

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ravenswell
Centre ID:	OSV-0003581
Centre county:	Wicklow
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Company Limited By Guarantee
Provider Nominee:	Naoise Hughes
Lead inspector:	Conor Brady
Support inspector(s):	Michael Keating
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	3

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 unannounced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 02 March 2017 07:15 To: 02 March 2017 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This unannounced inspection was carried out following HIQA issuing this provider, St John of God Community Services, with a notice to propose the cancellation of this designated centres registration on 21 February 2017. This measure was taken due to serious breaches of the Regulations found on inspection of this centre which put residents at risk.

Regulatory action ensued in this centre following the receipt of a notification of concern that alleged neglect occurred whereby a resident required medical attention and hospital treatment due to ingesting rubber/latex gloves in this designated centre. HIQA conducted a triggered inspection on foot of this concern on 8 and 9 February 2017 and were required to issue immediate action due to safeguarding concerns and risks to residents.

This inspection focused primarily on areas of risk, safeguarding and the protection of vulnerable residents. This inspection focused on the measures that the provider was taking following HIQA issuing the notice to propose the cancellation of this designated centres registration on 21 February 2017 to ensure residents in this centre were safe.

How we gathered our evidence:

As part of the inspection, the inspectors met and observed all of the residents who resided in this centre on the date of inspection. Many residents in the centre communicated non verbally and on their own terms. The inspector spoke with, observed and reviewed the practice of the person in charge, persons participating in management, nursing and social care staff. The inspector reviewed documentation such as resident's personal plans, care plans, risk assessments, safeguarding referrals and follow up systems, accident and incident forms, staff rosters, training records, medication practices and policies and procedures. The inspector also focused on the provider's interim actions as the previous action plan was in process at the time of this inspection following the previous inspection on 8 and 9 February.

Description of the service:

The provider had a statement of purpose in place that outlined the service that they provided. The service offered residential and respite places to residents outlined as requiring 'medium and high support needs'. There were two units in the designated centre and a provider run day service was also operated within the building. No residents from the designated centre attended the structured day services provided. Inspectors were shown parts of the day service building that were accessed by residential residents on a regular basis. At the time of this inspection renovations were occurring in parts of the designated centre. On the date of this unannounced inspection there were nine residents in the designated centre.

Overall judgment of our findings:

Overall, the inspector found that the provider had commenced measures to mitigate the risks identified on the previous inspection however further improvements were required. Due to the serious nature of concerns found on the previous inspection which took place on the 8 and 9 February, this centre was re-inspected pending the submission of a provider action plan response and representation response to the notice of proposal to cancel the registration of this centre which was issued by HIQA.

Inspectors found some arrangements had commenced to improve resident's safety and care. Safeguarding and risk management systems had been the centre of review and consultation with the National Safeguarding Office, following HIQA notifying same of concerns found in this centre. Medication practices improved since the previous inspection and the provider highlighted that governance and management arrangements were being considerably reviewed.

Inspectors found that while some appropriate actions had taken place since the previous inspection the provider failed to demonstrate regulatory compliance in the areas of resident's rights, dignity and consultation, premises, risk management, safeguarding, healthcare, governance and management and workforce. All findings are discussed in further detail within the inspection report and accompanying action plan.

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:

As highlighted in the previous inspection report, the respite arrangements in the centre were not found to be promoting residents rights. Fourteen residents were using respite beds in this designated centre on a rotational basis. Residents were not necessarily compatible with those sharing their home and living space. There was no evidence of residents having any choice, control or consultation in terms of the persons their homes were shared with. Privacy and dignity arrangements were found to be compromised in the centre on this inspection due to lack of appropriate toilet and washing facilities. Residents were observed using the toilet with the door open while other residents waited outside. Renovations had recently commenced in this area in this centre following a recent triggered HIQA inspection.

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:

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

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

Findings:

As outlined in the previous inspection reports there have been issues identified with this designated centre in terms of the suitability of the premises. Previous action planning regarding resident transitions out of this centre and premises renovations had not been completed as highlighted in plans submitted to HIQA.

The areas identified on the previous inspection remained applicable in terms of the improvements required of an appropriate standard of private and communal accommodation for all residents, including adequate social, recreational, dining and private accommodation.

