factors observed by the inspectors was the staffing shortage which required that the person in charge covered the frontline gaps to ensure that the daily care and support was adequately provided to residents of the centre. This was found to be the situation for the person in charge on the day of the inspection. Throughout the inspection process the consequences of this situation on the person in charge role were clear with many examples of the person in charge's lack of oversight and monitoring of the centre. These

included failure to update the centre's risk register in line with residents' reviewed individual risk assessments, inability to follow up on action plans as per review of medication errors in the centre and lack of updating on outcomes of fire drills as per the local process. Also, the inspectors noted that collation of the critical data sets for the centre as a whole was not completed by the person in charge and there was no overarching quality and safety plan in operation which guided future planning. Staff performance reviews were behind schedule due to the current situation and the person in charge did not have updated data regarding staff training needs, for example, the gaps in fire training. An inability to provide daily supervision to staff members and facilitate team meetings was also highlighted as a gap by the person in charge. In addition, there was no formalised system for communication between the permanent night supervisor for the campus and the person in charge regarding the delivery of safe, quality care services throughout the 24 hour period.

The inspectors did observe that the person in charge was clearly identifiable and available to the residents of the centre, was very responsive to the staff on duty during the inspection and was aware of his professional development.

The inspectors found that the management systems in the centre were not ensuring that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. The inspectors did not find evidence of data from the main systems, for example, the review of incidents feeding into these systems. The person in charge noted that his monthly meeting with his line manager/person involved in management had just commenced in a formalised structure. Staff meetings did not occur on a regular basis and the person in charge highlighted that in order to facilitate effective communication and learning, for example, post incidents they need to occur on a monthly basis.

The inspectors found that there was a clearly defined management structure in place that identified lines of authority and accountability. Staff that the inspectors met with were familiar with the reporting mechanisms. Also, in the absence of the person in charge/CNM2 and deputy/CNM1, there was a clear process in operation regarding the daily shift leader position. There was evidence of some auditing being conducted in the centre.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

The inspectors found that the centre is not adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

Since the previous inspection, Support Intensity Scale assessments had been completed with residents to determine their required levels of support and a subsequent business plan was completed by the person in charge. However, at the time of inspection the centre continued to have deficiencies in their staffing levels as evidenced in outcome 17 of this report. In particular, the inspectors noted the impact of the staffing issues on the person in charge's role.

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):

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

Findings:

The inspectors found that the staff numbers and skill mix were not appropriate to meet the assessed needs of residents and to ensure the safe delivery of services. Continuity of care was not evident for some residents in the centre. Staff had not received all necessary training to facilitate them to comprehensively support all of the needs of residents. There were gaps in the facilitation of supervision to staff. The actions from the last inspection were not observed to be positively impacting on some residents' lives.

The inspectors conducted observations, interviewed staff and residents and reviewed several forms of documentation, all of which demonstrated that the number of staff was not appropriate to the needs and wishes of the residents. On the first evening of the inspection a resident clearly outlined that the quality of her experience in the centre would be enhanced if there were more staff available to support her in getting out.

Residents' plans highlighted their need for familiar staff to support them but due to staff shortages a staff from another designated centre was working in their home for the first time on day one of inspection, having only received a brief verbal handover. The inspectors noted that during the staff meal break this person supported residents on their own for over 40 minutes and informed the inspectors that she was then going to provide cover in another location in this centre.

A business plan completed for the centre in October 2015 identified the staffing needs required to support residents, especially their exceptional medical and behavioural support needs as assessed in early 2015 through the completion of their Support Intensity Scales. This plan highlighted the need for an increase in staff numbers particularly with regard to supporting residents with their medication administration across all the centre locations. At periods of the day with the current staffing complement and at night there is only one nurse on duty, based in a set location to support all residents across the centre and at present a resident in a non-nurse staffed area is prescribed PRN analgesia for their acute medical condition. On one occasion during inspection the inspectors observed that a resident came looking for the nurse and querying their medication administration. Also, on a medication error form that the inspectors reviewed, staff shortages were also noted by the nurse involved as a possible contributory factor.

From the previous inspection staff training in the safeguarding of vulnerable adults (also highlighted under outcome 8) and food safety and hygiene remained outstanding. Manual handling training for some staff in the centre was also noted to be out of date.

