

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Dunwiley & Cloghan
Centre ID:	OSV-0005489
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	11
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 October 2016 09:30	26 October 2016 22:10
27 October 2016 10:30	27 October 2016 19:25

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was an announced 18 Outcome inspection carried out to monitor compliance with the regulations and standards and to inform a registration decision.

This was the fourth inspection at the centre, although previously the centre was part of a larger designated centre containing seven houses. Following the previous inspection on the 24 and 25 May 2016, the provider had reconfigured the centre into four separate centres including Dunwiley and Cloghan. The designated centre is part of the service provided by the Health Service Executive in Donegal. The centre provided residential services to adults with an intellectual disability.

The inspection found significant risks relating to the safety and welfare of residents at the centre. Due to concerns identified during the inspection, the registration inspection was postponed, and the inspector focused on safeguarding and risk management arrangements at the centre.

How we gathered our evidence:

During the inspection, the inspector met with ten residents at the centre. Two of the residents told the inspector that they liked living at the centre and that staff helped them. Where residents were unable to tell the inspector about the quality of service they received, the inspector observed residents to appear relaxed and comfortable with the support received from staff during the inspection.

The inspector met with staff members as part of the inspection and observed practices at the centre. Furthermore, the inspector reviewed documents such as personal plans, healthcare records, policies and procedures and staff files.

The inspector interviewed the person in charge as part of the inspection regarding practices and regulatory compliance at the centre.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspector found that the practices at the centre were not reflective of the statement of purpose in relation to staffing. Furthermore the statement of purpose did not comply with the requirements of schedule 1 on the regulations.

The centre comprised of two bungalows which were part of a purpose built complex for adults with an intellectual disability. The centre was located close to a nearby town with access to local shops and amenities. Bungalow one comprised of four resident bedrooms of which three had ensuite facilities. The fourth bedroom was located next to the communal bathroom. Bungalow one further provided two sitting rooms, a kitchen dining room. Furthermore, the bungalow contained a laundry room and staff office. A self contained one bedded apartment was attached to bungalow one comprising of a kitchen, dining room, sitting room and laundry room.

Bungalow two comprised of six bedrooms of which one bedroom had its own ensuite toilet and shower facility. Although the remaining bedrooms were did not have ensuite facilities, residents had access to three communal bathrooms. The communal bathrooms comprised of two shower facilities and a bathroom with an adapted bath and overhead hoist facilities if required by residents. In addition, residents had access to a communal kitchen, dining room and two sitting rooms. The centre's layout also included a visitor's room and staff office.

Overall Findings:

The inspector found that although the centre had made improvements since the previous inspections in March and May 2016, actions had not significantly improved the quality and safety of care for residents.

Staff knowledge reflected training on behaviour management and safeguarding undertaken since the previous inspection; however this had not reduced risks at the centre. Furthermore, the provider was issued an immediate action in relation to safeguarding as the inspector was not assured that residents were protected from all forms of abuse.

The inspector found that staffing arrangements at the centre were not reflective of residents needs. Furthermore, residents were not supported to fully access activities in line with their interests and abilities.

A further immediate action was given to the provider in relation to fire safety due to deficiencies in the centre's alarm system and fire safety arrangements.

Due to the findings of the inspection, the inspector was not assured that effective and responsive governance and management arrangements were in place at the centre to meet residents' needs.

Summary of regulatory compliance:

The centre was inspected against 12 Outcomes. The inspector found compliance in three out of the 12 outcomes inspected. Major non-compliance was found in five outcomes with actions relating to residents' social care needs, risk management, safeguarding, governance and workforce. Moderate non-compliance was found in three outcomes relating to complaints management, healthcare and the centre's statement of purpose. Substantial compliance was identified in one outcome.

The provider received immediate actions in relation:

- Regulation 8(2): 'The registered provider shall protect residents from all forms of abuse'.
- Regulation 28 (1): 'The registered provider shall ensure that effective fire safety management systems are in place'.

These findings are further detailed under each outcome in the report and the regulations that are not being met are included in 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):

No actions were required from the previous inspection.

