

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	O'Dwyer Cheshire Home
Centre ID:	OSV-0003452
Centre county:	Mayo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	The Cheshire Foundation in Ireland
Provider Nominee:	Colin McIlrath
Lead inspector:	Ivan Cormican
Support inspector(s):	Anne Marie Byrne
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
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: 31 January 2017 09:00 To: 31 January 2017 18:30

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 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 16: Use of Resources
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This inspection was carried out to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The previous inspection of this centre took place on 16 and 17 August 2016. As part of this inspection, inspectors reviewed the 25 actions the provider had undertaken since the previous inspection and found that 13 actions had not been addressed in line with the providers response and remained non-compliant on this inspection.

How we gathered our evidence:

As part of the inspection, inspectors met with five residents. Residents' bedrooms were individually decorated with items of personal interest and photographs of family and friends. Each resident also had a copy of their individual plans in their bedroom. Inspectors also spoke with seven staff members, including the person in charge, a

person participating in management and the provider nominee. Inspectors observed interactions between residents and staff and work practices. Documentation such as personal plans, risk assessments, medication records and emergency planning within the centre was also reviewed.

Description of the service:

The designated centre comprised a single story building that accommodated up to seven residents. Each full-time resident had their own self contained apartment, which consisted of an open plan kitchen and dining room, and a separate bedroom with en-suite facilities which were suitably equipped to meet the needs of residents. The centre offered respite to four individuals who availed of this service on a shared basis. The centre had two separate en-suite bedrooms for respite users. There were also adequate communal rooms available for residents to have visitors such as family and friends. The house was located in a rural area with suitable transport made available to residents who wished to access the community.

Overall judgement of our findings:

The findings of this inspection demonstrated that the provider had shown improvement since the previous monitoring inspection. However, each of the 14 outcomes that were inspected also revealed a level of non-compliance with the regulations. Inspectors found that the providers inability to effectively implemented all aspects of the action plan generated following the previous inspection had resulted in continuing non-compliance with the regulations.

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):

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

Findings:

On the day of inspection, inspectors found that the rights and dignity of residents was respected within the designated centre. The five actions from the previous action plan had also been addressed. However, improvements were required in relation to complaints, residents' consultation and the management of residents' finances.

Inspectors met with five residents, all of whom voiced their satisfaction with the service provided. Residents were also observed interacting with each other in a relaxed manner and chatting freely throughout the day. Inspectors observed that staff interacted with residents in a warm and caring manner, and had a good understanding of residents needs. Staff were also supported by intimate care plans in the delivery of personal care.

The centre had a policy and local procedures in place for managing complaints. Information on complaints was readily available and a log of complaints was maintained. Residents who inspectors met stated that they were supported to make a complaint if they so wished. Inspectors reviewed a sample of logged complaints and found that they had been responded to in a prompt manner. Feedback was also given to residents in relation to the outcome of their complaint. However, the feedback forms for several complaints were not signed by the person informing the resident.

Inspectors also noted that one logged complaint should also have been processed as an incident, however, it had not been included on the incident reporting system. Another complaint was received as a result of staff failing to report a maintenance issue, which resulted in a resident's shower being broken for one week. Inspectors noted that the person in charge resolved this issue on the day the complaint was received. The centre

also had a complaints procedure on display listing the two nominated persons responsible for managing complaints. However, the displayed information failed to present the nominated persons in a user friendly format.

Information was available for residents in relation to human rights, and advocacy was facilitated within the centre. Residents were having monthly one-to-one meetings with the person in charge. Minutes of these meetings were maintained, and topics such as satisfaction with the service, concerns, complaints, social outings, health and personal safety were discussed. However, inspectors found that respite users had not been facilitated to attend these meetings.

Inspectors reviewed money management systems which were in place to support residents in managing their finances. Inspectors found that there was effective recording and auditing taking place. However, inspectors also found that money management plans which were in place, had conflicting information in regards to which staff members would support residents in managing their finances. Some plans also referred to multiple residents throughout the management plan. A staff member was also responsible for the storage of some residents money. Inspectors found that residents were unable to access their money when this staff member was absent from the building.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

On the day of inspection, inspectors found that improvements had been made in relation to the communication needs of residents. The internet had been made available to all residents since the previous monitoring inspection. However, inspectors found that further improvements were required in meeting the communication needs of all residents.

