

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Cliff House
Centre ID:	OSV-0003257
Centre county:	Dublin 3
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stepping Stones Residential Care Limited
Provider Nominee:	Steven Wrenn
Lead inspector:	Maureen Burns Rees
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 July 2017 12:00	19 July 2017 18:00
26 July 2017 09:30	26 July 2017 14:00

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

Outcome 05: Social Care Needs
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 was a seven outcome inspection carried out to monitor compliance with the regulations and standards. A previous inspection was undertaken in April and July 2016. As part of the current inspection, the inspector reviewed the actions the provider had undertaken since the previous inspection.

How we gathered our evidence:

As part of the inspection, the inspector met and spoke with three service users staying in the centre on the day of inspection. The inspector observed warm interactions between each of them with the staff caring for them. All three service users were in good spirits.

The inspector interviewed the person in charge, deputy manager, director of service, behavioural consultant and two social care workers. The inspector reviewed care practices and documentation such as care plans, medical records, accident logs, policies and procedures and staff supervision files.

Description of the service:

The service provided was described in the provider's statement of purpose. The centre consisted of two units. One of which was a small self contained house for one resident whilst the other house provided residential care for three residents. Each of the units were set on their own grounds. There was a secure area to the rear of each of the units which provided for play areas.

Overall Judgement of our findings:

Overall, the inspector found that service users were well cared for and that the provider had arrangements in place to promote their rights and safety. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre.

Good practice was identified in areas such as:

- Each child's wellbeing and welfare was maintained by a good standard of evidenced based care and support. (Outcome 5)
- Service user's healthcare needs were met in line with their personal plans and assessments. (Outcome 11)

Areas for improvement were identified in areas such as:

- Improvements were required in relation to arrangements for reviews of personal plans and goals set for the children. (Outcome 5)
- Some improvements were required in relation to the oversight and management of controlled drugs. (Outcome 12)
- Due to staff vacancies, there was a strong dependency on agency staff which did not always support continuity of care. Training requirements for a small number of staff were not being met. (Outcome 17)

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 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

Each child's wellbeing and welfare was maintained by a good standard of evidenced based care and support. However, improvements were required in relation to arrangements for reviews of personal plans and goals set for the children.

Each child had a personal support plan in place which detailed some of their assessed needs and choices. However, the level of detail in these plans varied. Goals in relation to activities of daily living for the children had been set.

A new process had recently been introduced whereby progress against the goals set were monitored on a monthly basis. There was evidence that the children were involved in some community activities. However, limited specific or measureable goals for social and community integration were set for the children.

There were some processes in place to review children's personal support plans. However, to date these reviews did not always assess the effectiveness of the personal plan, were not multidisciplinary or involve the child or their family member as per the requirements of the regulations.

Judgment:

Non Compliant - Moderate

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 health and safety of children and staff were promoted. However, some improvements were required in relation to infection control arrangements.

At the time of the last inspection, the risk management policy in place did not meet the regulatory requirements. This had since been reviewed and the policy in place, dated June 2016, contained all of the required information. The centre had a risk register in place which was reviewed at regular intervals and maintained as a 'living' document.

There was a safety statement in place with written risk assessments pertaining to the environment and work practices. The inspector reviewed a sample of individual risk assessments for children and found that they had appropriate measures in place to control and manage the risks identified.

There were arrangements in place for investigating and learning from serious incidents and adverse events involving children. Accident report logs were maintained. The inspector reviewed staff team meeting minutes which showed that specific incidents were discussed and learning agreed. Overall, there were a low number of incidents reported. A computer based maintenance log was in place which showed that requests were generally responded to in a timely manner.

There were procedures in place for the prevention and control of infection. However, at the time of inspection suitable colour coded cleaning equipment in line with the centres policy was not available in the centre. The inspector observed that all areas were clean and in a fair state of repair on the day of inspection.

There was a cleaning schedule in place which was monitored by the person in charge. Records were maintained of tasks undertaken. The inspector observed that there were sufficient facilities for hand hygiene available and paper hand towels were in use in the centre. There was a policy and procedure on hand hygiene, dated March 2016. Hand hygiene posters were observed to be on display.