Findings:

Although residents had access to advocacy services and staff were respectful towards residents, residents' rights were not consistently promoted at the centre.

The inspector found that information on advocacy services was prominently displayed at the centre.

Throughout the inspection, staff were observed supporting residents in a respectful and dignified manner. Staff practices observed by the inspector were in line with resident's personal plans and behavioural support plans reviewed.

The centre had no restrictions on visitors. The inspector found that residents' families were welcome at the centre and residents were supported to have home visits. Furthermore, both bungalow one and two provided private facilities for residents to meet their families and friends.

The centre had an up-to-date complaints policy and information on the centre's complaints officer was prominently displayed and complaints records were not consistently maintained. Although a complaints log was available in bungalow one with complaints recorded, this was not the case in bungalow two where complaints were logged in residents' individual files. The inspector found that complaint records did not show the complainant's satisfaction with the outcome. Furthermore, records did not consistently record actions taken to address concerns raised. The status of complaints was therefore unclear.

The inspector reviewed residents' personal plans and nursing notes, and found that although residents' activities were in line with reviewed weekly programmes, they did not reflect residents' needs, interests and capabilities. Furthermore, the inspector was not assured that residents had access to opportunities similar to their peers as further referenced in outcome five.

The inspector reviewed arrangements for the management of residents' finances. Residents' personal monies were kept separately in a safe. The inspector found that all transactions were recorded, clearly indicating the reason for the expenditure. Additionally all transaction receipts were kept alongside records. Furthermore, all recorded transactions were signed by two staff.

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):

No actions were required from the previous inspection.

Findings:

Family involvement in personal plans and the operation of the centre was actively promoted.

The inspector found that residents were supported to maintain links with their families including visits home and receiving visits at the centre. Staff knowledge reflected the centre's statement of purpose that there were no restrictions on visitors at the centre. The inspector reviewed residents' nursing notes and found that residents regularly had contact with their family.

As part of the inspection, families had completed Health Information and Quality Authority (HIQA) questionnaires. Responses received confirmed that families experienced no restrictions and were satisfied with visitor arrangements at the centre.

The inspector reviewed residents' annual review minutes which showed residents' families had attended. Furthermore, accident and incident records showed that families were informed of events of this nature. Additionally, the inspector was informed by the person in charge, that following the previous inspection in May 2016, a 'Consumer forum' had been established at the centre to further develop communication with families and facilitate their views on the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Contracts of care had not been agreed between the provider and residents.

The inspector reviewed a sample of residents' contracts of care and found that they included charges and services provided at the centre. The inspector found that although contracts had been signed by the resident or their representative, they had not been signed by the provider.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Each resident had a personal plan in place which was comprehensive however the centre did not support all aspects of residents' needs.

The inspector reviewed a sample of residents' personal plans. Personal plans were comprehensive and informed staff of residents' support needs in areas such as healthcare, communication and dietary needs. Personal plans provided guidance on the management of behaviours of concern, although the inspector found that not all residents' personal plans had been updated to reflect recent recorded incidents and agreed support practices.

The inspector found annual reviews of residents' personal plans and goals had not occurred. Where residents' goals had been reviewed, the inspector found no evidence of new personal goals being agreed. The inspector found that review meeting documentation did not consistently show multi-disciplinary involvement or residents' participation. Additionally, the inspector found that the residents' personal plan had not been updated following review meetings to reflect changes in support.

The inspector reviewed a sample of residents' nursing notes. Records showed that activities reflected residents' weekly activity programmes, but were limited in nature and did not reflect residents' assessed abilities. For example, one resident attended a regular walking group and educational class, but had only been supported to access a preferred sporting interest, once in 14 days, even though this had been a previous goal and the resident told the inspector they enjoyed the sport and wished to do more frequently.

Additionally, one resident over a ten day period had only been supported to engage in centre based walks and to the nearby shops. From evidence reviewed, the inspector was not assured that residents at the centre had a structured day activities programme reflective of their abilities and needs.