Overall the inspectors noted that staff interactions with residents were pleasant and respectful but interactions were a little rushed on occasions. Also, the inspectors were informed that staff had provided outreach support to a resident during a recent period of hospitalisation.

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:

Helen Thompson
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 Daughters of Charity Disability Support Services Ltd
Centre ID:	OSV-0003733
Date of Inspection:	02 June 2016
Date of response:	07 July 2016

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Evidence of communication and consultation with the resident's family regarding proposed additional costs for holidays or equipment was not available.

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

1. Action Required:

Under Regulation 12 (4) (a) and (b) you are required to: Ensure that the registered provider or any member of staff, does not pay money belonging to any resident into an account held in a financial institution, unless the consent of the resident has been obtained and the account is in the name of the resident to which the money belongs.

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

Bank account will be open for each individual service user in their own name. Financial capacity assessments in place. Contract of Care reflecting long stay charges are currently being updated in conjunction with families.

Proposed Timescale: 30/12/2016

Theme: Individualised Supports and Care

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

A complaint made by a resident's family member was not responded to as required by regulation.

2. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

Complaint documented appropriately on Complaint Form as per DOC 003 Policy. Family member met and updated and reassured that complaint is being dealt with. Events of the day currently under review. Guidelines will be updated and reviewed in line with the outcome of incident as it occurred on the day.

Proposed Timescale: 30/08/2016

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Each resident was not supported to fully communicate as they didn't have accessible versions of their plans.

3. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

Service users' who did not have easy to read Care Plans were identified. Key workers, in conjunction with service users and families are presently gathering the relevant information to complete Easy to Read Care Plans. These will take a number of formats i.e. Photo Album books and ipads.

Proposed Timescale: 31/07/2016

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

Community access and participation was found to be very limited for some residents in the centre.

4. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

With the support of the MDT, assessments will be put in place to aid the service user's develop links with the wider community. Referrals have been made to relevant MDT members i.e. Day Activation Manager, CNS Instructor in conjunction with the service users, key workers and family members. The CNS Instructor is to deliver one to one training in relation to PCP development with staff members and service users. This will be done on an ongoing basis and reviewed regularly.

Proposed Timescale: 31/12/2016

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:

A comprehensive assessment of social care needs was not conducted for some residents in this centre.

5. 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 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:

Service users who do not have a comprehensive assessment will be identified and their social care needs will be updated and completed. This will be done in consultation with the Day Activation Manager and the service users 'key worker with support from the MDT as required. The PIC and the key worker will ensure each service user will be facilitated to engage in social activities of their choice that will provide each person with a meaningful and fulfilled life.

Proposed Timescale: 31/10/2016

Theme: Effective Services

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

Some residents' plans were not being effectively reviewed.

6. Action Required:

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

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

All care plans to be effectively reviewed by PIC and updated accordingly to reflect the service users current needs, goals and aspirations. There will be a named person responsible with a review date in place. Education in relation to PCP approach will be provided by the CN Instructor on an individual basis throughout the designated centre. This will provide further education for staff and service users in relation to Individualised Care Planning and PCP.

Proposed Timescale: 31/10/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

The premises still required development to correlate with the aims and objectives of the service and to meet the needs of all the residents.

7. Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The refurbishment of the designated centre is ongoing. Second house being refurbished is due to be re-opened on 01.08.2016. Proposed completion of all 3 houses is 31.10.2016. We will continue to update you with progress on this refurbishment. Service Users in first house refurbished have expressed that the opening of their new home has enhanced their quality of life and gives them greater scope of their activities of daily living. Official opening of the new home took place on 11th June 2016 for family members and friends of the service users. All present were very impressed and pleased with the refurbishment.

Proposed Timescale: 31/10/2016

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 inspectors found that some residents' assessments had not been reviewed in line with their recorded risk assessment review process or post incidents. The centre's risk register had not been updated since 18 June 2015.

8. 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:

Risk Assessments are being reviewed and data collected to be input into the Designated Centre's Risk Register. Risk Register updated in line with individual risks identified. Control measures and treatments will be put in place to minimise/mitigate identified risks. This will promote the development of positive risk enablement policy within the organisation.

Proposed Timescale: 31/07/2016

Theme: Effective Services

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

The inspector found that fire safety training was out of date for a number of staff in the centre.