Each resident had a communication profile in place which detailed the communication needs of residents. Speech and language therapists had also provided interventions in relation to supporting residents to communicate such as the use of picture reference. However, inspectors found that the picture reference material did not adequately support the resident to communicate. Listed picture activities also included pictures to indicated when the resident had a pain and the picture reference material was held in a

format that the resident found difficult to use. Inspectors also found that residents had not been supported to access assistive technology in regards to supporting their communication needs.

Judgment:

Non Compliant - Moderate

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

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

Findings:

On the day of inspection, inspectors found that the centre had a policy on visitors and inspectors reviewed documentation which indicated that residents were supported to family and friends visit. However, improvements were required so that all residents were supported to develop and maintain links with the wider community.

Inspectors reviewed documentation such as daily notes and social support records, which indicated that some residents were involved in their local community and used amenities in their local towns such as restaurants, garden centres, swimming pools and banks. However, inspectors found that some residents were not supported to access the community on a regular basis. One resident was found to have had three community based activities for one month with one other activity being declined by the resident. Inspectors found that this resident's personal plan stated that the resident loved attending community events.

Judgment:

Non Compliant - Moderate

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

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

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

Findings:

There were policies and procedures in place for residents' admission, transfers, discharges and temporary absence. The centre's admission process considered the wishes, needs and safety of the resident and the safety of other residents residing in the centre. Inspectors found actions in relation to this outcome from the centre's previous inspection report were not satisfactorily closed out. Similar findings were identified on this inspection.

Written agreements were in place for residents and these were found to outline the weekly contribution made by the resident to the centre. However, the written agreements did not identify the additional costs residents may incur. The PIC informed inspectors that new written agreements outlining these additional costs are currently in development, however, these had not yet been agreed with or signed by residents on the day of inspection.

Judgment:

Substantially 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):

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

Findings:

On the day of inspection, inspectors found that the provider had systems in place to support the social care needs of residents. However, the actions from the previous inspection had not been addressed, as residents' personal plans were not made available in an accessible format. Inspectors also found that improvements were also required in relation to the identification and implementation of personal goals.

Inspectors found that residents had a personal plan in place, which was reviewed on an on-going basis. Each plan contained information on support for a good life, communication, personal care, healthcare, mobility and finance. Residents were regularly reviewed by allied health professionals, general practitioners and specialists such as neurologists.

Residents had identified goals which they would like to achieve. However, inspectors found that, for some residents, these goals were not reflective of their interests. Some residents highlighted their interest in joining a community group, their love of music and the importance of memories. However, the goals listed for these residents did not account for these interests. Inspectors also found that goals listed for some residents were activities which were regularly occurring, and did not require the implementation of a plan. For example one resident was regularly meeting up with friends which was documented in the residents personal plan, however, this was still included as a goal for that resident.

Inspectors reviewed personal goals for some residents which were reflective of their interests. Specific plans were generated to achieve these goals, but were not acted upon in an efficient manner. Inspectors found that areas of these plans were incomplete such as actions required to achieve the goal, the person responsible and the timeline for the completion of the goal. Inspectors found that some residents' goals were not achieved in line with the frequency which was described, such as going bowling twice a month only being achieved on one occasion, or a residents wish to attend mass not being completed, as described on the action plan.

Judgment:

Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Overall, the health and safety of residents, visitors and staff was promoted and protected. Inspectors found actions from the centre's previous inspection report were not satisfactorily closed out. Similar findings were identified in relation to fire and risk management during this inspection.

