Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003962
Centre county:	Dublin 7
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Mary Lucey-Pender
Lead inspector:	Michael Keating
Support inspector(s):	Mary O'Donnell
Type of inspection	Announced
Number of residents on the date of inspection:	9
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
21 April 2015 09:30	21 April 2015 17:50
22 April 2015 10:00	22 April 2015 12:45

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 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
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 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. The inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff members of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the

Authority). All documents submitted by the provider, for the purposes of application to register were found to be satisfactory. The nominated person on behalf of the provider and person in charge demonstrated knowledge of the Health Act 2007 (Care and Support of Residents in Designated Centre's for Persons (Children and Adults) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities in Ireland throughout the inspection process.

The designated centre is operated by the Daughters of Charity Services ltd and comprises two adjoined semi-detached houses with a linked internal door.

Major noncompliance was identified in four outcomes relating to the safeguarding of residents finances, fire compliance, the suitability of the premises and in the use of resources. Four outcomes were also found to be moderately noncompliant and these outcomes related to social care needs, admissions, governance and management and workforce. Evidence of good practice was also identified with seven outcomes judged to be fully compliant including safeguarding and safety, medication management, communication, and family and personal relationships. Three outcomes were also found to be in substantial compliance which were healthcare, general welfare and development and the statement of purpose.

The Action Plan at the end of the report identifies those areas where improvements were required in order to comply with the Regulations and the Authority's Standards.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that residents' rights, dignity and consultation were supported by the provider and staff. Residents were also consulted in how the centre was planned and run and participated in decisions about their care. However, it was found that concerns and complaints communicated by residents were not recognised as such, and therefore not given adequate consideration. The practice of using service users' personal monies to meet the expenses and salary costs of staff who accompany them on a holiday was found to be inappropriate. In addition, residents had been expected to share bedrooms, without adequate consultation.

There was a complaints policy in place which had been recently revised and this policy along with information on an independent advocacy service was provided in an accessible format for all residents. There was a complaints logs in the designated centre. One concern from a resident was recorded in this log, and it had been adequately dealt with. However, a number of issues relating to complaints communicated by residents were identified throughout the inspection that were not recorded or dealt with under the complaints processes and procedures. For examples, numerous issues relating to issues between residents sharing bedrooms were recorded in numerous ways, including staff meeting minutes, multi-disciplinary team (MDT) meeting minutes, daily care notes and accident and incident report forms that had not been recognised as complaints by residents. These issues included peer to peer aggression and intimidation and the levels to which these issues had been resolved were unclear in some cases.

Residents were not enabled to make informed decisions regarding significant issues about their lives. For example, admissions process did not consider the needs or wishes

of existing residents. In addition, residents sleeping accommodation had been changed without appropriate consideration to the rights and choices of individuals. For example, while moves took place due to health and safety related issues (such as moving a resident to a downstairs bedroom due to increased risk of falls) this had significantly impacted upon a number of parties. One resident had moved from a single room into a shared twin room. There was no evidence to suggest the wishes of the existing resident in this room were not considered. This resident was then subjected to a number of peer to peer assaults, with seven recorded incidences read by inspectors in the accident and incident report forms.

There were policies in place relating to residents' personal property and finances. One such policy entitled 'guidelines for CRS (Community Residential Services) staff on managing service users' monies' had been revised recently to ensure residents were no longer permitted to contribute towards staff salary costs to facilitate a holiday for residents.

The guideline on managing service users monies aims to set out how staff expenses are met in supporting residents in activities outside of the centre, such as meals out, holidays or cinema trips. In effect it states that the expense of staff must be met by the resident or residents involved in the activity. Appendix 4 of this policy provides a guide to the approximate charges or costs to residents for a list of activities. For example, the guide states that the cost to a resident should be €5 to €6 for lunch out and €10 - €15 for dinner out. However, it did not indicate anywhere that this was the actual estimated cost for the staff member's meal, and did not include the cost of their own meal. The additional charges imposed on residents were not contained within each resident's contract of care which is further detailed and actioned under Outcome 4.

Residents were consulted with on the day to day running of the centre. There were weekly house meetings where residents were supported to make decisions on areas such as menu planning and planning events. Residents were also provided with information at these meetings on areas such as health and safety. Residents were also supported to make decisions in relation to their daily choices, including the choice of when to get up or go to bed; and were also supported to have 'days off' from their day services as requested.