Renovations had commenced since the triggered inspection on 8th and 9th February 2017. The bathroom, toilet and shower area in one unit was closed off at the time of inspection to allow this work to be completed. The provider indicated this work would be completed on 16th March 2016.

However as outlined in previous reports the standard of other parts of the centre required renovation, upgrade and decoration. For example, kitchen and dining areas and toilets and bathrooms. The kitchen and dining area in one unit required a deep clean and renovation based on the findings of this inspection. Respite rooms were of a very basic design and standard.

Judgment:

Non Compliant - Major

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 some heightened control measures had been introduced by the provider regarding an immediate risk identified on the most recent triggered inspection, inspectors remained concerned at the provider's management of certain risk areas in the centre.

Inspectors found that new control measures for the management of rubber and latex were in place in the designated centre whereby staff had to sign out all rubber and latex gloves and sign off on the disposal of same in designated locked areas to avoid risk to residents. However inspectors found rubber gloves in an unlocked area a short distance from the front door of the designated centre. In discussing this concern with staff and persons participating in management, the inspectors were assured that the resident did not have the capacity to access this area. However additional measures were sought to ensure that this area, which contained a number of hazards, was closed off to all residents as it was part of the larger building that was no longer in operation for residents.

Inspectors also found that assessed risks in the centre regarding the temperature of hot water and radiators were not appropriately managed and inadequate control measures were in place to protect the residents from this assessed risk. Inspectors sought and received written assurance that this risk was also addressed due to the excessive temperature of the water.

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:

Inspectors reviewed a draft 'Safeguarding Vulnerable People Procedure March 2017' and were informed of internal organisational meetings and meetings with the HSE and National Safeguarding Office following the last inspection. The inspectors reviewed one safeguarding matter that had occurred since the previous inspection and found this matter was 'in process'.

Inspectors found in discussing the recent changes that this new process was more aligned to the requirements of the 'Safeguarding Vulnerable persons at Risk of Abuse: National Policy & Procedures. However it is the implementation of this process that is of

the most crucial importance to ensure that all staff understand the process and all managers and designated officers effectively oversee the process to ensure safeguarding practices are protecting residents. This has not happened in this centre to date and these newly proposed plans need to be implemented in full by the provider. However it was clear on this inspection that safeguarding policy and process was now very high on the local and organisational agenda.

Judgment:
Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

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

Findings:

The inspector found that since the previous inspection a new nursing assessment tool and entire new updated suite of care plans had been completed for a resident whose healthcare was found to be of concern on the previous inspection.

This resident was observed on this inspection to be in much better health following his recent discharge from hospital. The person in charge outlined the measures and steps in place to ensure healthcare was of the highest priority in this centre.

However this resident was found to be lying on their back in bed on the morning of inspection despite a physiotherapist assessment dated February 2017 highlighting that the resident be supported to maintain a side position in bed due to recent health complexities.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed medication management practices in the centre and observed residents being supported with and being administered their prescribed medicines. This was observed to be completed in a professional, safe and respectful manner by the nurse on duty. The inspector reviewed the arrangements for the ordering, prescribing, storing and administration of medicines to residents. The inspector found that medicines were administered for whom they were prescribed in a safe manner and clear and accurate records were found on this inspection.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspectors found that there had been managerial communication with all staff since the previous inspection highlighting the serious concerns identified by HIQA in this designated centre. The provider indicated a series of meetings, directives and two unannounced provider visits that had taken place since the previous inspection.

The provider highlighted that most managerial intervention had gone into addressing the areas of risk and safeguarding since the 8th and 9th of February. The provider outlined that further changes in management processes, support structures and systems of accountability would be implemented to ensure the centre improved and demonstrated compliance.

However inspectors found areas on this inspection that remained a concern. For example, as evidenced across the non compliances and regulatory breaches found on

this inspection the governance and management of this centre remains a concern. In addition, there was outstanding documentation and Garda Vetting for a member of the management team in this centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that while there were adequate staff numbers in the designated centre further improvements were required in staff knowledge and professional accountability. On arrival at 7:15am inspectors found that staff ratios present were sufficient in terms of the supervision of residents. However there were gaps in some areas of staff knowledge of policies, procedures and regulatory responsibility.