Inspectors reviewed the fire precautions in the designated centre. Fire extinguishers and fire alarm system were found to be maintained on a regular basis. The centre had

conducted a number of fire drills in recent months and inspectors observed a decline in the centre's full evacuation time. A number of residents within the centre used wheelchairs and evacuation plans were found to be reflective of their mobility needs, in the event of an evacuation. Staff were found to be knowledgeable in the centre's evacuation procedure. Residents spoken with informed inspectors of their involvement in the centre's fire drills to date. However, inspectors observed the centre had not included the participation of all respite service users in the fire drills, as identified in the centre's previous action plan. Inspectors also found the centre's fire panel settings were not updated to reflect recent changes to designated respite bedrooms. Upon review of the centre's staff training matrix, it was identified that not all staff had received up-to-date training in fire safety at the time of inspection.

The centre had cleaning rotas in place for the cleaning of residents' apartments and respite areas. However, inspectors observed residents' respite areas were not cleaned to a high standard, following the discharge of a respite user from the service. This was brought to the attention of the PIC on the day of inspection, who informed the inspector that the overall cleaning processes for the centre were currently under review.

The centre had a safety statement in place and this was found to clearly outline those responsible for various aspects of the centre's health and safety tasks. There were policies and procedures in place for risk management, however, this policy was found to be outside its review date, at the time of inspection. The centre had an incident reporting system in place, which was reviewed monthly by the PIC. A risk register was in operation which identified both organisational and resident-specific risks. The PIC demonstrated a good knowledge of the identification, management and on-going review of residents' specific risks. A sample of resident-specific risk assessments were analysed by inspectors and were found to be reviewed on a regular basis.

A sample of the centre's risk assessments were reviewed by inspectors. The person in charge indicated that these risk assessments were formulated at a national level as part of the overall organisations' risk management processes. These organisational risk assessments were still found to be generic in nature, as identified in the centre's previous inspection report. Inspectors found the frequency of review for these organisational risk assessments was not in line with the centre's risk management policy. Inspectors also observed two different risk rating systems were in place, which did not provide clarity on the actual risk rating being given to various risk assessments. Although the PIC demonstrated a clear understanding of resident's specific risk assessments and of their application in practice, the PIC informed there was confusion within the centre as to the relevance and application of these organisational risk assessments.

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):

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

Findings:

On the day of inspection, inspectors found that the designated centre had procedures in place to ensure that residents were safeguarded against abuse. However, improvements were required in relation to staff awareness of the designated officer to manage allegations of abuse.

Residents who met with inspectors said they felt safe in the centre and could go to staff on duty if they had any concerns. Inspectors also observed staff interacting with residents in a respectful manner.

The centre had a policy on safeguarding residents from abuse. There was also a policy on providing intimate care. Staff had also received training in the safeguarding of vulnerable adults and could clearly articulate what may constitute abuse and the responsibility of reporting suspected abuse. However, not all staff could identify the designated officer to manage allegations of abuse in the designated centre. Inspectors also noted that information on reporting abuse, or who was the designated officer, was not readily available in the centre.

The centre had some restrictive practices in place such as the use of bed rails, rail bumpers and lap belts. Inspectors found that there were appropriate risk assessments in place. Inspectors found that these restrictive practices were regularly reviewed by occupational health and were implemented only when required, with the informed consent of residents. There was no use of chemical restraint in the designated centre on the day of inspection.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

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

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

Findings:

On the day of inspection, inspectors found that a framework was in place to support residents to access further education and personal development. Not all actions had been completed as stated following the previous inspection, as not all residents had been assessed on their preferences to access further education.

Inspectors reviewed a sample of residents' assessments in regards to accessing further education and employment. For the most part, both aspects had been completed for all residents, however, one resident did not have a completed education assessment in place.

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 that each resident was supported to achieve and enjoy the best possible health. Residents' healthcare needs were generally met in line with their personal plans and through timely access to healthcare services. However, some personal plans were found to not contain all information required to guide staff on the management of specific care needs.

Residents were supported to prepare their own meals. Staff also supported residents in planning for weekly grocery shopping. Inspectors found residents had adequate storage space for their foods. A communal kitchen was also available in the centre. This was predominately used by residents availing of respite services.

Inspectors found residents had timely access to various allied health professionals such as nutritional specialists, behavioural specialists and physiotherapy services. Residents had access to a General Practitioner (GP) service of their choice. The centre also had the support and guidance of community based specialists in the management of residents'

specific healthcare needs.