Judgment:
Non Compliant - Major

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against on the previous inspection. The inspector found that the person in charge and staff had responded very effectively to the communication support needs of residents. 'Protocols' were in place for communicating with residents' as required. Each individual's communication requirements were highlighted in personal plans and reflected in practice.

Financial 'passports' had been developed to adapt the finance policies into individual formats, focusing upon individual capability in relation to money management. The inspectors were provided with a list of polices at various stages of development being currently worked on by a 'information transformers' group including safeguarding of vulnerable adults and personal and intimate care to provide these documents into a more user friendly version for residents.

Residents also had access to televisions, music, social media and internet with assistive technologies and software used to assist residents to use and develop their IT skills. One resident also used both Lámh signs and a personalised communication book to support her to communicate with the inspectors during the inspection.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. Overall, it was clear that residents were supported to develop and maintain personal relationships and families and friends were actively encouraged to be part of the resident's life. The centre had an open door policy and families were encouraged to visit if they choose to. Families visited the centre during the course of the inspection and engaged with inspectors. They spoke positively about the service provided, and referred to the regular communication from all staff members in the centre. There was also clear documentary evidence that family members were involved in person centred planning meetings.

One resident's personal plan also documented the incremental steps involved in supporting a resident to remain in contact with her sister who had moved abroad through 'Skype'.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against within the previous inspection. The organisational policy for admitting, transferring and discharging residents had been reviewed and revised in the past week, a copy of which was provided to the inspectors. The specific admission procedure to the centre was contained within the statement of purpose. However, the policy or procedure did not refer to consultation with residents and did not consider the wishes, needs and safety of the individual and the wishes or safety of others living in the centre.

A resident had been admitted to the centre in May 2014. While she had opportunity to visit the centre in advance of admission, the nominee provider and person in charge both stated that this was done after the decision had been made by the organisation admissions, discharge and transfer committee. The person in charge and nominee provider also stated that the views of residents residing in the centre were not sought in this process in line with best practice and the National Standards for Residential Services for Children and Adults with Disabilities (2013).

Residents had all been provided with a 'contract for residential services' as required in the Regulations. This agreement sets out the services provided; it also had a addendum which outlined information in relation to the weekly long stay charges and identified the income that remained from their social welfare payment. However, as referred to under Outcome 1: Residents' Rights, Dignity and Consultation, this contract did not refer specifically to regular additional charges imposed on residents to meet the costs of staff supporting them to access community facilities for entertainment or dining purposes.

Judgment:
Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:
Overall it was judged residents' wellbeing and welfare was being maintained by a good standard of care and support. Each resident's health care supports had been fully assessed and documented within each residents care plan. In addition, an effective 'traffic light guide to support me' section had been introduced to each care plan which provided an comprehensive summary of the support requirements for each resident, which then referred to the reader to the corresponding support plan. However, residents personal and social care supports were found to be limited in some cases as opportunities for some residents to engage in meaningful activity external to the centre was infrequent and not as per their assessed need.

Each resident had a personal plan and inspectors reviewed a number of these plans. There was evidence that residents had been involved in their plans. There was evidence of constant review and goal setting and these goals were assessed as contributing positively to the lives of the residents concerned. Many of these goals were outcome focused, with systematic instruction and task analysis used to break down goals into smaller tasks in order to support and encourage success. Some examples of this included, baking skills and use of electronic equipment in order to develop independent living skills.

Social goals and activities relating to the external environment were not taking place for all residents as per there assessed need. For example a 'quality of life experiences and records' were used to document social outings. One residents assessed needs in this regard was identified in relation to activities 'she used to enjoy', these were listed as cinema, bowling, meals out and use of public transport. The records indicated that she had been out for a meal many times. However, there was no reference to her using public transport or going bowling, and going to the cinema was only documented once in 2015. The inspector also reviewed her financial transactions to try to establish if these had in fact happened more frequently for this resident, these confirmed the findings as documented in her list of social activities.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
During the previous inspection this centre was found not to be meeting the individual needs of all residents in its current state. Some work had been undertaken to provide wheelchair access to the centre for its resident's, and to make the garden accessible to all. However, the internal design and layout of the centre was found to compromise the quality of life and the safety of many of the residents.

