

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | Adult Services North Leixlip Designated Centre 12 |
| Centre ID: | OSV-0003909 |
| Centre county: | Dublin 20 |
| Type of centre: | Health Act 2004 Section 39 Assistance |
| Registered provider: | Stewarts Care Limited |
| Provider Nominee: | Brendan O'Connor |
| Lead inspector: | Caroline Vahey |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 18 |
| Number of vacancies on the date of inspection: | 0 |

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

| | |
|------------------------|------------------------|
| From: | To: |
| 13 December 2016 08:20 | 13 December 2016 17:00 |
| 14 December 2016 08:10 | 14 December 2016 16:15 |

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

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| 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 13: Statement of Purpose |
| Outcome 14: Governance and Management |
| Outcome 17: Workforce |

Summary of findings from this inspection

Background to the inspection.

This was the third inspection of the designated centre, the purpose of which was to inform a registration decision and to follow up on the actions from the last inspection. The centre was previously inspected in November 2015. A revised application to register the centre had been received by the Health Information and Quality Authority (HIQA) in November 2016 to reconfigure the centre. Eight outcomes were inspected against on this inspection. The inspection was unannounced and took place over two days.

How the inspector gathered evidence.

Each unit was visited as part of this inspection. The inspector spoke to three staff members in these units in relation to the needs of the residents, the supports in place to meet these needs and policies and procedures pertaining to the care and welfare of residents. The person in charge and the person participating in management facilitated the inspection. Documentation such as personal plans, complaints records, staff supervision records, medication prescription and administration records and training records were reviewed.

Description of the service.

The centre comprised of four units, all located near a suburban town close to a range of local amenities. All residents attended a day service with the exception of one resident. There were eighteen residents living in the centre on the day of inspection. The centre could accommodate both males and females. The centre had produced a statement of purpose which outlined the aims of the service were to facilitate and support residents to live a life of their choice with dignity and respect as an equal and valued citizen. Overall inspector found the service provided met the aims as outlined in the statement of purpose.

Overall judgement of findings.

The inspector found resident were provided with a good standard of care and support and residents had a broad range of opportunities and experiences, enabling them to lead the life of their preference. Good practice was identified in social care needs, healthcare needs and medication management. Overall the management systems enabled the safe and effective delivery of services.

Three moderate non compliances were identified including ;

- Outcome 7 - Health and Safety and Risk Management- relating to fire safety precautions
- Outcome 8 - Safeguarding and Safety - relating to a response to a safeguarding concern
- Outcome 17 - Workforce - relating to staffing levels, skills and training and to the 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 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):

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

Findings:

Overall the inspector found residents' needs were appropriately assessed and residents were supported to achieve their personal plans.

Each resident had an assessment of their personal social and healthcare needs completed. Residents had been assessed by the appropriate multidisciplinary team members. The outcome of these assessments formed part of the overall assessment of need document and this document set out the level of support required using a colour coded system. Assessments of need were subject to an annual review or as needs changed and residents were involved in the review process. Family members had also been met and residents' needs and their corresponding personal plans were discussed at these meetings.

Personal plans were developed for identified needs, for example, communications plans, healthcare plans, community integration plans, money management plans and family contact plans. Plans were comprehensive and set out the supports required to meet these identified needs. There were regular review of plans and the inspector found plans were implemented. For example, documentation confirmed the monitoring and care interventions required to support a resident with an ongoing healthcare issue had been implemented. In addition, records maintained for social care plans, confirmed community activities and home based activities were provided in accordance with these plans. Personal plans had been made available in an accessible format for residents.

Residents had developed goals supported by the staff in the centre and the broader Stewarts Care services. These goals outlined short and long term aspirations and plans

were available in personal plans which set out the actions and supports required to meet these goals. Goals were reviewed with the resident and keyworker on a monthly basis. Goals incorporated areas such as social opportunities, relationships, skill development and adventure experiences in line with the residents' wishes and the inspector found records and photos were maintained confirming these goals were implemented. For example, a residents wish to fly in a plane had been realised and photographs were in a service publication. Skills teaching such as making a hot drink or making a light meal were set out in plans and records were maintained to confirm these programmes were implemented.

Residents accessed a range of activities in the community such as local shopping facilities, restaurants, cinema, visiting the city, bowling, social clubs, and visiting cultural places of interest. Most residents attended day services five days a week, with an individual service being provided for one resident by the staff in the designated centre.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall the inspector found the health and safety of residents, visitors and staff was promoted however, improvements were required in some fire precautions.