Personal plans were in place to guide staff on the care to be provided to residents with specific healthcare needs. However, some personal plans reviewed were found not to identify the procedure to be adhered to by staff, where concerns are raised regarding elimination needs.

Judgment:

Substantially 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):

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

Findings:

Actions identified in the centre's previous inspection report were not completed upon this inspection. Similar findings were identified by inspectors on this inspection.

Medications were stored within each residents' apartment. A lockable medication cupboard had been provided in each residents' bedroom and they key for these cupboards was maintained by staff. Medications were dispensed in blister packs, which were clearly labelled with residents' details. A number of prescription sheets were reviewed by inspectors. These were found to provide details on the identification of the resident the medication was prescribed for, the name of the medication prescribed, the dosage, route and time of administration. However, inspectors observed not all medications stored in residents' medications cupboards had a prescription in place. Furthermore, inspectors found not all medication on prescription sheets were signed by the prescribing practitioner.

A sample of medication administration records was also reviewed. Upon review of medication administration records for as required medications, it was found that administration recording practices were not reflective of the actual date and time of medication administration. Inspectors found staff were transcribing medication from prescription sheets to medication administration records. However, this transcribing practice was not supported by the medication management policy. Furthermore, the centre had not risk assessed this transcribing practice.

Controlled drugs were observed to be securely locked within the nurses' station and the balance was checked twice daily by staff. Inspectors found the controlled drug balance

to be correct on the day of inspection. A controlled drugs register was in place, however not all balance checks were signed by two staff, in accordance with the centres' medication management policy.

Medication audits were completed internally within the centre, by members of nursing staff. As per the centre's medication management policy, medication audits are to be conducted on a monthly basis. Inspectors observed that the last recorded medication audit of the centre was carried out in April 2016. This was brought to the attention of the PIC who was aware of this time lapse and informed the inspector that plans are in place to return to monthly auditing of the centre's medication management systems.

No residents were taking responsibility of their own medications at the time of inspection. However, capacity assessments were not routinely carried out with residents, to encourage self-administration of medications.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

The statement of purpose set out the aims, objectives and ethos of the centre and outlined the specific care and support needs that the centre is intended to meet. However, further improvements are required to ensure the statement of purpose contains all information as outlined in schedule 1 of the regulations.

Upon review of the statement of purpose for the centre, inspectors found it didn't clearly identify the following:

- The facilities which were to be provided to meet the care and support needs of residents, reflecting both private and communal areas of the centre.
- The services which were provided to meet residents care and support needs, reflecting revised respite arrangements.
- A description of the rooms in the centre, reflecting their size and primary function.
- Arrangements in place for the review and development of residents' personal plan
- Arrangements in place for residents to access education, training and employment.
- The arrangements made for residents to attend religious services of their choice

Judgment:

Substantially Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

On the day of inspection, inspectors found that the designated centre had management systems in place to ensure the service was safe and effectively monitored. However, not all actions from the previous inspection had been implemented as agreed. Fortnightly meetings with the regional manager had not taken place in a consistent manner. Improvements were also required in relation to the implementation of action plans generated following unannounced audits carried out by the provider.

The person in charge (PIC) was in a full-time position and had a good knowledge of the needs of residents. Staff said they felt supported by the PIC and received regular support and supervision. Regular team meetings were taking place, which had minutes available for review.

The provider had carried out an annual review of the service provided to residents, and focused on areas such as service delivery and care planning, personal goals, social and community access, communication and resources. An action plan was generated following this review, which highlighted the need for increased resources, the development of residents' goals and the need for community connectors to implement social supports for residents.

The six monthly audit of quality and care of the service provided had also been completed. An action plan had been developed following this review. However, inspectors found that actions generated had not been documented as addressed by the PIC.

Judgment:

Non Compliant - Moderate

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

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

Findings:

On the day of inspection, inspectors found that the designated centre had inadequate resources to meet the assessed needs of residents. The actions from the previous inspection had not been implemented within the agreed time lines, with the provider failing to ensure that community connector posts were in place.