Following the previous inspection, an occupational therapist (OT) issued a report following an assessment on 'premises issues' in July 2014 in relation to access throughout the centre for one of its residents who is non ambulant. Some of the report's recommendations were actioned, such as making the entrance wheelchair accessible and making the garden accessible. However, a further seven actions remained outstanding. All of these actions referred to the current situation as compromising the resident's access and independence. These included a need to widen door openings, limited access into and tuning space within her bedroom, inappropriate floor covering outside her bedroom making it difficult for her to use her wheelchair independently, saddle boards between some rooms, which the residents finds difficult to get across and inaccessible light switches. In addition, the lack of a open plan kitchen and high counter tops and inaccessible equipments was found not to be barriers to her participation in food preparation within the kitchen. The resident who uses the wheelchair tries to mobilise herself independently, however the staff confirmed that within this current living environment she is reliant upon staff to move her around the house, and this was witnessed to be the case by the inspectors during the inspection.

The inspector also read a report written by the person in charge and her line manger (CNM3) in January 2015 to the provider which 'aim[ed] to address the continuing serious situation whereby due to increased needs of service users, the environment and lack of space is no longer meeting the needs of residents'. It went on to state; 'it has long been recognised that the environment does not meet the needs of the service users residing there' and that the 'MDT is in agreement that the situation can no longer be ignored if all residents are to be protected and provided with a suitable and safe environment'.

The report referred to above also referred to two residents who require ground floor accommodation and another resident who due to a recent diagnosis of a chronic degenerative disease will require ground floor accommodation in the future. This opinion was corroborated by the inspectors as their individual care plans reflected this need as well as increased numbers of falls.

Assistive equipment was not provided in a timely manner. For example a resident who was assessed as requiring a new wheelchair a year previously did not have a suitable wheelchair. Inspectors found the procedure for acquiring new equipment was not efficient. It took nine months for the HSE to approve the provision of the wheelchair.

The upstairs bathroom in No 4 had mould on the blind and on the ceiling, and extractor fans in all bathrooms were dirty, and required attention.

The centre comprises two adjoined two-story residential living units (houses), with an internal door linking both houses. The centre was managed by the same person in charge, nominee provider and staff team. It was reported that the adjoining door is closed at times to provide a quiet space for some residents, however, residents and staff stated that the door is usually open as the residents prefer it this way. Overall, it was found that both houses were operating as a single centre. In this regard, it was found that there was a poor use of downstairs space which could be reconfigured to meet the assessed needs of residents as referred to above. For example, the centre operates with two separate kitchens, two dining rooms, two very large sitting rooms and two separate hallways all at ground floor level. This just left room for one narrow twin bedroom which was shared by two residents. This bedroom did not adequately meet the needs of either resident, due to access and egress issues for the resident who uses a wheelchair (As documented). The other resident also had limited space, with no room for a locker or a bedside light. There was no space for any chairs in the room. In addition there was no screening to provide privacy to the residents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

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

Findings:
Overall it was found that the health and safety of residents, visitors and staff was promoted and protected. There were arrangements in place to manage risk. There was a health and safety statement in place which had recently been reviewed and updated

by the provider. There was also a detailed risk management policy and associated risk register identifying environmental and individual risk for residents. However, it was noted that there were no internal fire doors within the centre. The provider confirmed that the fire consultant engaged by the organisation had refused to provide them with a certificate of fire compliance until this was rectified. This had not been done to date.

There was regularly serviced and suitable fire equipment provided throughout the centre and there were adequate means of escape. Fire evacuation drills were taking place monthly; records of the last 12 were read by the inspector. The records included recommendations and outcomes such as the need for increased support for a resident recently assessed as having mid-stage dementia. All evacuations took place in a prompt manner and all staff spoken with were confident they could safely evacuate the centre at all times.

Accidents, incidents and near misses were being recorded in detail and copies of the reports were submitted to the organisation quality and safety officer for review as well as to the community residential services health and safety committee. There was also an emergency plan in place to guide staff in the event of such emergencies as power outages or flooding.

There were suitable procedures in place for the prevention and control of infection, and there were policies and procedure in place relating to the outbreak of infection.

Clinical audits were in place with multi-disciplinary input into areas such as the monitoring of falls and related control measures and quarterly reviews of accident and incident report forms.

The centre had the use of its own vehicles to transport residents. There were regular checks carried out on the vehicle and records of staff driving licenses were maintained by the organisations transport department. Staff also had to complete a competency assessment before being allowed to drive the van.

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):

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

Findings:
Generally, there were arrangements in place to safeguard residents and protect them from abuse. The policy on the protection of vulnerable adults had been recently updated. Training had been provided to staff in safeguarding vulnerable adults. In addition, staff members spoken with were knowledgeable in relation to what constitutes abuse and what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to.

