

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Stewarts Adult Respite Homes Centre 14
Centre ID:	OSV-0004104
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Brendan O'Connor
Lead inspector:	Caroline Vahey
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	15
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 following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 11 January 2017 08:30 To: 11 January 2017 19:45

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

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 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection.

This was the second inspection of the designated centre, the purpose of which was to inform an application to vary. The provider had applied to vary one condition of registration, to alter the configuration of the centre. The centre was previously inspected in August 2014. 11 outcomes were inspected against on this inspection.

How the inspectors gathered evidence.

The centre comprised of three units all located in the community and as part of this inspection the inspectors visited each unit. The centre provided respite services to adults. The inspection took place over one day and the person in charge and the person participating in management facilitated the inspection. The inspectors spoke to the person in charge and the person participating in management throughout the inspection in relation to the needs of the residents and the services provided in the centre to meet these needs while the residents attended the centre. The inspectors also spoke to three staff members and met with four residents on their return from day services. Documentation such as personal plans, medication prescription and administration records, staff rosters, risk management plans, fire safety records and

staff training records were reviewed.

Description of the service.

The centre comprised of three houses. Two of these units were located on the outskirts of a town and public transport was accessible. One unit was located in a rural setting, beside a day service also provided by Stewarts Care Ltd. The centre could accommodate fifteen residents at any one time and provided services to both males and females.

The centre had produced a statement of purpose which outlined the vision and mission of the service was to facilitate and support the residents to live the life of their choice with dignity and respect as an equal and valued citizen and to support and empower residents to live meaningful and fulfilling lives through the delivery of quality, person centred services. The inspector found the service provided met the vision and mission as outlined in the statement of purpose.

Overall judgment of findings.

The inspector found residents were provided with a good quality of service which supported their needs with an appropriate level of care and interventions, given the nature of the service. Good practice was identified in eight of the outcomes inspected against including social care needs, healthcare needs, medication management and health and safety and risk management. The inspector found the services provided were safe and consistently monitored and there were appropriate arrangements in place to manage the centre. The unit proposed to become part of this centre was suitable equipped and well maintained overall.

Three moderate non compliances were identified.

- Outcome 8 - relating to staff training, rationale for the use of a mechanical device and in behaviour support planning.
- Outcome 9 - relating to notifications not received by HIQA.
- Outcome 17 - relating to staffing levels and consistency, staff training and detail on rosters.

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 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):

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

Findings:

The inspectors found written agreements were in place for residents. These agreements outlined the services to be provided. There were no charges for residents availing of the respite service.

Judgment:

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:

The inspectors found the care and support provided for residents was consistent with

their assessed needs and preferences.

Each resident had an assessment of their social, health and personal needs and assessments were subject to review a minimum of annually. Assessments outlined the support levels required by residents to meet these needs and where required, input from allied health professionals were considered as part of the assessment process. Families were met prior to a residents' initial admission to the respite service to discuss assessment, and personal plans proposed to be implemented for residents once admitted to the centre.

Personal plans were developed which identified the care and support to be provided during residents' stay in respite. The inspectors found plans guided practice and contained sufficient details, considering the level of responsibility the provider had to meet residents' assessed needs. Plans included healthcare plans, social care plans, medication management plans, safety and supervision plans and financial support plans. Plans were reviewed regularly and records were kept confirming interventions were implemented as planned.

Social care plans identified community activities residents enjoyed, for example, going out for a meal, shopping, cinema and bowling, and records confirmed these activities were facilitated. Residents planned the activities they wished to avail of during their stay in respite at a residents' meeting, facilitated at the beginning of their stay. Each resident had also developed a social goal, for example, having a family coffee morning, or visiting a cultural event. The personal plans outlined the action and supports required to meet these goals and the inspectors found these actions had been implemented as planned.

Judgment:

Compliant

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):

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

Findings:

The inspectors found the premises were suitable for its stated purpose however, some improvement was required in the maintenance of one unit.

The inspectors visited the two units currently comprising the centre and a third unit proposed to become part of this centre. The units were clean throughout and suitable decorated to meet the residents' needs in a homely and comfortable way. Some painting was required in bedrooms in one unit. Damage was noted to some doors and door frames in this unit also.