Inspectors reviewed activity logs which indicated that some residents had a good amount of access to the community and activities. However, inspectors found that one resident had been offered four activities in the local community for the month of January. Inspectors found that the inability of the provider to implement additional resources in the form of community connectors had negatively impacted on residents ability to access the community and pursue further education and employment.

However, the person in charge stated that significant additional resources had been secured, and that community connectors would be in post in the week following the inspection. Inspectors reviewed planned rosters which supported this statement.

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):

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

Findings:

On the day of inspection, inspectors found there were appropriate staff numbers and skill mixes to meet the assessed needs of residents. Most actions from the centre's previous inspection report had been completed for this outcome, however, similar findings were found in relation to the requirements as set out in schedule 2 of the regulations.

Inspectors observed that there was a planned and actual roster for the centre. The person in charge informed inspectors that the planned roster reflected the additional care hours allocated to the centre, which was due to be implemented early February 2017. However, the planned roster did not provide each staff members full name, to clearly identify who was on duty at any time during the day and night.

A staff training matrix was maintained for the centre. Staff were facilitated to attend training in behaviour that challenges, dysphagia and safe administration of medications. However, not all staff had received up-to-date training in manual handling. Inspectors also reviewed a sample of staff files and found the requirements of schedule 2 of the regulations to include up-to-date registration status for nursing staff were not being met.

Two volunteers were working in the centre on the day of inspection, both volunteers had clearly defined roles and responsibilities, however, inspectors found that these volunteers were not receiving support and supervision from the person in charge.

Judgment:

Substantially 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:

Ivan Cormican
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 The Cheshire Foundation in Ireland
Centre ID:	OSV-0003452
Date of Inspection:	31 January 2017
Date of response:	01 March 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 is failing to comply with a regulatory requirement in the following respect:

The provider failed to ensure that respite users were facilitated to have one-to-one meetings with the person in charge.

1. Action Required:

Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted

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

and participates in the organisation of the designated centre.

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

The Person in Charge will identify times with respite users to have one-to-ones on their next stay in the service should they wish to. Documented evidence of same will be completed.

Proposed Timescale: Completed 20/2/17.

Proposed Timescale: 20/02/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents could access their finances as required. The provider also failed to ensure that money management plans were reflective of practice within the designated centre.

2. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

- Each resident will have their money management plans reviewed to ensure that they have access to their finances. The plans will reflect the actual practice that is in place for each resident.
- Arrangements for the safe storage of a resident's bank card have been altered to ensure they have access to their finances at all times. All residents have been provided with a safe in their apartment as of 27th February 2017.

Proposed Timescale: 06/03/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that the displayed complaints procedure listed the two nominated persons to manage complaints in a user friendly format.

3. Action Required:

Under Regulation 34 (1) (a) you are required to: Ensure that the complaints procedure is appropriate to the needs of residents in line with each resident's age and the nature of his or her disability.

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

This action is completed. The nominated persons are visually displayed on the complaints procedure within the service.
Proposed Timescale: Completed on 20/2/17.

Proposed Timescale: 20/02/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that feedback forms given to residents in regards to the outcome of their complaint were signed.

4. Action Required:

Under Regulation 34 (2) (d) you are required to: Ensure that complainants are informed promptly of the outcome of their complaints and details of the appeals process.

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

- All complaints feedback forms have been discussed with and signed by the appropriate resident.
- Complaints will be reviewed by the Provider's Regional Quality Partner during site visits and any complaints not fed back to the complainant and signed will be notified to the PIC and Regional Manager.

Proposed Timescale: Completed 20/2/17

Proposed Timescale: 20/02/2017

Outcome 02: Communication

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents were supported by effective communication plans.

5. Action Required:

Under Regulation 10 (1) you are required to: Assist and support each resident at all times to communicate in accordance with the residents' needs and wishes.

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

- An assessment has been arranged with an assistive technology company to assess assistive technology requirements for a resident.
- Once assistive technology is sourced on behalf of the resident in question their communication plan will be uploaded to this so that it is more effective for the resident.

Proposed Timescale: 30/04/2017

Theme: Individualised Supports and Care

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

The provider failed to ensure that residents were supported to access assistive technology to support their communication needs.