A multi-disciplinary support team (MDT) was reviewing all restrictive practices every three months and more frequently if required. For example, an unplanned restrictive practice had occurred in the centre in January 2015. As a result a MDT meeting was conveyed the next door to review the entire incidence including the impact on the resident, the impact on other residents, the management of the incident and whether the restrictive interventions were an appropriate and proportionate response. The inspector read a copy of this review and found that it was a robust review leading to significant and appropriate recommendations which were actioned.

Risk assessments had been developed for all practices which could be deemed restrictive within the centre. The assessments included information on consultation with family members and considered changes to existing control measures, changes in circumstances/needs of the resident, the risks or hazards that the restrictive was intended to limit and to consider if those risks were still present. They also limited the use of the restrictive practice in relation to duration and frequency. Restrictive practices identified referred to environmental restraints, such as the use of a sound monitor at night time for four residents with frequent seizure activity.

Physical restraint was not used in the centre as clearly distinguished in the policy on the use of restrictive. Chemical restraint had been used and was used in response to the incidence referred to above. The use of PRN medication was closely monitored and staffing administering medication for anxiety or for behaviour had to record the effect the medication had on the resident.

Positive behaviour support plans were in place as required. These plans detailed the significant effort made to identify and alleviate the underlying causes of behaviour that may be challenging for each individual resident. Training had been provided to all staff in relevant areas such as manual handling and safeguarding vulnerable adults. However, some staff were not trained in the management of challenging behaviour or in positive behaviour supports. This noncompliance is actioned under Outcome 17: Workforce.

Residents were provided with comprehensive intimate care support plans which provided comprehensive assessment of need as well as clear supports required in order to provide intimate care as independently as possible. These intimate care plans also considered the residents capacity in relation to developing knowledge, self-awareness, understanding and skills needed for self care and protection.

Judgment:

Compliant

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected during the last monitoring inspection. The staff were maintaining detailed records of all accidents and incidents in the centre. These were reviewed by the person in charge, the quality and safety manager and the nominee provider.

All incidents that required notification to the Authority as required by the Regulations had been provided. This included the submission of quarterly returns.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected against during the previous inspection. Limited community access has already been detailed as a feature of Outcome 5 within this report and actioned accordingly.

Inspectors were informed that assessments of developmental or training needs took place for residents within their day services. However, there was no documentation in relation to these assessments within residents care plans. Staff were not familiar with the detail of these assessments. opportunities for education or employment was not considered a priority for residents and for this reason, emphasis was placed upon

community and social participation as well as maintaining and enhancing daily living skills.

However, given that separate day services was available to all residents they were not reliant solely on the centre to provide opportunity for new and stimulating experiences, as well as providing access to the social participation identified as important to residents. Residents spoke with inspectors about the activities and skill development work that was provided to them within these day services. The centre had also provided opportunities for residents to be provided with access to a literacy course in a local VEC, one resident displayed art on a regular basis, a resident was part of a local choir and another resident was a swimmer with the Special Olympics.

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 from reviewing personal plans of residents that residents' health care needs were met with regular access to a general practitioner (GP). Residents had been provided with timely access to allied healthcare specialists such as ophthalmology, speech and language, physiotherapy, dentist, occupational therapy, orthopaedics and hospital consultants such as endocrinologists as required. However, access to a psychology services was not found to be timely as a referral for one resident was made in December 2014 and there had been no consultation or appointment scheduled at the time of inspection.

All residents' individual health care needs were appropriately assessed and documented in a related health care plan. A number of residents had epilepsy and their associated care plans were reviewed on a regular basis by a multi-disciplinary support team. However, not all nursing staff spoken with by inspectors recognised their responsibility to follow up and check on blood results, referring to this as being the role of the GP. Other residents were assessed as having dementia, and residents had access to a clinical nurse specialist in dementia care, and had annual reviews in place. Residents were also provided with access to national screening programmes such as breast check and cervical screening.

Residents were responsible for choosing the weekly menu in the centre. The inspector

reviewed the menu and the food was seen to be varied and nutritious. Staff members stated that residents had little interest in meal preparation, but a number of them enjoyed baking which they did on a regular basis. Weighted cutlery was provided to one resident diagnosed with Parkinson's disease to enable her to maintain independence at mealtimes. Healthy eating and exercise and maintaining positive mental health was a focus of many care plans for residents within the centre.

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

Findings:
The inspectors found that each resident was protected by the centre's policies and procedures for medication management. All prescribing and administration practices were in line with best practice guidelines and legislation and systems were place for reviewing and monitoring safe medication practices.

