

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ash Services
Centre ID:	OSV-0004695
Centre county:	Roscommon
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Brothers of Charity Services Ireland
Provider Nominee:	Margaret Glacken
Lead inspector:	Thelma O'Neill
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 April 2017 17:30	26 April 2017 20:00
27 April 2017 09:30	27 April 2017 17:00

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as; health and social care files, medication records, and health and safety documentation. The inspector met with the seven residents living in the centre and with three staff members. One of the joint person's in charge was also present throughout the inspection as well as the area manager.

The inspector spoke with residents and they said that they liked living in the centre and felt safe there. They also said that staff looked after them well, and that they enjoyed their leisure time and had plenty of involvement in the local community, However, some residents said they would like if there were more staff available to support them on social activities.

Description of the service:

The centre comprised three bungalows on the outskirts of a town in Co Roscommon. The centre provided a residential care service for 7 individuals; two male and five female adults with an intellectual disability.

Overall judgment of findings:

Of the seven core outcomes inspected on this inspection, two were compliant with the regulations, four outcomes were in moderate non-compliance and one outcome was found to be in major non-compliance.

The inspector found that immediate improvements were required in relation health and safety and risk management. There were a number of breaches of the fire regulations, and as a result the inspector issued an immediate action to the provider on the day of inspection, requiring them to take immediate corrective action to safeguard residents and staff. The provider was required to ensure that fire safety measures in the centre were sufficient to alerted residents to a fire and that they would be able to evacuate from the houses in the event of a fire. The provider has since responded providing assurances to HIQA that fire safety management in the centre has been reviewed and that immediate action was taken to address the risks in the centre.

In addition, the inspector found improvements were required in relation to residents being supported to achieve their personal goals and in the management of behaviours that challenge. In addition, the arrangements in place for support and supervision of residents and staff by the persons in charge required review, as well as the arrangements for on-call support at night. Furthermore, the assessments of staffing needs required review as residents health needs were increasing and not all staff had received the required scheduled training as required.

There were measures in place to safeguard residents from any form of abuse and the inspector found compliance in the areas of healthcare and medication management. However, some staff required additional training in medication management.

Residents told the inspector that they had interesting things to do during the day and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends.

Findings from this inspection and actions required are outlined in the body of the report and in the action plan at the end of this

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

On the day of inspection, the inspector found that the social care needs of residents were individually assessed and person centred. However, the inspector found that some residents' personal goals did not specify if they were achieved or how and when they were going to achieve the goals in the future. Residents told the inspector that they were happy living in this centre, since changes to the staff team and that the staff working in the centre now were very nice to them.

The inspector found that each resident had a personal plan in place which was formulated through a person-centred approach. Each plan contained details such as, family and friends, social interests, intimate care needs, healthcare needs and risk assessment plans and reflected the assessed needs of each resident. However, the inspector found that some of the goals had been set over a year ago and reviews completed did not identify if the goals were achieved or not. for example, in one residents file viewed of the three goals set in April 2016 only one goal was achieved, and in a second file viewed only two of the four goals were achieved.

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed the management of risk in the centre and found that precautions in place to effectively manage the risks in this centre were inadequate. The inspector found that the management of fire safety and organisational and individual risks in the centre were also not adequate.

The inspector found that there were considerable fire safety risks in this centre and as a result an immediate action was issued to the provider on the day of inspection. The inspector found that the arrangements in place to detect and contain the spread of fire were not effective and that there were inadequate measures in place to ensure the safe evacuation of residents. The provider responded the next day, and gave assurances that most of the issues would be addressed immediately, and the more structural works would be completed within a short period of time.

The inspector found that there were no fire doors installed in the communal areas in the centre and that the fire alarm system was inadequate as it did not detect where in the house a fire was located or give warning to staff of a fire in the house next door; which was an unstaffed house at night.

The kitchen, utility, and dining rooms were used as an open plan design, but there were no fire doors from these rooms to the main communal or bedroom areas in the houses. The doors separating the kitchen dining area into the sitting room did not close. In addition, door wedges were in use in the sitting room. Furthermore, the fire exit in the utility room was obstructed by a clothes stand. The inspector found that all of these issues affected the safe evacuation of residents and the containment of smoke in the event of a fire.