6. Action Required:

Under Regulation 10 (3) (c) you are required to: Ensure that where required residents are supported to use assistive technology and aids and appliances.

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

- The Person in Charge has requested an assistive technology company to assess what options are available to support a resident to access assistive technology to support their communication needs.
- This assessment will be carried the week of 6th March 2017
- The resident in question will be supported to access assistive technology appropriate to their needs.

Proposed Timescale: 30th April 2017 for full completion

Proposed Timescale: 30/04/2017

Outcome 03: Family and personal relationships and links with the community

Theme: Individualised Supports and Care

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

The provider failed to ensure that all residents were supported to access their local community.

7. Action Required:

Under Regulation 13 (2) (c) you are required to: Provide for residents, supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

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

- All residents will be supported to access their communities on a regular basis according to their wishes. Completion of social supports records will be monitored monthly by the PIC/PPIM and frequency of community access reviewed and increased where required.
- Key workers have been assigned to support individual residents. Future planning training for key worker staff is being delivered in the service by the Regional Quality Partner on 28th March 2017

- Futures Planning Training for key workers has been developed by the Provider's National Quality Manager and will be delivered on 28th March 2017 within the service to care staff. This training will reinforce the need for specific timely goals for residents to be included in care plans.
- The Futures planning process will include a review and goal tracking process to ensure progress on supporting residents to achieve their goals.
- A Senior Care Worker with responsibility for ensuring and supporting residents to access their community has been recruited and is commencing post on 6th March 2017. They will be supported by the PIC to oversee the development and progressing of resident's personal plans.
- The Person in Charge along with the Senior Care Worker will oversee the progress of social supports plans. All personal plans will be reviewed annually or more frequently where a change of circumstance occurs for the resident.

Proposed Timescale: 28/03/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The provider failed to ensure residents' written agreements outlined any additional fees to be charged.

8. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

A review of all the residents' agreements has taken place and they identify the fees that are to be charged and what they are for.

Proposed Timescale: Completed 24th February 2017

Proposed Timescale: 24/02/2017

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:

The provider failed to ensure that residents' plans were made available in an accessible format.

9. Action Required:

Under Regulation 05 (5) you are required to: Ensure that residents' personal plans are made available in an accessible format to the residents and, where appropriate, their representatives.

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

- A Personal plan in accessible format has been developed for one resident who requires it.
- An assessment has been arranged with an assistive technology company to assess assistive technology needs for a resident, to support them to be more actively involved in their personal planning. This assessment to take place the week of the 6th of March 2017.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The provider failed to ensure that residents' goals were reflective of their personal interests. The provider also failed to ensure that residents' goals were supported by effective action plans.

10. Action Required:

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

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

- Personal plans are being reviewed by the Person in Charge to ensure that they contain specific goals, dates and persons responsible reflective of resident's interests.
- Futures Planning Training for key workers has been developed by the Provider and will be delivered on 28th March 2017 within the service to care staff. This training will reinforce the need for specific timely goals for residents to be included in care plans.
- The Futures planning process will include a review and goal tracking process to ensure progress on supporting residents to achieve their goals.
- A Senior Care Worker with responsibility for ensuring and supporting residents to access their community has been recruited and is commencing post on 6th March 2017. They will be supported by the PIC to oversee the development and progressing of resident's personal plans.

Proposed Timescale: 31st March 2017 for the implementation of plans and goals are to be reviewed on a quarterly basis going forward.

Proposed Timescale: 31/03/2017

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 provider failed to ensure systems were in place in the centre for the assessment, management and on-going review of organisational risk.

11. 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:

- All risks related to the centre have been revaluated and completed by the Person in Charge.
- The Person in Charge has ensured that risks specified relate to the centre.
- The Provider's Head of Clinical Services and National Health Safety and Risk Manager are reviewing the National risk management system for all services. The reviewed system will be implemented in the service.

Proposed Timescale: 13/04/2017

Theme: Effective Services

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

The provider failed to ensure adequate cleaning arrangements were in place for the centre.

12. Action Required:

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

The cleaning schedule for vacated respite rooms has been reviewed and is being implemented.