The inspector reviewed nursing notes on a resident's proposed move to another designated centre within the complex. The nursing notes showed evidence of both resident and family consultation, although no transitional plan reflective of the resident's needs was available.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

The centre's layout and designed reflected residents' needs

The designated centre comprised of two bungalows. The designated centre is part of a larger complex containing a further three designated centres. The centre is close to a nearby town with access to amenities such as shops, leisure facilities and restaurants.

Bungalow one comprised of four bedrooms, three of which had ensuite shower and toilet facilities. The fourth resident bedroom had an adjacent bathroom with shower. Residents had access to a communal kitchen dining room and two sitting rooms. The bungalows provided an external laundry room with a washing machine and tumble dryer. Bungalow one contained a staff office. In addition to the main bungalow, the premises included a one bedded self contained apartment. The apartment was not viewed by the inspector as part of the inspection.

Bungalow two comprised of six bedrooms of which one bedroom had an ensuite toilet and shower. Although the remaining bedrooms did not have ensuite facilities, residents had access to three communal bathrooms. The communal bathrooms comprised of two shower facilities and a bathroom with an adapted bath and overhead hoist. In addition, residents had access to a communal kitchen, dining room and two sitting rooms. The centre's layout included a visitors' room and staff office.

Residents' bedrooms were reflective of their likes and interests and residents were proud to show their rooms to the inspector.

Furthermore the communal areas were decorated with ornaments, pictures and residents' personal photographs. The centre was well maintained and in a good state of repair. The inspector found that the layout of the centre reflected both the centre's statement of purpose and residents' assessed needs.

Judgment:

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):

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

Findings:

While there were some aspects of risk management and fire management at the centre improvements were required.

The inspector found that the centre had appropriate infection control measures in place which reflected staff knowledge. Staff had access to hand washing and sanitising facilities, although a review of training records found that only 66% of staff had completed training in hand hygiene.

The inspector reviewed the centre's risk register which included environmental risks as well as infection control and risks to residents such as choking and unexpected absences. The inspector found that the risk register did not include all identified risks relating to the safeguarding of residents. For example, the risk register and reviewed assessments did not consistently record and identify actions to reduce the occurrence of peer-to-peer behaviour related incidents.

The inspector found that risk assessments were not regularly updated following incidents. Furthermore, risk assessments did not include named persons to ensure risk controls were implemented as well as dates actions were to be achieved by. Additionally the inspector found risk assessments relating to residents' behaviours of concern were contradictory in nature. For example, a risk assessment stated that a resident should 'never go in people carrier with other service users', but further stated that the resident 'can go on bus outings with other service users but nobody should sit in close proximity' to the resident.

The centre was equipped with suitable fire safety appliances including fire call points, extinguishers, emergency lighting and fire exit signage. The inspector found that although fire doors were installed in bungalow two, this was not the case in bungalow one.

The centre's fire evacuation plan was displayed prominently in both bungalow one and two. The inspector found that although reflected in staff knowledge, the evacuation plan did not include the need to alert staff for assistance across the whole complex in the event of a fire. Furthermore, although a user friendly version of the fire plan was displayed in bungalow one, it was not in bungalow two. Additionally the accessible plan did not indicate the assembly point for the centre as reflected by staff.

Although fire safety systems including the centre's fire alarm were serviced regularly by an external contractor; the inspector identified a fault with the alarms operation. The inspector found that although the alarm sounded to indicate a fire in the individual bungalows, it did not alert staff across the complex to provide assistance in the event of a fire evacuation as reflected in staff knowledge. Due to the identified fault with the fire alarm system, the provider was issued with an immediate action by the inspector under regulation 28 (1) to provide assurances that systems were in place at the centre to alert and ensure the evacuation of residents in the event of a fire.

The inspector reviewed training records and found that following the previous inspection, all staff had up-to-date fire safety training which was reflected in staff knowledge. The inspector reviewed residents' Personal Emergency Evacuation Plans (PEEPs) which were reflective of staff knowledge. Although reviewed PEEPs indicated residents' needs in the event of a fire, they did not indicate staff support levels required by each resident.

The inspector reviewed internal weekly checks conducted by centre staff and found that these not consistently occurred in line with the centre's policies.