Fire equipment, fire alarms and emergency lighting were serviced and checked at regular intervals by an external company and as part of internal checks in the centre. The inspector found that there was adequate means of escape and that fire exits were unobstructed. A procedure for the safe evacuation of children in the event of fire was prominently displayed.

An evacuation plan for day and night, dated May 2017 was in place. Each child had a

personal emergency evacuation plan in place which adequately accounted for the mobility and cognitive understanding of the child. Staff who spoke with the inspector were familiar with the fire evacuation procedures. Fire drills were undertaken on a regular basis with records maintained. It was noted that a new emergency exit door had been installed from the back garden with appropriate testing by an external company. A number of fire drills had been undertaken since its installation.

Judgment:

Substantially 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):

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

Findings:

There were measures in place to keep children safe and to protect them from abuse. However, some improvements were required in relation to the monitoring and review of restrictive practices.

The centre had a policy and procedure for the protection and welfare of children, dated March 2016, which was in line with Children First, National guidance for the protection and welfare of children, 2011.

There had been a small number of allegations or suspicions of abuse in the previous 12 month period. These allegations had been appropriately investigated and responded to in line with the centres policy, national guidance and legislation.

The inspector observed staff interacting with children in a respectful and warm manner. Staff who met with the inspector were knowledgeable about the signs of abuse and what they would do in the event of an allegation, suspicion or disclosure of abuse.

The contact details for the designated liaison person (as per Children First, 2011) was observed to be on display in the centre. Training records showed that staff had attended appropriate training.

There was a policy and procedure on intimate care, dated March 2016. At the time of

the last inspection, the inspectors found that intimate care plans did not provide sufficient detail to guide staff. On this inspection, the inspector found that the plans in place were of a good quality with sufficient information to assist staff in meeting the intimate care needs of the children. The provider's behavioural consultant had introduced a step-by-step visual guide for service users.

Overall, children were provided with emotional and behavioural support that promoted a positive approach to the management of behaviour that challenges. There was a policy and procedure on challenging behaviour, behaviour support and restraint, dated March 2016.

Behaviour support plans had been developed for a number of the children by the provider's behaviour consultant. Staff interviewed were familiar with the management of challenging behaviour and de-escalation techniques. Training records showed that staff had attended positive behaviour support training.

There was a policy and procedure on restrictive practices, dated March 2016. A restrictive practice register was in place for each child and recorded some restrictions and their duration. The providers behavioural consultant had also recently introduced a daily recording sheet to record behaviours displayed by each of the children.

However, the inspector identified occasions whereby incident report forms had been completed for incidents of challenging behaviour and or restrictive practice usage but this was not recorded on the restrictive practice register or the daily recording sheets.

Likewise, there were entries on the restrictive practice register where specific restrictive practice holds had been recorded but no other information was recorded elsewhere in relation to these incidents. Evidence of discussions with parents regarding the use of a specific restraints for individual children was not available for some of the children.

There was evidence that restrictive practices in use were reviewed on a regular basis by the behavioural consultant and members of the management team. However, the inspector considered that the management and review may not have been fully effective as information in relation to restrictive practice usage was not always adequately recorded as referred to above.

Judgment:

Substantially Compliant

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:

Children's healthcare needs were met in line with their personal plans and assessments.

There was a policy on health, nutrition and wellbeing, dated March 2016. Each of the children had their own general practitioner (GP) and an out of hours GP service was also available. Children also accessed a number of allied health professionals, including occupational therapist and dieticians. A medical practitioner contact record was maintained of all visits.

Children's healthcare needs were appropriately assessed and met by the care provided in the centre. The inspector reviewed a sample of health assessment and action plans on children's files. Specific health care plans were also on file for children who required same, e.g. epilepsy care plan.

Each of the units had a fully equipped kitchen come dining area. This was observed to be an adequate space to make meal times a social occasion. The centre had a policy on food, nutrition and body mass index, dated April 2016.

There was also a policy on food safety and hygiene, dated April 2016. Records were maintained of menu plans which showed that a range of nutritious, appetising and varied foods were provided for the children living in both of the units. It was observed that a good range of healthy snacks were available for the children on the days of inspection.

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:

There were systems in place for the safe management and administration of medications. However, some improvements were required in relation to the oversight and management of controlled drugs.

There was a policy on the safe administration and management of medications, dated

April 2016. A new drug prescription and administrative kardex had been put in place in the two weeks preceding this inspection. Medication management plans were in place for service users who required same.