Furthermore, staff spoken to on the day of inspection, were unclear as to the fire evacuation procedures in the centre and not all staff had up to date fire safety training. In addition, the centre evacuation plan did not outline where the fire panel was located in the centre. This was required for staff to check for the location of the fire when the alarm goes off. Furthermore, there were no turnlock or keys located at the fire doors in two of the houses inspected. However, fire drills were completed in the centre and fire safety equipment was regularly checked. Residents had personal evacuation plans in place.

The inspector reviewed the organisational risk register. Each house had an individual risk register that was updated as required; however, the inspector found that the fire risks in the centre were not included on the risk register. In addition, the risks of leaving residents unattended in the centre were recorded in the risk register as a low risk; however, the assessments of the risks were inadequate, as there was no assessment recorded as to the residents capacity to stay home alone, and the protocol in place to

outline the procedure, was not signed.

The inspector found that the residents' individual risks in the centre required updating to reflect their current risks; for example, control measures recorded in the residents risk assessment to support residents when going to town alone were not being actioned by the staff. Furthermore, a resident had a number of episodes of trespassing on a neighbour's property and this had not been properly risk assessed or adequate control measures put in place to reduce the risk of this occurring again. In addition, one resident had a history of falls and had recently fallen at home and received a fracture; however, there was no falls assessment completed to prevent the resident having further falls

Judgment:

Non Compliant - Major

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:

The inspector found that measures were in place to protect residents from abuse in this centre. There were no allegations of abuse reported in this centre recently. Residents were supported with emotional, behavioural and therapeutic support; however, clearer protocols were required in regard to supporting a resident when they absconded or refused to return to the house after a social outing.

The inspector found that there were a number of residents receiving support from the behaviour support specialist and psychology team in this centre. However, the inspector found that there was an absence of guidance for staff in one resident's plan as to the procedures they should follow in the event of the resident failing to return to the house. For example, there were occasions where a resident choose not to return to their house and stay outside in their garden or at another location for many hours at a time. On the two most recent occasions these stays lasted six hours and eight hours respectively and continued until it was dark at 23.00hrs without the resident entering the house all day. In addition, there was no risk assessment or protocol in place to advise staff on the safety precautions to be taken if this issue arose at night time,

Two residents required dementia screening by the psychology team, one person had been assessed and the second person was scheduled to be assessed, as a result staff had put additional measures in place when the residents were socialising or being left alone at home.

The inspector found that the provider had systems in place to protect residents from being harmed or abused. There was a policy on the safeguarding of adults from abuse and all staff had received training in safeguarding. The person in charge confirmed that all staff had received training in relation to adult protection and she was knowledgeable regarding her responsibilities in this area. There were no allegations or suspicions of abuse currently under investigation in this centre.

There was also environmental restraint in use in one house regarding locked doors to prevent residents leaving the house unsupervised. This was risk assessed and recorded in the organisational risk register.

Judgment:

Non Compliant - Moderate

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' health care needs were well met and they had access to general practitioner (GP) and other health care services as required.

All residents had access to GP services. All residents had general health checks by their GPs on an annual basis. In addition, residents went for further consultation with GPs as necessary. Referrals to other medical consultants were also made, when required, for residents.

Residents had access to health professionals including a dietician and occupational therapist, and referrals were made as necessary. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice.

Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Staff regularly reviewed residents' healthcare needs and undertook health assessments on an annual

basis.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. Residents were supported and encouraged to eat healthy balanced diets and exercise.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspector that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed baking and the meals in the centre.

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:

The inspector found that residents were protected by safe medication management policies and practices. There was good practice around medication management.

There was a medication policy available to guide staff. Most staff had been trained in the safe administration of medication. Regular medication auditing was taking place in the centre, and any issues identified had been addressed.

Medication was securely stored, and there was refrigerated storage for medication requiring temperature control should it be required. The centre had suitable practice in relation to the storage of unused and out-of-date medication. At the time of inspection there were no residents prescribed medication that required strict controls.

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):

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

Findings:

Since the last inspection there was a number of changes to the management team, a new area manager was in post and the role of the person in charge was changed to a joint person in charge role. However, the inspector found that the arrangements in place to manage the centre by the joint persons in charge did not provide a clear management structure and meet the criteria for the person in charge role. Furthermore, there were not adequate arrangements in place for management support out of hours.