The inspector reviewed fire evacuation drill records and found that although drills had been regularly conducted, the inspector was not assured that residents could be safely evacuated at all times of the day. Furthermore, fire drill records did not consistently indicate the residents and staff who had participated.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

Residents were not kept safe from all forms of abuse.

Following the previous inspection, all staff except for one had received training in safeguarding of vulnerable adults which was reflected in records reviewed and staff knowledge. The inspector reviewed accident and incidents records. Incidents between residents were referred to the centre's designated safeguarding persons, although the inspector found evidence of preliminary screenings not being fully completed in residents' records.

The inspector reviewed interim safeguarding plans and found they were not robust in content and did not assure that residents would be protected from possible abuse. For example, an incident of threatening behaviour towards a resident by a peer had occurred in August 2016 and although an interim safeguarding plan was in place, supports identified related to reassuring the resident after the event, with further discussion not scheduled until November 2016. The inspector also found that although risk assessments had been developed following serious incidents between residents at the centre, they did not provide resident specific safeguarding arrangements for those at risk from their peer's behaviour.

The inspector reviewed resident's case notes and found details of an incident of significant historical abuse. Upon further investigation, the inspector found no protocols in place to safeguard the resident's vulnerability and protect them from future possible abuse. In addition, the person in charge was not aware of this incident. Following the conclusion of the inspection, HIQA requested immediate assurances from the provider under regulation 8 (2) in relation to the safeguarding arrangements for the resident.

Behavioural support plans reviewed were reflective of residents' needs. Behaviour plans were developed with the support of behavioural specialists. Behavioural support plans included staff guidance on residents' behaviours including proactive and reactive strategies. The inspector observed staff practices which were reflective of behavioural plans reviewed. The inspector found that although planned reviews were scheduled for behavioural support plans, reviews had not occurred following recent incidents.

The inspector found that although all staff had received positive behaviour management training, 48% of staff had not received breakaway techniques training as required in residents' behaviour risk assessments.

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):

No actions were required from the previous inspection.

Findings:

Residents were supported to access health care services reflective of their individual needs however improvements were required relating to mealtimes.

The inspector found that residents' nursing assessments were up-to-date and comprehensive in nature and reflected in staff knowledge. Documentation reviewed showed that residents accessed a wide range of allied health care professionals such as General Practitioners (GP), psychiatrist, opticians, dentists and speech and language therapists.

The inspector found that residents' medication was regularly reviewed both by the GP and psychiatrist. Medication changes were reflected in documentation reviewed and staff knowledge.

As with previous inspection in March 2016, the inspector found that meals were provided by the complex's centralised kitchen apart from breakfast. Following the inspection in March 2016, weekly menus and staff knowledge showed that two hot meal choices were provided at lunch and dinnertime for residents, as well as a further cold meal option. Although the choice of meals had increased, residents were still not involved in the buying, preparing and cooking of their own meals reflective of their abilities. Staff informed the inspector that some residents across the complex had commenced cookery classes; however the inspector found that this opportunity had not been accessed by residents from the designated centre. Furthermore, the inspector found that records on food provided and consumed at the centre were not available at the time of inspection.

The inspector observed that there were no restrictions on access to the kitchens in bungalow one and two, and residents were freely able to make basic snacks and drinks during the day.

Judgment:

Non Compliant - Moderate

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:

Medication management practices were reflective of the provider's policy.

The inspector reviewed the centre's medication management arrangements which were in line with the provider's medication policy. Medication prescription sheets contained a photograph of the resident as well as all relevant personal information such as date of birth and address. Prescription sheets showed the medication prescribed for the person, its dosage, times and route of administration. Medication recording sheets reflected the prescription sheets for each resident and medication was given in accordance with the prescribed times. Staff signed when they had given medication in resident administration records reviewed. A signature bank of all staff administering medication was maintained.

Medication was stored in a secure cabinet only accessed by nursing staff. Arrangements were in place at the centre for the separate storage of out-of- date medication. Furthermore, arrangements were in place for the disposal of out-of-date medication with a local pharmacy.

<p>Judgment: Compliant</p>

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):
No actions were required from the previous inspection.