All staff who administers medication were registered nurses who must follow Bord Altranais agus Cnáimhseachais na hÉireann safe medication practices.

Regular audits were taking place with identified recommendations and actions. The centre had recently introduced a pre-packaged administration on medication system. Additional audits and checks had been put in place to minimise the likelihood of related drug errors which can occur when this medication is packaged. This included weekly deliveries of medications and checks of all medications on receipt. These checks had identified a recent error in relation to the contents of one of the blister packs. This error was addressed by the pharmacist the same day it was identified.

The inspector found that each resident's medication was reviewed regularly by the medical team and records demonstrated changes in medication in line with changing needs of residents. Staff were clear on what each medication had been prescribed for. Guidance was also available to all staff from a nurse manager at all times, as well as from the pharmacist. All medication was appropriately stored. Unused or out of date medication was returned promptly to the pharmacist.

Judgment:

Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

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

Findings:
The statement of purpose set out the aims, objectives and ethos of the designated centre and also referred to the facilities and services which are to be provided to residents. However, it did not contain some of the information as required by Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. Specifically additional information was required with regard to:

- the staffing whole time equivalent was not adequately reflected, as it did not adequately reflect the numbers of staff working in the centre (as detailed within Outcome 17: Workforce)

- no reference was made to the supports required or made available to a non-ambulant resident under the section entitled 'specific care and support needs that the designated centre is intended to meet'

- the statement on the numbers of people attending specific day services required review

The statement of purpose was also available to residents and their representatives. Efforts were ongoing to provide the statement of purpose in a more accessible format for residents.

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:
Overall it was found that there was a clearly defined management structure in place that identifies the lines of authority and accountability. There was a multi-disciplinary team who meet on a regular basis which includes the nominee provider, senior manager and the person in charge. The provider nominee made regular unannounced visits to the centre and completed a brief report of each visit. This report relies upon a tick box style audit based upon the Authorities 18 outcomes and it identified areas for improvement. The findings of these visits were discussed at house meeting with residents. In addition, there was limited evidence that follow up actions had been promptly addressed. For example, consecutive reports often looked at different outcomes, and did not therefore identify if actions identified on other outcomes had been adequately addressed since the last provider visit.

The person in charge worked full-time and was a registered nurse. She was found to be providing good leadership to her staff team, and staff spoken to felt they were well supported in their role. She was well known to the residents and demonstrated sufficient knowledge of the legal responsibilities associated with her role. She was also committed to her own professional development and had recently signed up to a 2 day course entitled 'leading in challenging times'. She informed inspectors she was planning to complete a management course in order to acquire a management qualification within the required regulatory timeframe.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed on the previous inspection. The person in charge had not been absent for a prolonged period since commencement of regulation and there was no requirement to notify the Authority of any such absence. The person in charge was aware of the requirement to notify the Authority through the provider in the event of her absence of more than 28 days.

There was a staff nurse identified as a person participation in management (PPIM), and this person assisted the person in charge in her role and also deputised for her in her absence. The roster also identified a staff member as the lead during each shift in the absence of the person in charge or the PPIM.

Judgment:
Compliant

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):
No actions were required from the previous inspection.

Findings:
This outcome was not reviewed on the previous inspection. Evidence was provided elsewhere within this report identifying areas where the assessed needs of residents were not being met, specifically within Outcomes 5, 6, 10 and 17. Plans and activity logs for many residents recorded minimal opportunity for external activity for residents. In addition the internal layout of the centre was compromising the abilities of more than one resident. In addition, the nominee provider informed inspectors that a lack of finance was the reason that recommendations of the MDT, occupational therapist and the fire consultant as outlined within this report, had not been implemented.

There were examples of increased staffing support provided during times of increased medical need. The rota was also reviewed and it was noted that assessed staffing levels have been maintained, with four staff on duty during the day at all times (approx 08:00 - 20:00) and two staff on duty at night time. The numbers of staff on duty suggested that there were adequate supports including nursing and social care staff to ensure the effective delivery of care and support in accordance with the centre's statement of purpose.

Judgment:
Non Compliant - Major

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and

recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The provider had ensured that there were robust recruitment processes in place and that staff employed in the centre were suitable to work with adults with disabilities. There were found to be appropriate staff numbers and skill mix to meet the assessed needs of residents. However, the whole time staffing equivalence was not accurately reflected in the statement of purpose. In addition, some staff were not provided with training on managing challenging behaviour and/or positive behaviour supports.

