

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Community Living Area A
Centre ID:	OSV-0004084
Centre county:	Laois
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Provider Nominee:	Kevin Power
Lead inspector:	Declan Carey
Support inspector(s):	Gary Kiernan
Type of inspection	Unannounced
Number of residents on the date of inspection:	10
Number of vacancies on the date of inspection:	1

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 24 August 2017 11:00 To: 24 August 2017 18:00

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

Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

The purpose of the inspection was to assess the centre's compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. The provider was also in the process of applying to HIQA to vary their registration to replace one of the units which made up the designated centre with another property which had been newly acquired. The findings of this inspection are considered by the chief inspector when considering this application.

The previous inspection took place on 11th and 12 November 2014 and the designated centre was registered. There were six actions required from the previous inspection, required to be addressed by the provider.

How we gathered our evidence:

Inspectors met with five staff members and spoke with two of them about the service being provided to residents. Inspectors spoke with the person in charge,

clinical nurse manager, area manager and provider nominee throughout the course of this inspection. Inspectors also had the opportunity to spend time and speak with three residents during the course of this inspection.

Policies and documents were also viewed as part of the process including a sample of the residents' health and social care plans, complaints policy, the contracts of care, health and safety documentation, safeguarding documentation and risk assessments.

Description of the service:

The centre consisted of three bungalows that accommodated ten residents with a range of individual support needs on a full-time basis.

The provider, Muiriosa Foundation, outlined in their statement of purpose that the service supports residents to lead a meaningful and fulfilling life within the community.

Overall Judgment of our Findings:

Overall good levels of compliance were found across most outcomes assessed. All actions from the previous inspection were adequately addressed by the provider. Inspectors found that arrangements were in place to provide residents with a caring and supportive environment. Staff and residents knew each other well and residents were observed to be at ease in the company of staff. Residents who spoke with inspectors outlined they enjoyed living in the centre and felt safe.

Of the outcomes assessed; premises, healthcare needs and medication management were found to be compliant.

Social care needs and safeguarding were found to be substantially compliant. Areas for some improvement were identified in risk management, governance and workforce.

These matters are further discussed in the main body of this report and in the action plan at the end.

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

Outcome 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:

Overall inspectors found that residents social care needs were being identified and appropriate support given to promote choice and meaningful activities for residents. In some cases the documentation which directed this care, in the form of personal care plans, were not up-to-date.

Inspectors found that the care and support provided to residents was to a good standard and from a sample of files viewed, residents had comprehensive health, personal and social care plans in place which were followed. However, some comprehensive assessments were not carried out on an annual basis, as required by Regulations.

The plans identified social goals that were important to each resident and showed evidence of resident and family involvement in their development. For example, some residents' social care goals included attending music events, holidays, family outings and day trips. Inspectors observed that most goals had been achieved. Where some goals had not been achieved, inspectors were informed that this was at the choice of the resident, however this was not documented as part of the timely review of residents' plans.

Some residents also attended day services where they had the option to engage in activities such as mechanics and other activities which interested them. Some residents were engaged in employment activities in their local community and this was supported by staff in the designated centre.

Staff of the centre also supported residents to frequent local amenities such as shops, pubs and restaurants. The centre had the use of vehicles to facilitate residents in their choice of daily activities and appointments.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

This outcome was inspected as part of an application by the provider to vary conditions of registration. The provider was in the process of applying to register a newly acquired residential unit which would become part of the designated centre. It was intended that this unit would replace an existing house and there would be no increase in the number of residents accommodated. The proposed new house was intended for one resident.

Inspectors visited the proposed unit which is a bungalow type dwelling in a rural area with three bedrooms, combined kitchen-living room, utility room and bathroom. The property was in good condition and recently refurbished, with a new kitchen installed. There was all necessary electrical equipment in the property and it was intended that the property would be furnished with the resident's own furniture.

The provider outlined necessary safety works were in the process of being completed prior to opening as a unit of the designated centre. The installation of a walk-in shower in the bathroom was planned by the provider. The provider outlined there was a plan in place to carry out a risk assessment and to ensure the unit is fire compliant throughout with the provision of a fire detection system, panel and fire equipment. An intruder alarm was in the process of being installed into this property prior to opening as a unit of the designated centre.