Findings:
 The centre's statement of purpose was not compliant with schedule 1 of the regulations.
 The inspector found that the statement of purpose was not reflective of the services and facilities available at the centre. The inspector found that staffing arrangements at the centre was not reflective of the Statement of Purpose as referenced in outcome 17.
 Furthermore, the statement of purpose did not provide sufficient information on how residents would be supported to access religious services and opportunities for education, training and work. Additionally, the inspector found that the statement of purpose did not include information on the centre's fire precautions.
 The statement of purpose was not available in an accessible format to residents.

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):

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

Findings:

The centre's management arrangements did not promote the delivery of safe, quality care services.

As part of the inspection, management informed the inspector of changes at the centre. Since the inspection in May 2016, the previous designated centre had been reconfigured into four separate centres. Furthermore, the provider had identified separate persons in charge for each centre.

The inspector found that the actions taken following the inspection in May 2016 had not had a significant impact on the quality and safety of care for residents. The inspector found the following examples which are reflected in more detail in the main body of the report:

- Personal plans were not annually reviewed and reflective of changes in residents' needs.
- Limited access to structured activity programmes reflective of residents' needs.
- Staffing arrangements were not reflective of residents' needs
- Limited evidence of transitional planning reflective of residents' needs
- Risks identified during the inspection were not reflected in the centre's risk management systems
- Staff had not received all required training and were not appropriately supervised
- Fire management systems were faulty at the time of the inspection
- Fire safety arrangements at the centre did not reflect centre practices and did not ensure the safe evacuation of residents
- Behaviour support plans had not been updated following incidents of behaviours of concern
- Safeguarding systems at the centre did not assure the inspector that residents were protected from all forms of abuse

The inspector reviewed audit systems in operation at the centre. The person in charge told the inspector of planned management audits on medication management, health and safety and residents' personal plans, although these had not commenced at the time of inspection.

The inspector reviewed unannounced provider visit reports at the centre. The inspector was only provided with evidence of one visit report which had been conducted in October 2016. The inspector was not provided with any other visit reports during the inspection, although following the previous inspection in March 2016, the provider had undertaken to complete unannounced visits every three months at the centre. The inspector found that the available visit report identified similar concerns to the inspector's findings such as staffing arrangements.

The centre's annual review on the quality of care and support for 2016 was not available during the inspection.

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:

Although the inspector found that staff at the centre were caring and support was given in a timely manner to residents, staffing inconsistencies as highlighted in the previous inspection in May 2016 were still present at centre. Staffing arrangements were also not reflective of residents' needs.

The inspector reviewed rosters at the centre. In bungalow one, staffing was not reflective of the centre's statement of purpose, which stated that three staff (one nurse and two care staff) should be available to support staff. The inspector only observed two staff being rostered to meet residents' needs. The inspector reviewed rosters for bungalow one over a two week period prior to the inspection and found only four occasions when staff was at the stated level of three. As with the previous inspection, where three staff had been rostered at bungalow one, staff had been reallocated to either bungalow two or another house on the complex due to staffing shortages.

In bungalow two, the inspector found a similar situation with staff either being relocated to bungalow one or to another house within the complex of four designated centres. The inspector found that the staffing in bungalow two, one nurse and three care staff, as stated in the centre's statement of purpose was not reflected in the roster. A review of staffing over the two week period before the inspection, showed that on eight occasions staffing was below levels required, of which on two occasions staff was reduced to two staff on duty to meet residents' needs.

Furthermore, the inspector reviewed residents' behaviour support plans. The inspector found that the centre's staffing arrangements did not reflect behaviour support plans reviewed which stated that residents required 'familiar staff'. The inspector found that from the 10 October to 22 October 2016 staff from neighbouring designated centres and temporary agencies had been used on 26 occasions at the centre.

From a review of the rosters the inspector found that the centre's roster did not accurately reflect those staff on duty during the inspection in relation to night duty cover on the first day of inspection.

The inspector reviewed staff training records and found there were deficits in staffs' training. For example, staff required training in:

- Protection of vulnerable adults (for one staff)
- Manual Handling
- Hand Hygiene

The inspector found staff meetings had not been facilitated at the centre since March 2016 in bungalow one and May 2016 in bungalow two, staff also confirmed this. Furthermore, although the person in charge told the inspector of proposed staff formal supervision arrangements they were not in operation at the time of inspection.

