

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Delvin Centre 3
Centre ID:	OSV-0004212
Centre county:	Westmeath
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Muiríosa Foundation
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	2
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 renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 October 2017 11:00	05 October 2017 18:00
06 October 2017 10:30	06 October 2017 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection was carried out to monitor compliance with the regulations and standards and to inform a registration renewal decision.

How we gathered our evidence

As part of the inspection, the inspector met with two residents. Residents appeared to be comfortable in their home. The inspector also met with staff members and managers. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. The inspector found that the service was being provided as it was described in that document. The centre was a detached bungalow in a rural setting, in close proximity to the local village. Its design was appropriate to meet the needs of residents, and there was accommodation for two residents.

Overall findings

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the independence of residents and to maximise their potential.

However improvements were required in risk management, privacy and continuity of staff, and there were significant failings relating to document control.

Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- the provision of a meaningful day (Outcome 5)
- healthcare (Outcome 11)

Some improvements were required in:

- residents' rights to privacy of their rooms (Outcome 1)
- document control (Outcome 14)
- consistency of staff (Outcome 8 and Outcome 17)

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.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

There was evidence of consultation with residents and their families, of accessible versions of information being made available to residents and of a clear complaints procedure, however improvements were required in the management of privacy of residents' rooms.

The complaints procedure was detailed enough to guide staff, residents and their families. It was available in an accessible version and was clearly displayed in the centre. There was a named complaints officer for residents to refer any complaints to. A complaints log was available in which to record any complaints and the outcomes, and compliments were also recorded here. A recent complaint had been recorded and addressed, and the outcome of the complaint was documented.

Weekly residents' meetings were held, and records were kept of these meetings. Issues discussed included house issues, residents' goals and fire safety. Some of the residents signed off on the record of the meetings. There was a named advocate available should residents require this type of support and lists of residents' personal possessions were recorded, including photographs of items.

There was clear evidence of residents being facilitated to make choices, for example where a resident had difficulties around choice making there was a clear strategy to support them.

One of the residents had an ensuite bathroom, however both staff and visitors used this bathroom rather than the main bathroom, which necessitated various different people

going through the resident's room and personal space.

Judgment:

Substantially Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were supported to communicate in accordance with their needs, and information was available to residents in a format accessible to them.

There was a communication passport in each resident's personal plan which included detailed information on communication needs and how best to ensure effective communication, including information on self developed signs and gestures. There was clear information in relation to the communicative function of any behaviours of concern, together with detailed guidance for staff as to how to respond.

Various social stories had been developed to assist residents' understanding, for example in relation to healthcare appointments, outings or activities.

Accessible versions of various pieces of information were available, for example pictures of the staff on duty and pictorial menu choices.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

A written contract of care was in place for each resident which outlined the services which were provided and any costs incurred. These contracts were signed by the organisations' representative and by a representative for each resident.

Whilst no admissions were envisaged, there was a detailed admissions policy in place which included guidance on ensuring compatibility of residents living together.

Judgment:

Compliant

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

There was evidence that a meaningful day was facilitated for each resident and there was a personal plan in place for each resident which was based on an assessment of needs.

Personal plans began with a 'Snapshot of Me' which gave a brief outline of the most important information in relation to each resident. Various assessments of both social and healthcare needs had been conducted including assessments relating to communicating discomfort, weigh and nutrition and falls.

There were sections in the plans on all areas of need, and information was person centred. Recent improvements had been made in goal setting for residents towards maximising their potential. Clear records were maintained of the implementation of their personal plans on a daily basis.

Residents had various daily activities in accordance with their needs and preferences. Some people attended day services, some were supported in home based activities, and some had supported employment.

Leisure activities outside the home included outings and community activities of residents' choice. Residents were supported by staff on visits to local attractions and amenities.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The centre comprised a detached bungalow close to the local village which could accommodate two residents. The home was decorated, furnished and maintained to a high standard, and had adequate communal and private living areas. Each resident had their own room which was decorated and accessorised according to their individual preferences. There was sufficient storage space for residents to keep their personal possessions, and a functional outside area.

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):

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

Findings:

There were some processes in place in relation to the management of risk and fire

safety, although improvements were required in relation to fire containment and in risk assessment and management plans.

All staff had received fire safety training and were knowledgeable in relation to fire safety, and the actions to take in the event of an emergency. Fire drills had been conducted monthly, and the records of these drills were reviewed by the fire officer, including night time fire drills. There was a personal evacuation plan in place for each resident, and evidence of items to assist with evacuation being readily available. However, it was unclear if there was appropriate fire containment measures in place as there were no fire doors in the home.