9. 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:

Staff fire training in progress at time of this response. All staff will have received fire training by the 13.07.2016 with the exception of 2 staff who are currently on annual leave and sick leave respectively. Training to be facilitated on their return.

Proposed Timescale: 13/07/2016

Theme: Effective Services

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

Staff were unable to clearly outline the fire evacuation procedure for residents in the centre.

10. 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:

Monthly fire drills and bi annual fire evacuations both day and night are ongoing. All staff and service users participate in fire drills and fire evacuations.

Staff fire training in progress at the moment. All staff will have received fire training by the 13.07.2016 with the exception of 2 staff who are currently on annual leave and sick leave respectively. Training to be facilitated on their return.

Proposed Timescale: 13/07/2016

Theme: Effective Services

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

The inspector found that emergency lighting was not provided in all fire exits.

11. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Emergency lighting and fire exits to be clearly identified immediately

Proposed Timescale: 27/07/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff did not have training in positive behaviour support nor in the use and implications of restrictive procedures.

12. Action Required:

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

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

All staff to receive the organisation's 3 day management of challenging behaviour course as places become available. Priority will be given to staff members working in areas with behaviours that challenge. This training has commenced and is ongoing with remaining dates for 2016 in September and October. Behaviour Support Plans are being reviewed and updated by PIC in conjunction with the Behaviour Support Specialist and any changes will be implemented and documented appropriately.

Proposed Timescale: 31/01/2017

Theme: Safe Services

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

Consent from the resident or their representative for the implementation of a restrictive intervention and review as part of the personal planning process was not present.

13. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

In conjunction with family members/representatives, therapeutic intervention (reducing restrictive practice) has commenced. This is being done in consultation with the Behaviour Support Specialist. Documentation reflects service user's reaction to the intervention and level of consent. All of the above is to be reflected in the individual planning process and this will be reviewed on an ongoing basis.

Proposed Timescale: 30/09/2016

Theme: Safe Services

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

Restrictive procedures were not implemented and adequately reviewed in accordance with national policy and evidence based practice.

14. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Any restrictive procedures currently in use will be implemented in accordance with

1. Guidance of Designated Centre Restraint Procedures (GDE3) HIQA.
2. Mental Health Commission. Code of Practice. Mental Health Act 2001
3. DOC Policy 053. Restrictive Practice Policy for Adults and Children with Intellectual Disabilities.
4. DOC Medication Policy DOC 051 (D)

Best practice will be ensured through consultation with the Behaviour Specialist and MDT input as required and appropriate.

Proposed Timescale: 30/09/2016

Theme: Safe Services

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

No current assessment was present to address, support and alleviate the cause of a resident's challenging behaviour. There was no evidence of trailing of alternative measures to the restrictive procedure that was implemented in response to a resident's challenging behaviour.

15. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

The PIC in consultation with the Behaviour Support Specialist is conducting a review of behaviour support plans. The PIC will ensure that the current therapeutic intervention (reducing restrictive practice) is implemented with a clear rationale given and is reviewed as individual needs change. These will be clearly documented and any changes implemented with a date set for review. The PIC will engage with the family/representative during this process

Proposed Timescale: 30/09/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

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

The person in charge did not notify HIQA of a safeguarding incident with a resident in this centre.

16. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

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

Any allegation suspected or confirmed abuse of any resident will be notified to the Chief Inspector within 3 working days. The Daughters of Charity Service User Protection and Welfare Committee will review our own process, policies and procedures to this. Staff training to be provided within the designated centre in relation to Appendix E Documentation and reporting. This training will be facilitated by the Social Worker by end of August 2016.

Proposed Timescale: 31/08/2016

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The inspector found that opportunities for new experiences, social participation, education and upskilling were not provided to some residents in the centre.

17. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

All PCP's to be reviewed in consultation with service user's, families and representatives to identify service users' current needs in relation to social participation, education and up skilling. This will be partially achieved through the "New Beginnings Project" facilitated by the Day Activation Manager and planned individual projects. CN Instructor is to provide one to one education within the designated centre in relation to PCP specifically. This will raise awareness and encourage staff , service users and family members to engage further within the community.

Proposed Timescale: 31/12/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Some residents in the centre were not observed to have a positive mealtime experience.