Inspectors found there to be a four year lease in place between the owner of the property and provider.

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, inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and systems were in place for the management of risk in the centre. However, not all residents participated in fire drills and information in personal evacuation emergency plans required review.

The risk management policy met the requirements of the Regulations. The centre also had a risk register that included general and local risks for the designated centre. These were risk rated and included areas such manual handling and going out alone.

Inspectors reviewed a risk assessment form for slips, trips and falls carried out by the person in charge and clinical nurse manager. A risk assessment was reviewed by the area director who identified an issue of wet floors and a measure to be put in place to mitigate the risk. A falls risk assessment tool had been completed for residents in the centre.

Inspectors viewed a health and safety audit carried out on a monthly basis, the most recent audit identified no significant issues. A vehicle safety audit check was also carried out on a monthly basis.

There was also good evidence available that the centre responded to and learned from adverse incidents occurring and there was a system in place to review all incidents and accidents. There were incident report forms for incidents and accidents. The person in charge outlined incidents were discussed at staff meetings and with the regional director on a regular basis to prevent a reoccurrence and reduce overall risk.

Inspectors also found that that a fire register had been compiled for the centre which was up-to-date. Appropriate fire detection and alarm systems were in place. There was also emergency lighting and fire doors were installed in the designated centre. Inspectors found the fire detection system and emergency lighting had been serviced at the required intervals. Inspectors saw an up-to-date certificate of fire protection equipment in place that referred to fire extinguishers.

Fire drills were carried out on quarterly basis and from a sample of files viewed, drills were dated and documented the time it took to evacuate the centre. However, inspectors found some residents did not participate or refused to leave during drills and this had not been adequately risk assessed and responded to by the provider. This was not adequately reflected in some residents' personal emergency evacuation plans.

Inspectors found all staff had the required training in fire safety.

Judgment:

Non Compliant - Moderate

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:

Overall, inspectors found that there were adequate arrangements in place to protect the residents from harm and abuse in the centre. However, inspectors found a documentation issue in some residents' positive behavioural support plans.

There was a policy on and procedures in place for, safeguarding residents which staff had training on. Inspectors spoke to some residents who outlined they felt safe and were happy with the care they receive in the designated centre. Inspectors observed other residents to be relaxed in the presence of staff.

Staff spoken with during inspection, were able to demonstrate good knowledge on what constitutes abuse, how to manage an allegation of abuse and all corresponding reporting responsibilities and procedures. They were also able to identify who the designated person was in the centre and made reference to the safeguarding policies and procedures.

Residents who required support with personal intimate care and had a personal intimate care plan on file. From a sample of files viewed, intimate care plans were informative on how best to support each resident while at the same time maintaining their dignity, privacy and respect. Inspectors spoke with some staff and they were knowledgeable how to support residents in this regard.

Some residents required the provision of positive behavioural support. Staff spoken with by the inspectors, were able to verbalise their knowledge of residents' positive behavioural support plans. Staff knew how to manage residents' assessed needs in line with policy and standard operating procedures.

However, the person in charge outlined there were meetings of the behavioural support team as required and the minutes of the meetings formed part of a resident's positive behavioural support plan. Inspectors found some positive behavioural support plans in original format were not updated over a number of years. This would require staff members to review all minutes of these meetings over a number of years in order to gain a clear picture of current agreed guidelines. The person in charge acknowledged some original plans required to be updated in guiding staff and supporting residents who had a positive behavioural support plan.

The person in charge outlined there were no restrictive practices in the designated centre and none were identified during the inspection. Staff were trained in the management of residents' assessed needs that included de-escalation and intervention techniques, as required.

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:

Inspectors found residents had access to appropriate assessment and care to support their healthcare needs in a proactive and consistent way.

From a sample of files viewed, Inspectors found residents had regular access to a General Practitioner (G.P.) along with access to allied health care professionals such as a psychiatrist, chiropodist, physiotherapist, occupational therapist and practice nurse. Residents had access to a behavioural support therapist and psychologist as required.

Inspectors found there to be proactive health measures in the centre, such as supporting residents to maintain a healthy weight and falls prevention plans which were regularly reviewed. There were up-to-date assessments in place such as nutritional risk and skin integrity and these were repeated routinely.