The joint person's in charge were responsible for four designated centres. The provider appointed these managers into a joint person in charge role as individually they did not work full-time, and therefore would not meet the requirements of the regulations. However, the inspector found that since their appointment as a joint role for person in charge, the arrangements in place did not meet the requirements of the regulations, as the persons in charge had further subdivided their role into managing two centres each. The inspector found that the governance arrangements in the centre were inadequate as the person in charge was only available to this centre for one or two days a week

The inspector also found that there were no management on call systems in place after 11.30pm until 8am Monday to Friday. This had been an issue raised with the provider on previous inspections and had not been addressed.

The provider was aware of their responsibility to carry out a six-monthly unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had been undertaken within the past six months, and areas of concern identified on the 6 monthly inspection were being taken forwards. In addition, an annual report on the quality and safety of care in the designated centre was also available in the centre and it provided an overview of the centre and the priorities and planned improvements for the coming year in the centre.

The inspector also saw that staff had carried out medication audits, and accidents and incidents in the centre were reviewed by the senior management team and supports were put in place when needed. The inspector saw that there were team meetings available for staff and minutes of these meetings were reviewed by the inspector. There was evidence that support was given to staff that had raised concerns in the centre and that the staff told inspectors that they felt supported by the new management team.

Judgment:

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:

The inspector reviewed the staffing levels in this centre and found that there were insufficient staff numbers and skill mix to meet the assessed needs of residents. This was also an action identified on the last inspection that had not been addressed. In addition, some staff did not have up to date training completed.

Staff were present to support residents both in the centre to do things in the local community, such as going shopping or for coffee, going for a walk or to attend social events. However, residents' needs had increased and staffing support had not increased to meet the needs of the residents. For example, there was only one staff member rostered on duty between two houses to support five residents and two of these residents were showing signs of dementia which required additional supports now and going forward.

The person in charge maintained a planned staff roster, which the inspector viewed and found to be accurate for the day of inspection. However, the hours the persons in charge worked were not recorded on the staff roster. In the third house there was one staff member on duty for two residents that received an individualized service from home; however, one resident liked to volunteer in the local charity shop, but there were staffing issues around supporting the resident to achieve this goal.

A range of staff training was organised, and staff who spoke with the inspector stated that they had received mandatory training; however, the inspector found that from a sample of seven staff training records viewed three staff did not have up to date safeguarding training, one staff did not have fire safety or safe moving and handling training and two staff did not have up to date training in safe medication administration.

On the last inspection, the inspector found that staff contracts did not accurately reflect the hours that staff were working in the centre, This was discussed with the manager and the inspector was told that action is still ongoing and currently been worked on.

Judgment:

Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Thelma O'Neill
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 Brothers of Charity Services Ireland
Centre ID:	OSV-0004695
Date of Inspection:	26 April 2017
Date of response:	13 June 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

Residents personal plans were not reviewed to show the effectiveness of the plan and what additional supports were required to achieve residents goals that were not completed for over a year.

1. Action Required:

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

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

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

1. Reviews of all plans have been scheduled by the Person in Charge and SMART goals will be set with appropriate timeframes going forward.
2. Personal goals will be discussed with the Person on Charge at quarterly team meetings. Barriers to achieving goals will be checked and goals will be re-defined if necessary.
3. The Quality Manager is meeting with staff teams to review plans and refresh training on planning.

Proposed Timescale: 1. 30/06/2017; 2. 06/06/2017 and ongoing; 3. 21/06/2017

Proposed Timescale: 30/06/2017

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 did not ensure that there were adequate systems in place to assess, manage and review ongoing risks in the centre, including a system for responding to emergencies at night.

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:

1. All risk assessments are being reviewed.
2. A specific night time procedure has been introduced into all houses.
3. The risk register is being reviewed and ratings are being amended to specific houses.
4. There are Individual Emergency Plans in place for all people supported and these will also be reviewed.
5. There is assistive technology in place between all houses and staff have been re-trained in how to use this.
6. On-site refresher fire safety training has been delivered.

Proposed Timescale: 1. 07/06/2017; 2. Completed 09/05/2017; 3. 07/06/2017; 4. 07/06/2017; 5. Completed 08/05/2017; 6. Completed 03/05/2017.

Proposed Timescale: 07/06/2017

Theme: Effective Services

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

Measures in place to contain the spread of fire in this centre were inadequate, as there were no fire doors in the communal areas; in addition, door wedges were being used to hold open 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:

1. The Landlord has committed to installing fire doors in all the communal areas
2. In the interim, new night time procedures have been introduced into all houses
3. Use of door wedges was discontinued on 27/04/2017

Proposed Timescale: 1. 30/06/2017; 2. Completed 09/05/2017; 3. Completed 27/04/2017

Proposed Timescale: 30/06/2017

Theme: Effective Services

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

Measures in place to give warning of fire in the centre were inadequate.