The third unit, proposed to become part of this centre was visited. The unit was well maintained overall, and while damage was noted to a couch and to a kitchen cupboard, a plan was in place to address this prior to any new residents moving in.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The inspectors found the health and safety of residents, visitors and staff were promoted and protected.

There was a policy in place on risk management which specified the risks as per Regulation 26. The risk management policy was implemented in the centre and known risks were identified. Risks management plans were developed for these identified individual and environmental risks and control measures outlined the measures in place to mitigate these risks. For example, environmental and site specific risk assessments included chemical use, lone working, stress, infection control and fire. Individual risk assessments included manual handling, transport, absconding and nutrition. A risk register was also developed in the centre outlining those risks most likely to occur in the centre and the control measures to mitigate these risks.

The inspectors reviewed a record of incidents in the centre. Appropriate immediate care had been provided and where required additional actions had been taken to reduce the risk of reoccurrence.

There was an up-to-date health and safety statement and emergency procedures were outlined in this plan. Arrangements were in place in the event of an emergency, in which alternative accommodation could be required. The health and safety statement also outlined responsibilities of personnel employed in the Stewarts Care services.

The centre had policies and procedures relating to health and safety including waste

management, infection control and manual handling. There was a health and safety checklist completed monthly which included checks of electrical equipment, fire safety, personal protective equipment and machinery. There were cleaning schedules in place for each unit and the inspectors saw the units were clean and cleaning schedules were documented as complete. Satisfactory food safety procedures were in place including appropriate storage and colour coded chopping boards to prevent cross contamination.

There was a policy in place in the event a resident went missing and each resident had a missing person procedure developed as part of their personal plan.

Satisfactory procedures were in place regarding infection control. There were sufficient handwashing facilities and personal protective equipment such as gloves were provided. Suitable arrangements were in place for the disposal of clinical waste. Personal plans outlined the arrangements to ensure appropriate infection control measures were implemented where required.

Most staff had been provided in training in fire safety and manual handling however, a number of staff required refresher training in these areas. One staff did not have training in manual handling.

Suitable fire equipment was provided throughout the centre including fire alarms, emergency lighting, fire extinguishers and fire blankets. All fire equipment had been recently serviced. Fire doors were fitted throughout the centre. There were adequate means of escape in all units and exits were unobstructed in the day of inspection. The procedures to follow in the event of a fire were prominently displayed in units. The evacuation procedures considered the assessed support needs of residents as identified in personal emergency evacuation plans. The inspectors reviewed a sample of fire drill records in two units and found drills had been completed in a timely manner. Fire safety had been discussed with residents as part of residents' meetings.

The vehicle used in the centre was not checked as part of this inspection.

Judgment:
Compliant

Outcome 08: Safeguarding and Safety

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

Theme:
Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspectors found residents were safeguarded and systems had been developed to protect residents. Some improvement was required to ensure the support plans pertaining to emotional needs were in place and in staff training in safeguarding. The rationale for the use of a mechanical device required improvement, to assess it's criteria in relation to restrictive practice.

There was an up-to-date policy on the prevention, detection and response to abuse. The inspectors spoke to three staff members who were knowledgeable on the actions to take in the event of an allegation, suspicion or disclosure of abuse. Systems were in place to protect residents and this formed part of the admission and discharge procedures in the centre. Safeguarding had been discussed at residents' meetings. There were no safeguarding concerns on the day of inspection. Most staff had been provided with training in safeguarding, however, one staff did not have this training completed. A number of staff had not received refresher training in safeguarding however this is discussed in Outcome 17.

There was a policy in place on personal intimate care. Individual intimate care plans had been developed which outlined the support to be provided to a resident, while ensuring their privacy and dignity was maintained.

The inspectors reviewed plans to support residents with their emotional and behavioural needs which outlined triggers to behaviours, proactive and reactive strategies. However, the inspectors found that plans had not been developed for a resident with an identified need. Staff described preventative measures implemented however, some of these were not in a plan and due to the regular turnover of staff, the inspectors were not assured that staff were provided with the up-to-date knowledge to support the resident with their behavioural needs.