A risk register was maintained which included various risk assessments and management plans, such as use of the management of behaviours of concern and any restrictive interventions, which included required control measures.

However, not all risks had been identified or appropriately risk rated. For example, one of the residents became extremely distressed if unfamiliar staff were in the house, but there was insufficient information in the risk assessment and management plan to mitigate this risk. In addition the water from the hot taps in the home was not sufficiently controlled as to ensure the safety of residents using the taps. There were signs above the sinks stating that the water was hot, but neither resident could read. The risk assessment relating to the hot water stated that the hot water taps were thermostatically controlled, but this was not the case on the day of the inspection.

The centre was visibly clean and there was a flat mop system in place. Staff had received hand hygiene training, and hand hygiene facilities were available.

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:

There were structures and processes in place in relation to the protection of vulnerable

adults, however improvements were required in the management of residents' anxiety and associated behaviours of concern.

There were detailed behaviour support plans in place where residents required this type of support. These plans were multidisciplinary, and had been reviewed regularly and recently.

Where restrictive practices such as p.r.n. (as required) medications were in place, there was a process whereby a record was kept of the incident including any antecedents, the response, and the consideration of alternatives to ensure that the least restrictive measures were implemented. However, a recent incident reviewed by the inspector had not been recorded in this way by an agency staff member who was unfamiliar to the resident, and who had administered p.r.n. medication. It was also clear that unfamiliar staff contributed to the behaviours of concern which had led to the administration of the medication.

In addition only serious incidents of behaviour of concern were recorded, there was no record maintained on a daily basis, for example if an incident of challenging behaviour had been averted by the implementation of strategies and interventions by staff.

Staff had received training in the protection of vulnerable adults, were knowledgeable about their role in this area. There was a detailed policy on the protection of vulnerable adults. Intimate care plans were in place for all residents, and they provided detailed guidance for staff.

Each resident had a documented financial decision making assessment in place, and each received the level of support they required from staff. Receipts were maintained for any purchases, and balances were checked by staff and signed as correct. Balances checked by the inspector were correct.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

All required notifications to HIQA had been made in a timely manner.

Judgment:
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:

There was evidence of residents' healthcare needs being met, and of a nutritional diet being available.

There was evidence that changing healthcare needs were responded to appropriately, for example changes in behaviour were followed up both by the behaviour support team, and by healthcare appointments and tests.

Residents had access to various members of the multi-disciplinary team including speech and language, occupational therapist and physiotherapist, as required. Each resident had their own GP, and there was an out-of-hours service available.

Staff demonstrated an in-depth knowledge of all the healthcare and nutritional needs of residents, and could describe any required interventions. There were detailed plans of care in place with precise direction on all healthcare needs, for example the management of epilepsy.

There was evidence of a healthy and diverse diet being offered, of choice being facilitated and of meals being a sociable experience.

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:

There were structures and processes in place in relation to the safe management of medications.

Medication was managed for the most part by the use of blister packs supplied by the local pharmacist. Medications were securely stored, and there was an adequate stock check and control system in place. All required documentation relating to the management of medications for residents was in place.

Prescriptions, including 'as required' (P.R.N.) medication prescriptions, contained all the information required by the regulations. There were detailed protocols in place providing guidance on the administration of P.R.N. medications, and a record of each administration was maintained including the reason for the administration and the response.

All staff had received training in the safe administration of medications, and there was a centre specific policy in place in sufficient detail as to guide staff. Medication errors were managed by the accident and incident reporting process, and there was a system whereby a root cause analysis would be undertaken in the event of any errors.

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:

There was a Statement of Purpose in place in line with the requirements of the regulations, which adequately described the service provided.

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:

Whilst there were some management structures in place which supported the delivery of safe care and services, the inspector found poor practice relating to document control.

A series of meetings was in place, including staff meetings and both area and regional meetings. Minutes were kept of these meetings and all agreed actions reviewed by the inspector had been implemented.

Audits had been conducted, for example in the management of medication, health and safety and a review of personal plans. There had been six monthly unannounced visits on behalf of the provider as required by the regulations, and an annual review of the quality and safety of care and support had been prepared.

On the first day of the inspection a document relating to a specific incident requested by the inspector could not be located. The document was presented to the inspector on the second day, dated as if it had been completed at the time of the incident. However, having queried discrepancies in the document the inspector was informed that it had been created overnight but dated as if it had been completed contemporaneously and that the signature on the document was not that of the staff member named.