A new standard operating procedure for medication reconciliation, review, storage and disposal, dated June 2017 had been put in place. Staff interviewed had a good knowledge of appropriate medication management practices. Staff, with the exception of one staff member, had received appropriate training in the safe administration of medicines. (Training for the identified staff member was scheduled). All medications were appropriately stored in individual secure presses in the staff office.

At the time of the previous inspection, inspectors found that some medications were not administered as prescribed. On this inspection, the inspector reviewed a sample of prescription and administration sheets and found that medications were administered as prescribed.

There were appropriate procedures in place for the handling and disposal of unused and out of date medications. It was not appropriate for any of the children in the centre to be responsible for their own medications.

There were some systems in place to review and monitor safe medication management practices. An audit had recently been completed by an external consultant and there was evidence that actions were taken to address issues identified.

There were systems in place for the management of scheduled controlled drugs/ MDT's in line with 'The misuse of drugs regulations, 1988'. A secure cupboard was used to store the controlled drugs which was separate to other medicines.

There was a controlled drug register and records maintained. These showed that the stock balance count for the controlled drug was checked by two members of staff at the time of administration and on two other occasions within a 24 hour period. However, on the day of inspection, the inspector found that an error had occurred some days previous, which meant that a dose of a controlled medication was unaccounted for.

This had not resulted in the completion of a medication incident report form and ultimately had not been identified by the person in charge or staff team. The person in charge commenced an investigation into this incident on the day of inspection. Overall, reported medication errors in the centre were low.

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:

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to children's needs. However, the management of a recent safeguarding incident was under investigation at the time of inspection and raised some concerns regarding the management systems in place.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. An annual review of the quality and safety of care and support in the designated centre had been undertaken. The provider had undertaken unannounced visits to the centre to assess the quality and safety of care as required by the regulations. There was evidence that actions had been taken to address issues identified.

The centre was managed by a suitably skilled person in charge. She had taken up the full-time position in September 2016 and had received some mentoring from an external consultant. She was not responsible for any other centre.

It was noted that there had been a number of changes in the position of the person in charge in the preceding two year period. She was supported by a deputy managers. Staff interviewed told the inspector that the person in charge was a good leader, approachable and supported them in their role.

Children were observed to interact warmly with her. The person in charge was knowledgeable about the requirements of the regulations and standards. She also had a clear insight into the support needs and plans for the children living in the centre.

The person in charge reported to the director of service. There was evidence that the person in charge completed daily management checks of operational matters in the centre and submitted a weekly management report to the director of service. A number of audits had recently been completed by an external consultant and there was evidence that plans were in place to address issues identified.

On call arrangements were in place and staff were aware of these and the contact details.

Judgment:

Substantially 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:

Due to staff vacancies there was a strong dependency on agency staff which did not always support continuity of care. Training requirements for a small number of staff were not being met.

At the time of inspection, there were four whole time equivalent staff vacancies in the centre. A number of agency staff were being used to cover shifts. This meant that the children did not always have continuity or consistency in their care givers. The majority of the staff team had only worked in the centre for a short period. Recruitment was underway for the positions.

There was a policy on staff training and development, dated March 2016. Staff interviewed were knowledgeable about policies and procedures relating to the general welfare of children. The inspector observed that a copy of the standards and regulations was available in the centre. A training programme was in place for staff which was coordinated by the person in charge.

Training records were available in the centre which showed that a small number of staff were not up to date with mandatory training requirements. A formal training needs analysis for staff had not been undertaken.

There were staff supervision arrangements in place which were generally undertaken as per the frequency set out in the centres supervision policy. The inspector reviewed a sample of supervision records and found that they were of a good quality.

There was a policy on staff selection and recruitment, dated March 2016. The inspector reviewed a sample of staff files and found that all of the information as required by schedule 2 of the regulations was available in the sample of staff files reviewed.

There were no volunteers working in the centre at the time of inspection.

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:

Maureen Burns Rees
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 Stepping Stones Residential Care Limited
Centre ID:	OSV-0003257
Date of Inspection:	19 and 26 July 2017
Date of response:	28 August 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 05: Social Care Needs

Theme: Effective Services

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

There was limited evidence that personal plan reviews assessed the effectiveness of the personal plan.