Proposed Timescale: Completed 28/2/17

Proposed Timescale: 28/02/2017

Theme: Effective Services

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

The provider failed to ensure all staff had received up-to-date training in fire safety.

13. Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

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

Fire safety training will be carried out in the service the week of the 13th of March with further training scheduled for the week of the week of the 27th of March 2017.

Proposed Timescale: 30th March 2017.

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

The provider failed to ensure all residents in use of respite services are aware of the procedure to be followed in the case of fire

14. 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:

Fire safety training will be carried out in the service the week of the 13th of March with further training scheduled for the week of the week of the 27th of March 2017.

Proposed Timescale: 30/03/2017

Theme: Effective Services

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

The provider failed to ensure the fire alarm system was reflective of changes to bedroom allocation

15. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

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

The fire alarm system has been updated to identify the changes to bedroom allocation as of the 22/2/17.

Proposed Timescale: Completed 22nd February 2017

Proposed Timescale: 22/02/2017

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 provider failed to ensure that all staff were aware of who the designated person was to manage allegations of abuse in the designated centre.

16. Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

A sign has been placed inside the door of the service identifying the Designated Officers within the service. This is also at the reception area at an accessible level.

Proposed Timescale: Completed 17th February 2017

Proposed Timescale: 17/02/2017

Theme: Safe Services

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

The provider failed to ensure that information on reporting abuse was readily available in the designated centre.

17. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

- A sign has been placed inside the door of the service identifying the Designated Officers within the service. This is also at the reception area at an accessible level.
- Safeguarding and reporting of abuse is on the agenda for all team meetings and residents meetings.
- Information on responding to allegations of abuse and reporting abuse is available to staff and service users. Posters are displayed in all public locations around the service.

The National Safeguarding Policy is available with the Schedule 5 policies in the staff office.

- Safeguarding training has taken place within the service on the 08/02/17.
- A safeguarding information session will be organised for residents. This will be carried out on the 9th of March 2017.
- A hard copy of The Safeguarding policy has been made available to all staff in the staff room of the centre.

Proposed Timescale: 09/03/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

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

The provider failed to ensure that educational assessments were completed for all residents.

18. Action Required:

Under Regulation 13 (4) (a) you are required to: Ensure that residents are supported to access opportunities for education, training and employment.

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

- An Educational assessment is being completed for one resident
- All Educational profiles will be reviewed by the Senior Care Worker once this person commences their role on the 6/3/17.
- The Senior Care Worker with support from the PIC will ensure progress is made on any goals expressed within a resident's educational assessment and personal plan.

Proposed Timescale: 24/03/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The provider failed to ensure personal plans adequately guided staff on the healthcare to be provided to each resident.

19. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

All personal plans are being reviewed by the service manager, CNM2, service co-

ordinator with the input of residents to ensure that the plans clearly guide staff in the delivery of health care. It is clearly stated in each of the personal plans as to how staff support residents with elimination. This was completed the 10/2/17.

Proposed Timescale: 24/03/2017

Outcome 12. Medication Management

Theme: Health and Development

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

The provider failed to ensure the balance checks of controlled drugs was in accordance with the centres' medication management policy.

20. Action Required:

Under Regulation 29 (4) (d) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

- The Person in Charge will ensure that the balance check of controlled drugs was in accordance with the centres policy. This will be overseen by the CNM2 as per the policy and Monthly audits will be carried out to ensure compliance with the regulation and the centres policy.
- The Provider's Regional Clinical Partner will review the completion of medication audits on a monthly basis during site visits.

Proposed Timescale: 27/02/2017

Theme: Health and Development

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

The provider failed to ensure an assessment of capacity was completed for residents to encourage residents to take responsibility for their own medication.

21. Action Required:

Under Regulation 29 (5) you are required to: Following a risk assessment and assessment of capacity, encourage residents to take responsibility for their own medication, in accordance with their wishes and preferences and in line with their age and the nature of their disability.

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

- A self-assessment of capacity will be completed for all residents to identify clearly if

they have capacity or wish to take responsibility for their own medications.

- The self-assessment will be reviewed annually or more frequently on request or when a resident's needs change.