The inspector did not review staff personnel files as part of the inspection. The inspector however was forwarded information by the person in charge relating to staff garda vetting at the centre. The inspector reviewed documentation and found that only 75% of staff had completed garda vetting on file.

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:

Stevan Orme
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 Health Service Executive
Centre ID:	OSV-0005489
Date of Inspection:	26 and 27 October 2016
Date of response:	14 December 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:

Residents did not have access to activities in line with their interests, abilities and capacity.

1. Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

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

- The Person in charge will ensure there is an assessment completed to establish each residents' needs, interests and capabilities in accordance with the residents wishes, age and nature of his or her disability.
- This assessment will be completed with the maximum participation of the resident, their named nurse and key worker and /or the residents' families.
- A structured programme of weekly activities will be agreed and implemented for each resident.

Proposed Timescale: 31/01/2017

Theme: Individualised Supports and Care

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

1. A complaints record was not maintained in bungalow two.
2. Complaints reviewed did not consistently include actions taken and complainant's satisfaction.

2. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

- The Person in charge will ensure complaints are consistently managed in both houses in the designated centre.
- The complaints record will include the status of the complaint, actions taken to address the complaint, details of any investigation and whether or not the complainant was satisfied with the outcome.

Proposed Timescale: 21/12/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

Residents' contracts of care had not been signed by the provider.

3. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

- The Person in charge will ensure that Residents' contracts of care are signed by the provider or by the Person in Charge on behalf of the provider.

Proposed Timescale: 16/12/2016

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents did not have a structured day activity schedule reflective of their assessed needs and interests.

4. Action Required:

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

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

- The Person in charge will ensure that an assessment completed to establish each residents' needs, interests and capabilities in accordance with the residents wishes, age and nature of his or her disability.
- This assessment will be completed with the maximum participation of the resident, their named nurse and key worker and /or the residents' families.
- Following assessment a structured programme of weekly activities will be planned ,documented and implemented for each resident.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Residents' personal plans had not been reviewed annually.

5. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

- The Person in Charge will ensure that each resident's personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

- The person in charge will document a plan to ensure that all residents have an annual review and ample notice is given to the resident, their family, staff and Multidisciplinary Team.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Not all residents' annual personal plan reviews had multi-disciplinary input .

6. Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

- The person in charge will document a plan to ensure that all residents have an annual review and ample notice is given to Multidisciplinary Team members to ensure availability to attend.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Annual reviews did not evidence the maximum participation of residents.

7. Action Required:

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

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

- A standardised template will be used for annual reviews to ensure same are consistent across the designated centre and are conducted in a manner that ensures the maximum participation of each resident and their families where possible in accordance with the residents wishes, age and the nature of his or her disability .

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

Residents' personal plans had not been updated following review meetings.

8. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The Person in Charge will ensure that each Named Nurse updates the resident's personal plans to reflect any changes that were recommended at the residents review.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Personal plans did not reflect changes in residents' needs.

9. 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:

- The Named Nurse will complete a comprehensive assessment on an annual basis of the health, personal and social care needs of each resident.
- The Person in charge will ensure that each resident has an annual review which involves the maximum participation of the resident, the multidisciplinary team and / or the residents' families.
- Personal goals will be reviewed as part of the annual review and new goals agreed.
- The Named Nurse will ensure that personal plans for each resident are updated following the annual review and reviewed on a quarterly basis during Jan, April, July and October or as required should the need arise.
- A standardised template will be used for annual reviews to ensure same are consistent across the designated centre.
- The person in charge will ensure that documented transition plans are in place for any proposed transfers. The plans will involve the maximum input from the resident, staff and/or families, and Multidisciplinary Team. A copy of the transition plan will be made available to all persons involved in its' development.

Proposed Timescale: 31/01/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement

in the following respect:

The inspector did not find evidence of transitional plans reflective of resident's needs.

10. Action Required:

Under Regulation 25 (4) (c) you are required to: Discharge residents from the designated centre in accordance with the resident's assessed needs and the resident's personal plans.