Suitable fire equipment was provided throughout the centre including fire alarms, fire extinguishers, emergency lighting, smoke detectors and fire blankets. Fire doors were also available throughout the centre however, the inspector found some fire doors in one unit had not been appropriately maintained. These doors had recently been painted however portions of the smoke seals had been painted on, reducing the effectiveness of these seals in the event of a fire. One fire door was found to be propped open inappropriately by another door. This had been implemented in response to specific needs of some residents and recommendations made by an allied health care professional that the door remain open. The inspector found an appropriate device was not fitted to the fire door to safely hold it open, and to close the door in the event of a fire.

Fire equipment had been serviced on a quarterly basis including the fire alarms, fire extinguishers, fire blanket and emergency lighting with the most recent service in October 2016. One emergency light was found not to be working on the second day of

inspection, and the person in charge subsequently requested the assistance of the maintenance department to rectify this issue.

There was a prominently displayed fire evacuation plan in each unit of the centre. Staff had been trained in fire safety. The inspector spoke to two staff members who were knowledgeable on the plan to follow in the event the centre required to be evacuated. The mobility and cognitive understanding of residents had been assessed and considered as part of the fire evacuation procedures. The inspector reviewed records of fire drills in two units and found residents had been evacuated in a timely manner. Issues arising during fire drills had been followed up to prevent reoccurrence.

There were policies and procedures for risk management and emergency planning. The risk management policy included the risks as specified in Regulation 26. The emergency plan outlined the actions to take in the event of unforeseen events such as fire, outbreak of infectious diseases, power failure, gas leak and medical emergency. The plan also outlined details on alternative accommodation should this be required.

A risk register was maintained in each unit outlining the specific risks and the control measures identified in each work area. The risk register was informed by the review of incidents in the centre. Environmental risk management plans were developed for a range of identified risk such as manual handling, hazardous waste, behaviours that challenge and chemical hazards. The lone working risk management plan had been updated since the last inspection and the control measures included enhanced measures to promote staff safety and mitigate risks.

The inspector reviewed a sample of incident records in two units and found incidents had been responded to promptly and reported as per the service procedure. Where required incidents had been followed up with the relevant multidisciplinary team member and actions had been taken to reduce the likelihood and impact of reoccurrence.

There was an up to date health and safety statement and policies relating to health and safety, for example, waste management, manual handling and infection control. A health and safety checklist was completed in the centre on a monthly basis and included areas such as fire safety, personal protective equipment, machines and equipment and slips, trip and falls. Reasonable measures were in place to prevent accidents such as the use of handrails and ramps.

The centre had a policy in the event a resident goes missing and an individual missing person guide was available in each resident's personal plan.

Satisfactory procedures were in place for the prevention and control of infection including suitable handwashing facilities and personal protective equipment. Preventative measures such as vaccination programmes had been made available to residents and staff. Colour coded chopping boards and colour coded mops and buckets were also in use in the centre.

Judgment:

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:

The inspector found residents were supported with their emotional wellbeing and the privacy of residents was respected in the provision of intimate care. Overall a restraint free environment was promoted. However, while safeguarding concerns had been followed up, the response to a recent safeguarding concern was not timely.

There was a policy on and procedures in place for the prevention, detection and response to abuse. The policy had recently been updated and outlined the action to be taken in the event of a safeguarding concern. On the day of inspection, a recent safeguarding concern was discussed with the person in charge and the safeguarding plan was requested for review. This was not available in the centre and while some measures had been taken in relation to the person against whom the allegation was made, the safeguarding measures for the resident concerned were not evident. The preliminary screen and an interim safeguarding plan were subsequently forwarded to the Health Information and Quality Authority however, the inspector found the preliminary screen and development of the interim safeguarding plan were not timely and had not been implemented for a number of weeks after the incident. The inspector also reviewed the centre policy and procedures for the prevention, detection and response to abuse and found the response to this incident was not in line with the timeframes set out in the centre policy. In addition, the identified safeguarding measures were not specific and the inspector was not assured some measures outlined could be implemented. Further assurances were subsequently given by the provider to ensure measures were implemented.

The inspector reviewed records of financial transactions for residents in one unit and found the non compliance from the previous inspection had been addressed in full. Measures were in place to ensure residents' finances were safeguarded.

A restraint free environment was promoted and there was evidence that an environmental restrictive practice had been reviewed and discontinued since the last inspection. There was some use of restrictive practice to support a resident with a

specific care intervention. This practice was not reviewed as part of this inspection.