Proposed Timescale: 24/03/2017

Theme: Health and Development

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

The provider failed to put in place appropriate and suitable practices in place to ensure:

- All medications on prescription sheets were signed by the prescribing practitioner
- Medication administration recording practices adequately demonstrated that medicine that is prescribed is administered as prescribed.

22. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

- All medications on prescription sheets have now been signed by the General Practitioner.
- Medication administration recording practices will clearly demonstrate that medication that is prescribed is administered as it is prescribed.
- A monthly audit by the CNM2/PIC will ensure that the service is compliant in this respect.
- The Provider's Regional Clinical Partner will review the completion of medication audits during monthly site visits

Proposed Timescale: Completed 28/2/17.

Proposed Timescale: 28/02/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The provider failed to ensure the statement of purpose contained all information as set out in schedule 1 of the regulations.

23. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of purpose is being reviewed by the PIC and Provider Nominee to ensure that it complies with all information as set out in schedule 1.

Proposed Timescale: 10/03/2017

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:

The person in charge failed to demonstrate that all actions generated following the six monthly audit had been addressed.

24. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The actions as outlined in the 6 monthly audit have been addressed and a copy of same is available to the authority within the service.

Proposed Timescale: Completed 17th February 2017

Proposed Timescale: 17/02/2017

Theme: Leadership, Governance and Management

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

The provider failed to ensure that fortnightly meetings with the regional manager had taken place as detailed in the action plan response which was submitted following the previous inspection.

25. 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:

- A schedule of monthly site visits by the Regional Manager is in place for the period February to June 2017. More frequent visits will be arranged by the Regional Manager as service needs require.
- Further to this a schedule of separate site visits are in place to be carried out by each of the Provider's Quality, Clinical and HR partners to support the PIC and local staff team. Each partner will visit on a monthly basis
- Work carried out during site visits will be recorded by the relevant Provider staff, sent to the PIC and Regional Manager.
- Monthly reports on service operations are being completed on a vi clarity on line system and are available for viewing by the Regional Manager and Chief Operations Officer.

Proposed Timescale: Completed 17th February 2017

Proposed Timescale: 17/02/2017

Outcome 16: Use of Resources

Theme: Use of Resources

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

Inspectors found that the providers inability to implement additional resources within the agreed timelines had negatively impacted on the residents ability to access the community and pursue further education and employment.

26. Action Required:

Under Regulation 23 (1) (a) you are required to: Ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

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

- Additional social support hours have been implemented as of the 05/2/17 following recruitment of staff. Residents have been supported to increase their access to the community since this date.
- A Senior Care Worker with responsibility for ensuring residents have increased levels of access to their community has been recruited and is commencing post on 6th March 2017
- The Senior Care Worker with support from the PIC will ensure progress is made on any goals expressed within a resident's educational assessment and personal plan.
- The Regional Manager and Quality Partner will review the frequency and recording of social supports during site visits

Proposed Timescale: 06/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to ensure up-to-date professional registration status was maintained for nursing staff in accordance with schedule 2.

27. Action Required:

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Registration status for 2017 for all nursing staff who work within the service is being obtained in accordance with schedule 2.

Proposed Timescale: 01/03/2017

Theme: Responsive Workforce

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

The provider failed to put in place a roster which clearly identified staff working in the centre both day and night.

28. 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 roster clearly identifies staff working in the centre both day and night.

Proposed Timescale: Completed 05/02/17

Proposed Timescale: 05/02/2017

Theme: Responsive Workforce

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

The provider failed to ensure all staff had received mandatory training in manual handling.

29. 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:

Manual handling training was carried out on the 9/2/17 and further training is scheduled for the week of the 13/3/17 and the 20/3/17 to ensure that all staff have received this mandatory training.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

The provider failed to ensure that volunteers received support and supervision.

30. Action Required:

Under Regulation 30 (b) you are required to: Provide supervision and support for volunteers working in the designated centre.

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

Support and supervision dates have been set with volunteers within the service. A sample of some carried out to date is attached.

Proposed Timescale: completed 28/2/17

Proposed Timescale: 28/02/2017