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

- The person in charge will ensure that documented transition plans are in place for all proposed transfers. These transition plans will involve the maximum input from the resident, staff and/or families, and Multidisciplinary Team. A copy of the transition plan will be made available to all persons involved in its development.

Proposed Timescale: 31/01/2017

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:

1. The centres' risk register did not;

- Reflect all risk identified at the centre
- Did not consistently identify timeframes and those responsible for implementing risk controls.

2. Risk assessments reviewed were contradictory in content.

11. Action Required:

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

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

- The Person in Charge will ensure that there is a risk register which records and identifies actions to reduce the occurrence of peer-to-peer behaviour related incidents.
- The Person in Charge will ensure that risk registers consistently identify timeframes and persons responsible for implementing controls.
- The Person in Charge will ensure that risks are reviewed on a quarterly basis or as required following incidences.
- The Person in Charge will carry out a quarterly audit of the risk register.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

Not all staff had received hand hygiene training.

12. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

- The Person in Charge will carry out a training needs analysis to identify staff who require Hand Hygiene and Standard Precaution training.
- The Person in Charge will arrange Hand Hygiene and Standard Precaution training for staff that are due same.

Proposed Timescale: 31/01/2017

Theme: Effective Services

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

The centre's fire alarm system was not fully operational.

13. 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:

- The Centre's fire alarm system has been repaired and is now fully operational.

Proposed Timescale: 04/11/2016

Theme: Effective Services

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

Fire doors were not installed in bungalow one.

14. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

- The Provider Nominee will ensure that Fire Doors are installed in bungalow one

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

Fire drill records did not provide assurances of the effectiveness of protocols to evacuate residents and fire records reviewed did not consistently record both staff and residents involved.

15. 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:

- All staff at the designated centre will complete internal weekly fire checks on a consistent basis.
- Staff at the designated centre will record all residents and staff who have participated in the fire drill to ensure all residents and staff have been involved in fire drills.
- An audit of evacuation procedures will be completed with each staff member in the designated centre.
- The Person in Charge will ensure that the fire safety audit is completed on a quarterly basis to ensure all staff are compliant with completion of the fire register checks and fire drills.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Residents Personal Emergency Evacuation Plans did not indicate staffing levels required to support residents' assessed needs in the event of a fire.

16. 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:

- The Person in charge will ensure that named nurses review personal emergency evacuation plans to ensure they contain specific information with regard to the staff support levels residents will require in order to safely evacuate in an emergency.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Fire evacuation procedures were not reflective of staff knowledge and practices at the centre.

17. Action Required:

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

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

- The Person in charge will ensure that named nurses review personal emergency evacuation plans to ensure they contain specific information with regard to the staff support levels residents will require in order to evacuate safely in an emergency.
- An audit of evacuation procedures will be completed with each staff member in the designated centre.

Proposed Timescale: 31/12/2016

Theme: Effective Services

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

Accessible versions of the fire evacuation plan were not displayed in bungalow two to assist residents in the event of a fire.

18. Action Required:

Under Regulation 28 (5) you are required to: Display the procedures to be followed in the event of fire in a prominent place or make readily available as appropriate in the designated centre.

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

- Easy read fire evacuation plans indicating the assembly point are on display in both houses.

Proposed Timescale: 28/10/2016

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:

Behavioural support plans were not reviewed following incidents of behaviours of concern

19. Action Required:

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

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

The person in charge will ensure that Behaviour Support plans are reviewed on a quarterly basis or as required following incidents.

Proposed Timescale: 31/01/2017

Theme: Safe Services

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

The inspector found that staff had not all received breakaway training as required under risk assessments reviewed.

20. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

- The Person in Charge will carry out a training needs analysis to identify staff who require Breakaway training.
- The Person in charge will ensure that staff who require Breakaway training will receive same.

Proposed Timescale: 28/02/2017

Theme: Safe Services

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

Staff had not all received protection of vulnerable adults training.

21. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receives appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

- One staff member requiring training will receive national training for the protection of vulnerable adults.