Following the inspection the provider was asked to submit information relating to the monitoring of documents in the designated centre, and assurances that no further incidents of this nature would take place. Information was submitted as requested.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

<p>Theme: Leadership, Governance and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There were appropriate arrangements in place in the event of the absence of the person in charge.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There appeared to be adequate resources to meet the assessed needs of the residents in the centre. The home was well decorated and maintained, there were adequate numbers of staff, and a vehicle for the sole use of the residents.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>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.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

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

Findings:

The inspector found that the numbers and skills mix of staff was appropriate for the assessed needs of the residents, but that the use of unfamiliar staff was causing high levels of distress for some residents.

There was a planned and actual roster available, and the number of staff on duty during the day and at night were adequate to meet the needs of residents. However a heavy reliance on unfamiliar staff had led to repeated incidents of behaviours of concern. While some steps had been taken to address this issue, and the occasions of unfamiliar staff working in the centre had reduced, there had still been several occasions of unfamiliar staff working in the centre in the two months prior to the inspection. This practice contravened both a risk assessment and a behaviour support plan for one of the residents which indicated that they should only be supported by familiar staff.

Training had been provided for staff, for example in fire safety, safe administration of medication and protection of vulnerable adults. However, not all staff members who were working alone with residents and may be required to deliver first aid had received training in first aid. In addition not all staff had received sufficient training in the management of challenging behaviour to meet the needs of residents.

A sample of staff files had been reviewed by the inspector in the organisation's head office prior to the inspection, and all information required by the regulations was available.

Judgment:

Substantially Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

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

Findings:

All records to be kept in the designated centre in respect of each resident were in place, and the records required under Schedule 4 were available. There was a residents' guide available, and a directory of residents was maintained. All the policies required under Schedule 5 were in place.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
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-0004212
Date of Inspection:	05 & 06 October 2017
Date of response:	29 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Privacy of residents' personal space was not always respected.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

- The staff team have been advised that individual's ensuite bathrooms are not to be used by the staff team or visitors.

Proposed Timescale: 06/10/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Not all risks were managed appropriately, leading to negative outcomes for residents.

2. Action Required:

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

- The Person in Charge and staff team will undertake a review of risk in relation to the individuals and their environment. Risk assessments and management plans will be updated or devised accordingly.
- Risk assessments will be discussed at the next staff team meeting.

Proposed Timescale: 15/12/2017

Theme: Effective Services

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

There were no fire doors in the centre

3. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

Actions Taken:

- The PIC has notified the Operations Manager of the requirement for installation of fire doors in the centre.

Actions Planned:

- An assessment will be undertaken to determine where the fire doors are required within the centre and arrangements will be made to complete the installation of fire

doors as required.

Proposed Timescale: 23/02/2018

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:

Not every effort had been made to alleviate the cause of challenging behaviour prior to implementing a restrictive practice.

4. Action Required:

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

- The Person in Charge and the Behaviour Support Team will review all protocols in relation to restrictive practises to include the administration of PRN medication.
- Ongoing recruitment to displace agency usage and to ensure that the individuals are supported by a consistent staff team, will continue.
- The Person in Charge and Area Director will undertake a review of the current staffing levels in place and make changes accordingly to ensure all rosters are covered with familiar staff.

Proposed Timescale: 23/02/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Effective systems were not in place to ensure that all members of the workforce took appropriate professional responsibility.

5. 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:

Actions Taken:

- The Area Director held a supervision meeting with staff member on 6th October 2017
- Actions Planned:
- The Area Director will continue regular supervisory performance management.
 - This supervisory performance management will include ongoing spot checks of documentation within the centre; the Area Director will report findings to the Regional Director.

Proposed Timescale: 30/01/2018

Outcome 17: Workforce

Theme: Responsive Workforce

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

Continuity of care a support was not maintained in accordance with the assessed needs of residents.

6. Action Required:

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

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

- The Person in Charge and Area Director will undertake a review of the current staffing levels in place and make changes accordingly to ensure all rosters are covered with familiar staff.
- Ongoing recruitment to displace agency usage and to ensure that the individuals are supported by a consistent staff team will continue.

Proposed Timescale: 23/02/2018

Theme: Responsive Workforce

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

Not all training needs had been met.

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:

Actions Taken:

- Staff member completed First Aid training on 7th November 2017.

Actions Planned:

- Staff member has been scheduled to attend MAPA training on 11th December 2017.

Proposed Timescale: 11/12/2017