18. Action Required:

Under Regulation 18 (2) (a) you are required to: Provide each resident with adequate quantities of food and drink which are properly and safely prepared, cooked and served.

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

The PIC, in conjunction with the Catering Officer is to review mealtime practices and ensure adequate choice, quantity, safely prepared and cooked food is available to all service users. Staff to be educated in the area of food hygiene and how to enhance their opportunities to positively engage with the residents in line with residents choice. This in turn will help create and enhance a warm, relaxed mealtime environment. The PIC will put this on the agenda for the next staff meeting on 21st July 2016 to ensure all staff are aware of the importance of residents meal times.

Proposed Timescale: 30/09/2016

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 adequately describe the centre's admission criteria as required by regulation.

19. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Admission and discharge criteria for Cara Residential Centre is to be reviewed by PIC , CNM3 and Nominee Provider and will be reflected in the Statement of Purpose and submitted to HIQA

Proposed Timescale: 31/08/2016

Theme: Leadership, Governance and Management

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

The required annual review of the centre's statement of purpose was not conducted.

20. 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:

Revised Statement of Purpose and Function (Revision 7) now in place and submitted to HIQA on 13.06.2016

Proposed Timescale: 26/07/2016

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:

The person in charge was unable to provide oversight and accountability for the quality and safety of care to the residents of the centre.

21. 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:

The current area of responsibility for Cara Residential Centre is now under review with Nominee Provider and PIC. PIC will identify tasks to be completed. PIC will assign staff to complete tasks and identify timeframe for completion. Schedule for review of care plans has been compiled by PIC. PIC will review Risk Assessments and subsequently risk register will be updated to reflect this. PIC will review supervision of staff and skill mix. A schedule for regular meetings and updates with staff will be developed and implemented.

Proposed Timescale: 30/08/2016

Theme: Leadership, Governance and Management

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

The management systems were not ensuring the delivery of safe, quality care services to residents in this centre.

22. 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:

Staff Nurse is being recruited and is currently being processed by HR. Annual Report by PIC to be completed as per HIQA recommendation. PIC and deputy currently visiting each house on a daily basis and document any issues that arise. PIC to roster time to formally meet with Night Manager and staff working on night duty. The completion of documentation in relation to fire safety has been delegated to staff. This staff will meet with the PIC monthly

Proposed Timescale: 30/10/2016

Outcome 16: Use of Resources

Theme: Use of Resources

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

Sufficient resources had not been provided to comprehensively support all residents' assessed needs and wishes.

23. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

The PIC is in the process of reviewing current staff levels and skills mix in the designated centre. New revised business plan to be submitted to the Nominee Provider and HR Officer.

The PIC and Director of HR have met and discussed the staff complement. Sick leave and staff vacancies are being reviewed. The Nominee Provider, CNM3 and PIC will review rosters before end of July 2016 to ensure the allocated resources are used effectively and to provide supernumerary time for the PIC. This is to ensure that they can provide the oversight and accountability for service users safety and care, in line with regulations.

Proposed Timescale: 30/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number and skill mix of staff is not appropriate to comprehensively meet the needs and wishes of all residents in this centre.

24. 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:

The PIC is in the process of reviewing current staff levels and skills mix in the designated centre. New revised business plan to be submitted to the Nominee Provider and HR Officer. Following submission of reviewed business plan, protected time for PIC will be addressed. The Nominee Provider, HR Director, PIC with the Director of Client Services will review skill mix based on residents needs and wishes to ensure they have a person centred and fulfilled life.

Proposed Timescale: 30/08/2016

Theme: Responsive Workforce

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

Continuity of care was not consistently supported for residents in this centre.

25. 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:

Following a review of staffing/skill mix and revised business plan, moving forward the plan is to have staff specific to each house to ensure continuity.

Proposed Timescale: 30/11/2016

Theme: Responsive Workforce

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

Not all staff have been provided with the required mandatory and ancillary training to support residents' needs.

26. 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:

The PIC is reviewing training records and will ensure that all staff receive mandatory training to support residents needs. Upcoming dates for training as follows:-

- Manual Handling (August 2016)
- Service User Welfare and Protection . Workshops beginning on 27th July.
- Managing Challenging Behaviour. August and October 2016.
- Person Centred Planning Workshops beginning on 26th July 2016.

Proposed Timescale: 30/10/2016