4. Action Required:

Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

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

1. There are Individual Emergency Plans in place for all people supported and these will also be reviewed.
2. There is assistive technology in place between all houses and staff have been re-trained in how to use this.
3. On-site refresher fire safety training has been delivered.

Proposed Timescale: 1. 07/06/2017; 2. Completed 08/05/2017; 3. Completed 03/05/2017.

Proposed Timescale: 07/06/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Evacuation procedures in operation in this centre were inadequate and staff were not aware of all of the procedures required to evacuate the centre.

5. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

1. There are Individual Emergency Plans in place for all people supported and these will also be reviewed.
2. There is assistive technology in place between all houses and staff have been re-trained in how to use this.
3. On-site refresher fire safety training has been delivered.
4. Evacuation procedures have been amended to include the location of the fire panel.

Proposed Timescale: 1. 07/06/2017; 2. Completed 08/05/2017; 3. Completed 03/05/2017; 4. Completed 04/05/2017

Proposed Timescale: 07/06/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There was an absence of therapeutic interventions to guide staff in the event of the resident refusing to return to house. Furthermore, there was no protocol in place to advise staff on the safety precautions to be taken if this issue arose at night.

6. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

1. The driveway to the back of the house is being made accessible by car. A protocol will be put in place and will ensure that all staff will drive to the back of the house when leaving and entering the house. This will reduce the opportunity for a person to leave the house without staff.
2. The Behaviour Support Plan has been updated to include Health and Safety recommendations, if the person refuses to return to the house or if this issue arose at night time. The Behaviour Support Specialist and team are heavily involved with this designated centre in advising on how to manage behaviour. The behaviour support plan contains the results of a comprehensive functional assessment.

3. Risk Assessments have been updated and reviewed. Protocols have been put in place to address the issue of a person choosing to stay outside for 1. Night time and 2. Day time. The protocol advises that staff are requested to dynamically risk assess in consultation with Management, as per management of actual and/or potential aggression training based on three variables considering the health and safety issues

1. Location of where the person is
2. The weather conditions.
3. The length of time outside

If it is assessed that the person's welfare, safety and dignity is at risk, then the Gardaí will be called to address the health and safety concern with immediate effect.

Proposed Timescale: 1. Most recent review completed 15/05/2017; 2. Completed 09/06/2017

Proposed Timescale: 09/06/2017

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 arrangements in place for the operational management and administration of the centre by the joint person's in charge did not ensure that there was a full-time person in charge managing this centre.

7. Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

1. The Registered Provider is reviewing the governance, operational management and administration of all designated centres. All persons in charge are currently undertaking management training.
2. Currently both persons in charge meet on a weekly basis and operational management of each of the designated centres is discussed

Proposed Timescale: 1. 04/08/2017; 2. Completed 28/04/2017 and ongoing.

Proposed Timescale: 04/08/2017

Theme: Leadership, Governance and Management

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

The provider had not put adequate arrangements in place to ensure that the service had effective management support systems in place, particularly out of hours.

8. Action Required:

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

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

The Registered Provider is reviewing the governance, operational management and administration of all designated centres. All persons in charge are currently undertaking management training. The out of hours support system will form part of the overall review.

Proposed Timescale: 04/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff contracts did not accurately reflect the hours that staff were working in this centre.

9. 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:

All contracts are currently under review in consultation with the HR department as part of an organisation wide process. Staff will be issued contracts to reflect the hours they work

Proposed Timescale: 15/09/2017

Theme: Responsive Workforce

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

The allocation of staffing in this centre was not adequate to meet the needs and choices of the residents and the deterioration in some residents health. In addition, the staff rosters did not reflect the hours the joint persons in charge worked in this centre.

10. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

1. Restructuring is presently taking place and the needs and supports of each person are being re-assessed as part of this process.
2. A volunteer is being recruited and inducted to support one person to become more actively involved in their community.
3. The managers' duty schedule is now displayed in all houses.

Proposed Timescale: 1. 03/07/2017 and ongoing; 2. 07/07/2017; 3. Completed 24/05/2017

Proposed Timescale: 07/07/2017