Information and advice from allied healthcare professionals was included and incorporated into residents' care plans. Inspectors reviewed a sample of care plans for specific health issues and found them to be up-to-date. For example, some residents had care plans in place for mobilising, sleeping, eating and mental health. There was

good access to psychology and psychiatry for those residents who required this.

Inspectors spoke with residents who said that they enjoyed the meals and food available in the centre. Inspectors observed some residents using the kitchen independently. Inspectors spoke with residents who outlined a varied choice of meals was available in the centre and this was discussed on a weekly basis.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found safe practices in relation to the ordering, prescribing, storage and administering of medicine in the designated centre.

There were appropriate documented procedures for the handling, disposal of and return of medications. Inspectors saw evidence that medication was reviewed regularly by the General Practitioner.

Medication was stored in a locked medicine press in a staff office for most residents and some residents, who had requested it, had a locked medication press in their own room. In conjunction with appropriate assessment this promoted person-centred care and also supported residents to have control over their own medicines. Medication prescription and administration sheets were available that included sufficient detail to promote safe practice.

There was a system in place to record any medication errors. Inspectors observed that if an error were to occur it would be reported accordingly to the person in charge. The inspectors reviewed recent medication errors on record in the centre and found they were appropriately managed, recorded and reviewed by the person in charge. For example, there was an extra tablet found in a medication blister pack. This was dealt with and reviewed by the person in charge with a root cause analysis of how the error occurred. These incidents were discussed with management and at team meetings to prevent a reoccurrence of an incident.

The person in charge regularly audited medicines kept in the centre and from viewing a sample of these audits any issues highlighted were adequately addressed by the person

in charge. For example, a recent audit identified some residents on one occasion who self-administered medication had kept medication in an unlocked press. The person in charge brought this to the attention of staff members and supported all required residents to keep medications in the locked safe installed by the provider. Inspectors observed this issue was adequately addressed and medications were secured in line with Regulations in the designated centre, on the day of inspection.

The use of p.r.n (as required) medicine was in use in this centre for pain relief only. There was a protocol in place with clear indication of the maximum dosage to be given in a 24 hour period.

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, inspectors found that there was a defined management structure in place with clear lines of authority and accountability. The centre was overseen by a competent and experienced person in charge who prioritised the needs and welfare of the residents. However, inspectors found that arrangements for the person in charge to cover additional centres required review. Improvement was required regarding the annual review and unannounced visits to the designated centre.

The centre was managed by a suitably qualified, skilled and experienced person in charge. From speaking with the person in charge at length over the course of the inspection, it was evident that they had good knowledge of the individual needs and support requirements of each resident living in the centre.

The person in charge was supported in their role by the area director and clinical nurse manager who were also part of the management team in the centre. Inspectors met with the clinical nurse manager on day of the inspection and observed they also knew the residents very well and understood their role and responsibilities. The clinical nurse manager deputised for the person in charge.

There were a number of qualified social care workers and care assistants on duty in the centre. There was also an on-call system in place where staff could contact a manager, day or night in the event of any unforeseen circumstance.

An annual review of the safety and care provided in the centre was completed on behalf of the provider in December 2016. Inspectors observed that some issues identified were not adequately addressed within the due date. For example, all staff were required to have up-to-date safeguarding training by April 2017. Inspectors found this was still outstanding on the day of inspection and was not addressed. The person in charge acknowledged this was outstanding and there was no plan in place to address this issue identified.

Two unannounced visits took place in the centre, as required by Regulations. Inspectors reviewed an unannounced visit that took place in March 2017 to the centre that identified some outstanding actions that were not addressed on the day of the inspection. For example, there was no evidence of some residents' meetings taking place since December 2016 and this was due to be resolved by the person in charge in April 2017. However, the person in charge acknowledged this issue was not resolved within the due date identified in the unannounced visit.

Inspectors found there was an effective system of auditing in this designated centre. Random internal audits were also carried out in the centre by the person in charge in the areas of fire, finances and health and safety. Inspectors viewed a sample of these audits and found areas of compliance and non-compliance. Some issues identified were adequately addressed that brought about positive change for residents. For example, audits identified maintenance was required on the centre's vehicle, this was addressed and a replacement vehicle was provided.