Overall the inspectors found a restraint free environment was promoted. Some improvement was required to ensure the rationale for the use of a mechanical travel device was clear. On review of the documentation and on discussion with staff, the purpose of the device was not clearly defined as an assistive device for mobility purposes or restrictive device to respond to behaviours of concern.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found that some notifications had not been submitted to the Chief Inspector as required.</p> <p>Notifications had been received for some incidents occurring in the centre however, the Health Information and Quality Authority (HIQA) had not been notified on a quarterly or six monthly basis as applicable. The person in charge informed the inspectors there had been no incidents in the centre required to be notified.</p>
<p>Judgment: Non Compliant - Moderate</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found residents were appropriately supported with their healthcare needs.</p> <p>Healthcare assessments were completed by registered nurses on an annual basis and assessments by allied healthcare professional informed these assessments. Due to the nature of the service, most professionals were accessed through community health services, general hospital services and day services. The inspectors found up-to-date information on residents' healthcare needs had been made available to the staff in the centre in order to inform practice. This was completed through written and verbal communication with families, general practitioners and staff in the broader Stewarts Care services. Where required the assessments had been completed by multidisciplinary team members specific to residents' needs in the centre, for example, physiotherapy assessments.</p> <p>Healthcare plans were developed based on residents' assessed needs and the inspectors found these plans were detailed and guided practice.</p> <p>The food offered was varied and residents chose their preference of meals for their stay</p>

in respite. A resident told the inspectors of their food preference and the inspectors observed this choice was facilitated. Records were maintained of meals offered to residents. Some residents enjoyed cooking and baking and records confirmed this had been facilitated. Nutritional plans were developed in line with assessed needs and the advice of a dietician had informed these plans where appropriate.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Overall the inspectors found residents were protected by the medication management practices in the centre. Some improvement was required in prescription records.

There was written operational procedures on the ordering, prescribing, storing and administration of medication. Suitable storage was available for medications stored in the centre and keys were securely held. An account was kept of medications received into the centre and this record was reviewed on discharge of residents from the centre following a respite stay.

The inspectors reviewed samples of medication prescriptions and administration records. Most prescription records were complete, however, the inspectors found one medication due to be completed in 2015 was not discontinued on the medication prescription record. However, the inspectors noted this had not been administered. Administration records confirmed medication had been administered as prescribed. PRN (as required) prescriptions had corresponding protocols, which detailed the circumstances under which medication was to be administered.

Medication management audits were completed on a monthly basis and areas such as medication errors, records, medications labelling, storage and medication administration were reviewed as part of this audit.

Judgment:

Substantially 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):

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

Findings:

The inspectors found the management systems in place ensured the services provided were safe and appropriate to residents' needs. There was regular monitoring of the services provided and where required actions were taken to issues identified.

There was a defined management system in the centre. Staff reported to the person in charge or in their absence a person participating in management. Staff met with either the person in charge or the person participating in management for a daily handover. Staff meetings were facilitated on a quarterly basis with a plan going forward to increase these meeting to monthly. Areas such as residents' needs, maintenance issues, medication management, and fire safety were discussed at these meetings.

The person in charge reported to the adult service manager and the director of care and support, who in turn reported to the chief executive officer. While there was some temporary arrangements in relation to reporting structures, the inspectors found this had not impacted on the care and support provided to residents.

There was an annual review of the quality and safety of care and support completed for 2015 in which the views of residents and relatives had been considered. Four unannounced visits had been completed on behalf of the provider since October 2014, and while the inspectors identified not all areas of the centre had been visited, plans were underway to ensure all areas of the centre would be visited on a six monthly basis going forward. Action plans had been developed to identify issues.

There were a number of audits completed in the centre including, health and safety, financial audits, personal plan audits, and activities audit. The provider had recently introduced a service wide quality assurance tool, and this audit process was due to commence within the coming weeks in the centre. The purpose of this audit was to review the quality of service provided to residents and develop action plans where issues were identified.

The person in charge was employed on a full time basis and had responsibility for two designated centre comprising five units. The person in charge was in attendance a minimum of weekly in each unit of the centre. Staff stated they felt supported by the

person in charge.

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that consistent and sufficient staff were not always provided. Improvements were also required in staff refresher training and in the detail on rosters.