In addition to the person in charge, there were two social care leaders, staff nurses and social care workers employed in this centre. In reviewing the rosters in the centre the inspector found that the rosters did not always reflect the actual staff on duty. There was nobody identified as 'in charge' outside of office hours in the designated centre. The staff on duty stated there was an 'on call system' available to them. The provider indicated this arrangement had been the case for many years and they were satisfied with same.

On the morning of inspection one unit was staffed by an unfamiliar staff (to this particular unit) to cover sick leave at the time of inspection. Inspectors were informed that the night staff member was not 'confident' to administer the morning medication and the staff nurse who came on duty in the morning was observed administering same.

Inspectors saw evidence of team meetings, information dissemination on staff notice boards and staff training and supervision/performance management records were maintained in staff files. Staff training logs were reviewed and included areas such as fire training, manual handling, safeguarding vulnerable adults and safe administration of medications (for non nursing staff). The provider highlighted that certain areas of risk and safeguarding are currently being reviewed for the re-training of all staff. For

example, the protection of vulnerable adults and dysphasia training.

Further improvement was required in the area of staff knowledge in this centre. For example, staff were not clear what a statement of purpose was and could not locate this document. In addition, staff were not appropriately familiar with outlining the reporting and recording systems in the centre for accidents, incidents and near misses that occur in the centre, a system which had recently changed in the centre.

The morning of this inspection neither of the staff on duty were aware when a resident was recently discharged from hospital. In addition, a number of staff outlined that a resident had a behavioural support plan in place while the residents' recently updated nursing assessment indicated they did not have a behavioural support plan. One staff member came back to the inspector to clarify they were mistaken at the latter stages of inspection. Overall the inspector found that further improvement was required to ensure each staff member had demonstrable knowledge of all key areas pertaining to their professional role.

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:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Company Limited By Guarantee
Centre ID:	OSV-0003581
Date of Inspection:	02 March 2017
Date of response:	28 March 2017

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:

Respite admissions were not based on choice, consultation or control on the part of residents living in this centre.

1. Action Required:

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

Under Regulation 09 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

- A respite compatibility tool has been sourced and each respite resident will be assessed using this tool.
- A review of respite will be conducted following the assessment of compatibility.
- Following the review, recommendations will be made to the Regional Management Team regarding respite in the centre.

Proposed Timescale: 31/05/2017

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 sufficient toilets, showers and baths in the designated centre.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- A new bathroom has been installed to provide adequate bathing, showering and toileting facilities.
- The facilities meet the assessed needs of the residents
- A spring closure has been put on the toilet door to enhance the privacy of residents.

Proposed Timescale: 20/03/2017

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 centre was not designed or laid out in accordance with the needs of residents.

3. 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 new bathroom has been renovated and is complete in one apartment.
- The kitchen has been renovated in one apartment.
- The bathroom and kitchen has been deep cleaned.
- The second of two bathrooms in the second apartment is being renovated to be finished by 1st May 2017.
- A new kitchen has been installed in one apartment.
- Both apartments are being painted and decorated.
- Respite rooms will be brightened up with articles from home to make it personal for respite visits. Families are providing personal pieces.

Proposed Timescale: 08/05/2017

Theme: Effective Services

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

Schedule 6 requirements were not met in parts of this premises.

4. Action Required:

Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

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

- A deep clean was carried out of the kitchen
- Both apartments are being painted and decorated
- Respite rooms will be brightened up with articles from home to make for a more personal room for those on respite visits

Proposed Timescale: 01/05/2017

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:

Systems of risk management remained a concern in the centre in terms of the implementation of control measures for assessed risks.

5. 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:

- Protocol is in place for the management of latex gloves
- Shared space outside of the Designated Centre but within the building has been secured and there is no access for residents to same.
- Thermostats have been installed on all taps in the residential centre to regulate the hot water temperature.
- Checks are carried out twice a week on water temperature
- Radiator covers are being installed on all radiators prioritising the areas frequented by the resident identified at risk of leaning on hot radiators.