Plans were developed to support residents with their emotional and behavioural needs and these plans were detailed and guided practice. Records of interventions was maintained in respect of these plans and the inspector found recommended interventions had been implemented, for example, the use of visual timetables and picture boards, communication books and monitoring charts. Residents were also supported through regular review with the relevant healthcare professional.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found residents were supported to maintain and achieve good health.

Residents' health care needs had been assessed and the support required to meet those needs were detailed in individual personal plans. Residents had timely access to the relevant healthcare professionals as required, for example, speech and language therapist, psychologist, occupational therapist, physiotherapist and psychiatrist through services provided by Stewarts Care Ltd. Residents were also supported to access professionals in the community such as a chiropodist and general hospital services.

Residents attended a general practitioner and residents had an annual medical review completed. The inspector found the care and support required to meet assessed healthcare needs had been provided, such as day to day preventative and treatment measures, and ongoing monitoring and observations.

The inspector reviewed records of meals provided to residents and found the food provided was varied and nutritious. Picture menus were available where required supporting residents to choose meals of their preference. The advice of a speech and language therapist formed part of nutritional plans where required.

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:

The inspector found residents were protected by the centre's policies and procedures for medication management.

There were policies and procedures relating to the ordering, prescribing, storing, and administration of medications. Medications were appropriately stored in medications presses and medication keys were securely held.

Medication prescription and administration records contained all of the required information. Administration records confirmed medications had been administered as prescribed to the resident for whom they had been prescribed. PRN (as required) medication prescriptions had corresponding protocols which detailed the circumstances under which these medications should be administered. PRN (as required) medications were subject to review.

Suitable arrangements were in place for the disposal of medications. Out of date or unused medications were returned to the pharmacy and records were maintained of these returns.

Medications management audits were completed on a monthly basis and included audits of records, medications labelling, storage, administration and medication errors.

The centre availed of the services of a community pharmacist.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector found the statement of purpose described the services provided in the centre.

The statement of purpose was reviewed by the inspector on the day of inspection and some additional detail was required. An updated statement of purpose was subsequently submitted to HIQA which contained all of the information required by Schedule 1 of the Health Act (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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):

No actions were required from the previous inspection.

Findings:

Overall the inspector found the management systems in place ensured the effective delivery of care and support and the service provided was regularly monitored. However, some improvement was required in effective supports for staff in the delivery of these services.

There was a defined management structure. The inspector discussed the management structure with the person participating in management. The person in charge had responsibility for three designated centres and was supported in this role by a clinical nurse manager and by a senior staff member in each unit. The person in charge attended units approximately one to two times per week. The staff reported to the senior staff member, who in turn reported to the person in charge or in her absence the clinical nurse manager (person participating in management). The person in charge reported to the adult service manager who reported to the director of care and support. The director of care and support reported to the chief executive who also acted in the

capacity as provider nominee.

While the lines of accountability were clear, the inspector found adequate support had not been given to some senior staff members to manage units. For example, in one unit, this responsibility had been shared by two staff nurses who worked approximately 28 days per month however, this nursing complement had recently been reduced to approximately eleven days per month. This staff member had not been given protected time in order to complete their additional responsibilities.

A range of audits were regularly completed in the centre, for example, health and safety audits, personal planning audits, medication management audits and financial audits. In addition, a new service quality assurance tool had recently been commenced and this was completed on a weekly basis by the person in charge. The purpose of this audit was to review the quality of service provided to residents and develop action plans where issues were identified.

Staff supervision meetings were facilitated on a quarterly basis, completed by the person in charge or their deputy or in some cases the senior staff member in the unit. In addition, staff meetings took place on a three monthly basis with a plan for the upcoming year to increase this to monthly meetings.

An annual review of the quality and safety of care and support had been completed and incorporated the views of the residents and their representatives. An unannounced visit had recently been completed by senior management representing the provider. An action plan had been developed to issues identified during the visit and the inspector noted that some actions were complete on the day of inspection.

The person in charge was employed on a full time basis. Staff spoken to stated they felt supported by the person in charge.

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):

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

Findings:

The inspector found that the appropriate number and skill mix of staff was not provided consistently throughout the centre in line with the assessed needs of residents. Appropriate training had not been provided to staff to respond to some emergency clinical situations. Improvements were also required in the detail on rosters.