The inspectors found that staffing levels in one unit were satisfactory and the arrangements for staffing in the unit proposed to become part of the designated centre were also satisfactory. However, in the third unit, sufficient staffing was not consistently provided in accordance with the required levels and the needs of the residents. This had been an action from the previous inspection. On review of the actual rosters, there had been a number of occasions where two staff were on duty rather than the required level of three. This was discussed with the person in charge and person participating in management, who outlined, that due to the needs of the residents, there were times when residents were not supervised while personal care needs of other residents were attended to. To date there had been no adverse incidents and some measures had been taken to try to these mitigate risks however; both the person in charge and the person participating in management felt these measures were not sufficient.

There were some staff vacancies in one unit, and while some of these vacancies were due to be filled, nursing staff vacancies remained an ongoing issue for a number of months. These shifts were filled mainly by agency nursing staff. However, on discussion with staff on the day of inspection, it was outlined continuity of care could not be maintained, as regular agency staff were not provided. The provider nominee outlined at the feedback meeting, plans to run a recruitment drive in the coming weeks to fill these vacancies.

The inspectors reviewed actual and planned rosters however, some rosters were not reflective of the levels of staff required to be on duty.

The inspectors reviewed records of staff training post inspection. Most staff had been provided with the required mandatory training however, some staff had not attended refresher training in safeguarding, in manual handling and in fire safety. One staff had not completed training in manual handling. Feedback in relation to this non compliance was given to the person in charge post inspection.

Schedule 2 records were not reviewed as part of this inspection.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

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

Findings:

The inspectors found the actions from the previous inspection had been implemented.

Records were maintained of meals served to residents. The recording of the use of safety measures were no longer required, as these measures were not considered restrictive practice.

Judgment:

Compliant

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:

Caroline Vahey
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 Stewarts Care Limited
Centre ID:	OSV-0004104
Date of Inspection:	11 January 2017
Date of response:	10 February 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 06: Safe and suitable premises

Theme: Effective Services

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

Some painting was required in bedrooms in one unit. Damage was noted to some doors and door frames in this unit also.

1. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound

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

construction and kept in a good state of repair externally and internally.

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

Painting and maintenance identified will be carried out in living areas.

Proposed Timescale: 31/05/2017

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:

Some interventions relating to a resident's behavioural support needs were not set out in a plan and inspectors were not assured staff had up-to-date knowledge to support the resident.

2. 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:

Interventions relating to a service user behavioural support need are now set out in a behaviour need plan

Proposed Timescale: 14/01/2017

Theme: Safe Services

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

The rationale for the use of a mechanical travel device for a resident were not clear and as such it's use had not been defined appropriately.

3. Action Required:

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

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

The rationale for the use of a mechanical travel device for a service user is now set out as part of a risk assessment and monitoring.

Proposed Timescale: 02/02/2017

Theme: Safe Services

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

One staff had not received training in safeguarding.

4. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive 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:

Identified staff will have appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

Proposed Timescale: 07/03/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

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

Notifications had not been received in relation to incidents in the centre as required by the regulations.

5. Action Required:

Under Regulation 31 (4) you are required to: Where no incidents which require to be notified have taken place, notify the chief inspector of this fact on a six- monthly basis.

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

A nil return form has been sent retrospectively post inspection and will in future be submitted if there are no incidences as per regulation.

Proposed Timescale: 07/02/2017

Outcome 12. Medication Management

Theme: Health and Development

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

One medication had not been discontinued on the medication prescription records as indicated by the prescriber.

6. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable

practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

1 medication has now been discontinued on the medication prescription records as indicated by the prescriber.

Proposed Timescale: 14/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff rosters were not reflective of staffing levels in the centre.

7. Action Required:

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

Actual and planned staff rota is now showing staff on duty day and night this is currently been rolled out to e-rostering.

Proposed Timescale: 14/01/2017

Theme: Responsive Workforce

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

Sufficient staffing levels were not consistently maintained in one unit.

8. 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:

A recruiting campaign is underway to address 2 wte staffing deficits.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Continuity of care and support was not maintained at times in one unit

9. Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

A recruiting campaign is underway for 2 wte to ensure continuity of care and skill mix in this centre.

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:

Some staff had not completed refresher training in safeguarding, fire safety and manual handling. One staff had not attended training in manual handling.

10. 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:

Staff will have completed appropriate training including refresher training as part of continuous professional development programme

Proposed Timescale: 15/02/2017