Proposed Timescale: 14/04/2017

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:

The system in place was being implemented and communicated to staff at the time of inspection. Follow up remained required for incidents to date due to the non implementation of appropriate safeguarding practices in this centre to date.

6. Action Required:

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

- All staff will have been re-trained in Safeguarding Vulnerable Adults by 4/4/17
- All concerns will be followed up and documentary evidence of same retained by the Person In Charge in line with the new Regional Procedure.
- A new review form is in place to provide effective governance of Safeguarding Concerns.
- The Provider Nominee has sought consultation from the Safeguarding Office of CHO6 in relation to this new Procedure.
- A Safeguarding Log is maintained by the PIC for the centre.

Proposed Timescale: 04/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

Aspects of a residents care plan were not observed to be implemented on inspection.

7. Action Required:

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

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

- Resident's bed is inclined at 30 degrees to prevent him lying flat
- Physiotherapist has delivered an information session to staff on posture and positioning
- Physiotherapist has made recommendations regarding posture and positioning.
- Recommendations have been included in residents care plan
- Staff are aware of recommendations and are implementing same

Proposed Timescale: 04/03/2017

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:

All managerial documentation and satisfactory proof of Garda Vetting was not submitted to HIQA.

8. Action Required:

Under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013. you are required to: Provide all documentation prescribed under Regulation 5 of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013.

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

- Garda vetting outstanding will be re-submitted to HIQA in relation to one staff member.

Proposed Timescale: 31/03/2017

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 responsible for two designated centres and did not demonstrate the effective, operational management and administration of the designated centre.

9. 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 Person In Charge has an office located on site at both Designated Centres within their remit.
- The Person In Charge receives regular formal Supervision from the Provider Nominee.
- The Person In Charge carries out a regular walk-through of the centre and records same on a checklist.
- The Person In Charge conducts regular meetings with the PPIMs of both centres within their remit in order to ensure effective management of the centre.
- Minutes of meetings are kept and actions are set and agreed for timely completion.
- Monitoring and Compliance meetings are now taking place within the centre with the Provider Nominee, Person In Charge and the PPIMs of the centre in order to monitor corrective actions plans and review progress of the centre.

Proposed Timescale: 28/03/2017

Theme: Leadership, Governance and Management

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

Management of the centre was not found to be effective and did not ensure all residents were safe.

10. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

- Safeguarding forms part of the agenda at Team Meetings
- Safeguarding is discussed at regular meetings with the Person In Charge and the two PPIMs in the centre.
- In line with the new systems for governance of this centre as outlined in previous Action Plan, the Provider Nominee is meeting with the PIC and PPIMs every fortnight for the until June 2017 where Safeguarding referrals and review of same is also discussed.
- The Person In Charge attends weekly governance meetings with the other Regional PICs chaired by the Provider Nominee.
- All safeguarding concerns will be followed up and documentary evidence of same retained by the Person In Charge in line with the new Regional Procedure.
- A new review form is in place to provide effective governance of Safeguarding concerns
- The Provider Nominee has sought consultation from the Safeguarding Office of CHO6 in relation to this new Procedure.
- A Safeguarding Log is maintained by the PIC for the centre.

Proposed Timescale: 28/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The roster did not accurately reflect the staff on duty.

11. 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:

- A planned and actual roster will be maintained in the centre
- A lead person will be identified on the roster for day and night shift
- A review of shift duties will take place in the centre

Proposed Timescale: 07/04/2017

Theme: Responsive Workforce

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

Staff refresher training and training in new and changing processes requires improvement to ensure staff knowledge is satisfactory and processes are appropriately understood, evaluated and implemented in practice.

12. 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:

- All staff will be retrained in Safeguarding Vulnerable People by 4/4/17
- All staff are retrained in Dysphagia as of 23/3/17
- All staff will receive an information session on Risk Assessment on 5/4/17
- All staff will read and sign the Statement of Purpose for the centre
- All staff will be re-inducted to the NIMS Incident Management Systems and Floforma (electronic system for recording same).

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Staff were not sufficiently aware of regulatory responsibilities.

13. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

- All staff within the centre will be facilitated to review the HIQA Awareness training which outlines roles and responsibilities for personnel.

Proposed Timescale: 30/05/2017