There were sufficient staffing in three units however, a fourth unit did not have sufficient staffing provided. The inspector reviewed staff rosters and also risk assessments and personal plans in relation to residents in this unit and found the staffing levels provided could not meet the requirements as identified in the control measures of these risk assessments and plans.

In addition, the skill mix in this unit required review. The nursing support in this unit had been significantly reduced recently to respond to a risk in another area of the service however, there was no documentary evidence as to how the changing needs of the residents in this unit had been considered as part of this decision.

The inspector reviewed training provided to staff with the person participating in management and a staff member and in addition reviewed training records. In one unit, the administration of emergency epilepsy medication formed part of the response plan for some residents. However, a number of staff had not received this training and as such the treatment required to respond to this emergency could not consistently be implemented. The inspector spoke to the person in charge and requested actions be taken to ensure all shifts going forward would be covered by a staff trained in the administration of emergency epilepsy medication. This issue was rectified by the end of the inspection.

All remaining mandatory training had been provided. There was no documentary evidence available in one unit to confirm care staff had been provided with training in catheter care however, this training was subsequently facilitated by the adult service manager post inspection.

Planned and actual rosters were maintained in the centre however, the inspector found in one unit the planned rosters were not accurate and the staff required in the unit were not consistently documented. For example, on review of a roster there were four days where only one staff member was scheduled to work however, the staffing complement was two staff per day.

Staff supervision meetings were facilitated on a quarterly basis and areas such as personal goals, training needs, staff responsibilities and policies and procedures were discussed at these meetings. Action plans were developed where required and there was evidence that these actions were reviewed at subsequent meetings.

The inspector reviewed a sample of four staff records and found the requirements of Schedule 2 of the regulations had been met. Where required staff had up-to-date registration with the relevant professional body. There were effective recruitment procedures which included the checking and recording of all required information.

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:

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

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|----------------------------|--|
| Centre name: | A designated centre for people with disabilities operated by Stewarts Care Limited |
| Centre ID: | OSV-0003909 |
| Date of Inspection: | 13 and 14 December 2016 |
| Date of response: | 13 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 07: Health and Safety and Risk Management

Theme: Effective Services

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

The fire door between the kitchen and the hallway in one unit was inappropriately held open.

1. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for

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

detecting, containing and extinguishing fires.

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

The identified fire door in area is now held with a magnetic appliance which will close in the event of a fire alarm being activated.

Proposed Timescale: 23/12/2016

Theme: Effective Services

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

An emergency light in the hallway of one unit was not working on the day of inspection.

The smoke seal on some fire doors in one unit had been painted on reducing the effectiveness of these seals in the event of a fire.

2. Action Required:

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The emergency light has been repaired and the smoke seal on the fire door has been replaced.

Proposed Timescale: 23/01/2017

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 response to a safeguarding concern was not timely and not in line with the centre policy on safeguarding.

3. 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:

A review of the requirements of response under the centre policy has taken place and measures put in place to ensure that safeguarding plans are implemented in a timely manner. A review of the Policy and Safeguarding teams will follow.

Proposed Timescale: 01/03/2017

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:

In one unit appropriate levels of support was not provided to some staff members to manage the unit. These staff did not have protected time to fulfil management duties assigned to them.

4. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

The staffing model in the area is appropriate with suitable skills mix of trained staff. Protected time of 6 hours per week has been allocated to the nurse in this area.

Proposed Timescale: 23/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Planned roster were not accurately maintained and did not consistently reflect the numbers of staff required to be on duty at any one time.

5. Action Required:

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

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

The planned and actual Roster are maintained and monitored by the Person In Charge to ensure that they reflect the numbers and skill of staff in each area. An electronic Roster system is being rolled across this centre to increase effectiveness.

Proposed Timescale: 28/03/2017

Theme: Responsive Workforce

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

The numbers of staff in one unit were not sufficient and appropriate to the assessed needs of residents. The skill mix in one unit required review to ensure it met the changing needs of residents.

6. 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:

An interim increase in staff was assigned to one area. A review of the skill mix and needs in this Centre is being undertaken on 23/1/2017.

Proposed Timescale: 23/02/2017

Theme: Responsive Workforce

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

Some staff did not have the training in the safe administration of emergency epilepsy medication. As such, the treatment required to respond to this emergency could not consistently be implemented in the centre.

7. 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 assigned to this area will be required to have training in the administration of emergency epilepsy medication. Extra training courses have been facilitated to ensure this need is met.

Proposed Timescale: 23/01/2017