At the time of inspection the person in charge was responsible for two designated centres and was a person participating in management in another designated centre. Inspectors found the person in charge was not always full-time in the role and occasionally worked some shifts on the floor. Inspectors found that this was not a satisfactory arrangement given the person in charge's responsibilities across multiple centres. As a result inspectors were concerned that the person in charge did not have sufficient protected time to carry out some functions associated with the role, for example, auditing and oversight of training as highlighted in this report.

Judgment:

Non Compliant - Moderate

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors found staff with the right skill-mix, qualifications and experience to meet the assessed needs of the residents. However, the numbers of staff on duty at certain times required review and some gaps were identified in staff training.

There was an actual and planned staff rota for the designated centre. However, Inspectors found staffing arrangements were not appropriate to continually support person-centred care. For example, in two units of the designated centre there was one staff member rostered to work on some evenings each week and at the weekends. This meant that individual outings or activities could not be facilitated unless all residents attended as a group. This did not facilitate residents to pursue their own individual interests and routines.

The person in charge outlined some staff had a performance appraisal once a year and would meet informally with staff if an issue arose. The person in charge outlined a new supervision policy was in the process of being introduced by the provider that would ensure staff were supervised regularly. Inspectors found this had not been implemented and some staff had not received supervision for more than one year. This was not in line with the requirements of regulations.

From reviewing the training matrix for the designated centre, the inspectors observed gaps in mandatory training for some staff. Some staff required training in a number of areas including safeguarding, manual handling and administration of medication.

Inspectors observed that residents received assistance in a dignified and respectful manner.

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): Findings:
Judgment:

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:

Declan Carey
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 Muiríosa Foundation
Centre ID:	OSV-0004084
Date of Inspection:	24 August 2017
Date of response:	06 November 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:

While residents were supported to engage in a range of social activities of interest to them, their social assessments and personal care plans were not up-to-date.

1. Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive

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

assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Action 1

Full assessment of need – health, personal and social of each resident to be completed.

Proposed Timescale: 20/10/2017

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:

The systems for fire drills required review, as not all residents had participated in fire drills and this was not identified in the risk register. Some personal emergency evacuation plans did not contain sufficient information to support residents in the event of a fire

2. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

Action 2

Updated residents Personal Emergency Evacuation Plan completed Risk Assessment in the event of resident not leaving the building. Completed one early morning fire drill and resident evacuated the building 16th October 2017.

Proposed Timescale: 16/10/2017

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:

Inspectors found some residents' positive behavioural support plans required to be updated.

3. 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:

Action 3

Behaviour Support team have re-evaluated their system for reviewing the Behaviour Support and reactive plans effective from November 1st 2017. All behaviour Support Plans will be fully reviewed each year and also periodically when required.

Behaviour Support Plan and Reactive Strategy in question reviewed and completed October 2017.

Proposed Timescale: 31/10/2017

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:

Inspectors found that the arrangements for the role of person in charge required review.

4. Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

Action 4

Registered provider will appoint a new PPIM in another designated centre therefore allowing more protected time for PIC in present designated centre. Completed by 31st November A series of interviews for staff recruitment has been completed (Oct 31st). Once all mandatory training has been completed, a new relief panel will be established. This will eliminate the need for Person in Charge to cover shifts in designated centre.

Proposed Timescale: 15/12/2017

Theme: Leadership, Governance and Management

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

The annual review of the safety and care and an unannounced visit identified some outstanding actions that were not adequately addressed within identified dates for completion.

5. 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:

Action 5

New template for residents meetings complete and schedule set up for meetings to take place in each residence. Discussed at team meetings the importance of residents' meeting.

Proposed Timescale: 16/10/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors found staffing arrangements were not appropriate to continually support person-centred care, on some evenings and the weekends in the designated centre.

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:

Action 6

Four extra hours on Saturdays to reflect individual needs and activities.

Proposed Timescale: 13/10/2017

Theme: Responsive Workforce

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

From reviewing the training matrix in the designated centre, the inspectors observed gaps in training for some staff.

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:

Action 8

All staff will have completed safeguarding of vulnerable adults on 27th October 2017.

Proposed Timescale: 27/10/2017

Theme: Responsive Workforce

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

Inspectors found staff were not appropriately supervised.

8. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Action 7

Schedule for supervision meetings has been organised for each staff member – bi monthly.

Proposed Timescale: 23/10/2017