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

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

Each child now has a defined circle of support to participate in the review of their personal plan.

The Person in Charge has agreed a schedule of personal plan review meetings with each child's circle of support.

A personal planning review document will be used to guide the meetings to ensure the effectiveness of each plan is assessed and takes into account changes in circumstances and new developments.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

There was limited evidence that reviews of children's personal support plans will involve the child or their family representative as per the requirements of the regulations.

2. 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:

The Person in Charge will ensure that:

The scheduled circle of support review meetings include each child, their family & preferred representatives.

Proposed Timescale: 31/10/2017

Theme: Effective Services

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

There was no evidence that review of personal plans were multidisciplinary.

3. 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 scheduled circle of support meetings will include each child, their family/preferred representatives and applicable members of the multi disciplinary team.

Proposed Timescale: 31/10/2017

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:

Suitable colour coded cleaning equipment in line with the centres policy was not available in the centre.

4. 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:

Colour coded cleaning equipment regarding cloths, chopping boards and mops are now in place.

Proposed Timescale: Completed

Proposed Timescale: 28/08/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Information on restrictive practice usage was not always effectively recorded. Evidence of discussions with parents regarding the use of a specific restraints for individual children was not available for some of the children.

The management and review of restrictive practices may not have been fully effective as information in relation to restrictive practice usage was not always adequately recorded.

5. 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 Registered Provider in conjunction with the PIC will:

1. Issue a Shared Learning Guidance Notice to the staff team to ensure comprehensive recording of restrictive practices occurs in line with national policy and evidence based practice.

The Person in Charge will ensure:

2. Discussions with parents/representatives regarding the use of specific restrictions will be recorded on the Personal Plan Review template.

3. Implementation of the revised restrictive practice register to ensure comprehensive recording and review of all restrictive practices.

The Person in Charge and Behaviour Consultant will:

4. Review restrictive practice documentation & behaviour incident forms on a weekly basis to ensure restrictive practice usage is adequately recorded.

5. Conduct an audit of restrictive practice documentation in the designated centre to ensure comprehensive recording of restrictive practices in line with national policy and evidence based practice.

Proposed Timescale:

1. 29.08.17

2. 31.10.17

3. New restrictive practice register in place since 26/7/17, reviewed every three months.

4. Commenced 14.8.17 & continues weekly.

5. 30.11.17

Proposed Timescale: 30/11/2017

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:

On the day of inspection, the inspector found that an error had occurred some days previous, which meant that a dose of a controlled medication was unaccounted for. This had not resulted in the completion of a medication incident report form and ultimately had not been identified by the person in charge or staff team.

6. Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

The Person in Charge:

Conducted a review of the medication incident following the completion of a medication variance form.

Learning from the incident was recorded & displayed on a shared learning notice for the staff team.

The PIC/PPIM continue to check daily that controlled medication is accounted for. This is in addition to the other staff checks of controlled drugs as outlined in the medication policy.

Proposed Timescale: 28/08/2017

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:

The management of a recent safeguarding incident was under investigation at the time of inspection and raised some concerns regarding the management systems in place.

7. 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:

Forward another update to the authority regarding the NF07 submitted on 9/5/17 which will include revised management systems now in place in the designated centre.

Proposed Timescale: 08/09/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were four whole time equivalent staff vacancies in the centre.

A number of agency staff were being used to cover shifts. This meant that the children did not always have continuity or consistency in their care givers.

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:

To limit the use of agency staff a review of the roster was conducted by the registered provider. A revised roster is now in place until the newly recruited staff members commence.

4 full time staff members (health care assistants & social care workers) have been recruited following the recent recruitment campaign to address the vacancies in the designated centre.

Proposed Timescale: 28/08/2017

Theme: Responsive Workforce

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

Training records showed that a small number of staff were not up to date with mandatory training requirements.

A formal training needs analysis for staff had not been undertaken.

9. 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:

Reviewed gaps in mandatory training requirements:

- Two staff member require MAPA training. (1 refresher, 1 full course)
- One staff member required manual handling training (staff member is no longer working with service)

1. The PIC has scheduled MAPA training for both staff members.
2. The PIC will conduct a training needs analysis with the staff team.

Proposed Timescale: 10/10/2017