Proposed Timescale: 02/02/2017

Theme: Safe Services

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

The inspector found that measures had not been put in place at the centre to protect residents from all forms of abuse.

22. Action Required:

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

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

- All Preliminary Screenings have been completed and are up to date.
- Risk assessments have been completed to provide resident specific safeguarding arrangements for those at risk from the behaviour of their peers.
- A robust safeguarding plan is now in place for the resident who required same.

Proposed Timescale: 12/12/2016

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:

Meals were provided by a centralised kitchen, limiting residents involvement in the buying, preparing and cooking of their own food.

23. Action Required:

Under Regulation 18 (1) (a) you are required to: Support residents, so far as reasonable and practicable, to buy, prepare and cook their own meals if they so wish.

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

- The person in charge will ensure that residents who are capable of same have the opportunity to buy, prepare and cook their own food in the designated centre.

Proposed Timescale: 31/01/2017

Theme: Health and Development

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

Records of food provided at the centre were not available.

24. Action Required:

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate

quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

- The person in charge will ensure that individual daily records of residents' meals are documented consistently in the centre.

Proposed Timescale: 31/01/2017

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 reflect practices in operation at the centre.

25. 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:

- The Person in charge will review and update the Statement of Purpose to ensure it contains information that reflects the practices in operation in the centre.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

The centre's statement of purpose did not contain all information required under schedule 1 of the regulations.

26. 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:

- The Person in charge will review and update the Statement of Purpose to ensure it contains information on the staffing arrangements, fire precautions, supports to access religious services and opportunities for education, training and work.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

The centre's statement of purpose was not available in an accessible format for residents.

27. Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

- The Person in charge will ensure that the statement of purpose is made available to residents in an accessible format.

Proposed Timescale: 31/01/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems in place at the centre did not ensure effectively monitored safe and appropriate services reflective of residents' needs

28. 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:

- The Provider Nominee has requested the Person in Charge to complete an 18 outcome self assessment and develop a quality improvement plan which will ensure that the service provided is safe and appropriate to residents needs.
- The Provider Nominee will carry out unannounced visits to the centre on a three monthly basis and provide a report and action plan as required.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

An annual review of care and support at the centre had not been completed for 2016.

29. 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:

- The Provider Nominee will ensure that the Person in Charge completes an annual review for 2016 of the quality and safety of care and support in the designated centre.

Proposed Timescale: 31/01/2017

Theme: Leadership, Governance and Management

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

Although an unannounced provider visit had occurred at the centre in October, the inspector found no evidence available of any other visits being completed.

30. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

- The Provider Nominee has a schedule in place to conduct unannounced visits to the centre on a three monthly basis

Proposed Timescale: 31/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing arrangements were not reflective of the centre's statement of purpose and residents' needs.

31. 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 Provider Nominee will review the staffing arrangements in the centre to ensure they adequately meet the needs of residents.
- The Statement of Purpose will be updated to accurately reflect the staffing arrangements in the centre.

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

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

Rosters were not reflective of staff on duty.

32. 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:

- The Person in Charge will maintain a planned staff rota in the centre.
- The Nurse on duty during each shift will ensure the rota accurately reflects the staff on duty.

Proposed Timescale: 31/12/2016

Theme: Responsive Workforce

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

All staff did not have Garda vetting completed.

33. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

- The Person in Charge will carry out an audit of staff files and ensure that staff who require updated Garda vetting complete the application for same and forward to the National Vetting Bureau.

Proposed Timescale: 31/12/2016

Theme: Responsive Workforce

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

Staff had not all completed training in:

- Protection of vulnerable adults (for one staff)
- Manual Handling
- Hand Hygiene

34. 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 Person in Charge will carry out a staff training needs analysis and create a training plan for 2017 to refreshers in areas identified.

Proposed Timescale: 31/01/2017

Theme: Responsive Workforce

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

Team meetings had not occurred at the centre since May 2016 and staff did not receive formal supervision.

35. 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 Person in Charge will commence bi monthly team meetings in the centre using the standardised agenda template. Minutes will be made available to staff who have not attended.
- The Person in Charge will commence personal development planning with staff.

Proposed Timescale: 31/01/2017