The statement of purpose stated that there was one social care worker (SCW) as a whole time equivalent. However, there were three others SCW's working full-time in the centre as 'relief staff' some of who had been there for many years. In addition, there was ongoing need for additional relief and agency staff. In total, there was an agreed weekly staffing requirement of 467 hours. The inspectors noted on reviewing rotas over a three week period in April 2015 that there was a requirement to fill between 210 - 235 hours a week with relief or agency staff. While the provider and person in charge had tried to fill the majority of these hours with 'regular relief staff' some shifts over the days following the inspection had not been filled and the person in charge did know who would be working these shifts. This system was not ensuring residents receive a continuity of care. Additionally, it was identified that while permanent staff members were subject to annual performance appraisals, relief staff working full-time in the centre were not. This meant that staff members working in the centre for up to seven years were not receiving formal supervision or support by a line manager.

Training records were held both centrally within staff files as well as locally within the centre. Training records identified that all staff had completely mandatory training in fire safety, manual handling and safeguarding vulnerable adults. However, a number of residents were identified as presenting with difficult behaviour at times. The organisations policy on 'supporting persons with behaviour that challenge' (April 2014) refers to the provision of positive behaviour support courses for all staff who work with people who display challenging behaviour. In addition, one staff member's performance appraisal, read by inspectors, documented her requesting this training as she felt she required it. This had not been provided. Some staff working in the centre had not been provided with any related training in challenging behaviour since 2008 and some relief staff had not received none.

Four staff files were reviewed subsequent to the inspection within the organisation central management offices and were found to contain all of the documentation as required by Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Staff employed in the centre, observed and spoken to during the course of the inspection demonstrate an intimate knowledge of the residents they supported. Staff were observed to provided assistance and support to residents in a respectful, professional and safe manner at all times.

Judgment:
Non Compliant - Moderate

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
This outcome was not considered as part of the previous inspection. The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 were maintained to ensure completeness, accuracy and ease of retrieval.

A copy of the Insurance certificate was submitted as part of the registration application which confirmed that there was up to date cover in the centre.

All of the policies as outlined in Schedule 5 were in place and had been recently reviewed. One such policy relating to admissions, transfers, discharge and the temporary absence of residents had been updated in the days prior to the inspection and was provided to the inspector during the inspection.

Records were kept secure in a locked press but were easily retrievable. Residents were all familiar with their records and some plans were in an accessible format.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Michael Keating
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 report[1]

Centre name:	A designated centre for people with disabilities operated by Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0003962
Date of Inspection:	21 April 2015
Date of response:	22 June 2015

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:
Resident's privacy and dignity was not respected in relation to lack of consultation in relation to their personal living space.

Action Required:

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

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
Service users will be consulted in all future changes to their living accommodation.

Proposed Timescale: 08/05/2015

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The policy on the management of resident's finances was found not to be providing adequate support and safeguarding of resident's personal monies in relation to the use of residents monies to meet the expenses of staff.

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:
The Policy on the Management of Resident's Finances has been revised to provide adequate support and safeguarding of resident's monies.

Proposed Timescale: 08/05/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents issues with service provision were not identified as complaints and were therefore not addressed as such.

Action Required:
Under Regulation 34 (2) (c) you are required to: Ensure that complainants are assisted to understand the complaints procedure.

Please state the actions you have taken or are planning to take:
All resident's issues will now be addressed as complaints and recorded as such.

Proposed Timescale: 08/05/2015

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 details of charges to residents in meeting the expenses of staff associated with supporting them for social activities was not covered sufficiently within the contract.

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:
Contracts of care have been revised to include additional charges. These will be circulated to all service users and their families.

Proposed Timescale: 08/06/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A resident was only provided with an opportunity to visit the centre once the decision had been made by the organisation that they were going to be admitted to this centre. There was limited consultation with the proposed and existing residents in this regard.

Action Required:
Under Regulation 24 (2) you are required to: Provide each prospective resident and his or her family or representative with an opportunity to visit the designated centre, insofar as is reasonably practicable, before admission of the prospective resident to the designated centre.

Please state the actions you have taken or are planning to take:
Prospective residents are afforded the opportunity to visit the designated centre before a final decision is made on admission. Proposed and existing residents will be consulted on all future/prospective admissions.

Proposed Timescale: 08/05/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The personal and social care needs of some residents relating to access to external activity was not provided as per the assessed needs of individuals.

Action Required:
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the

assessed needs of each resident.

Please state the actions you have taken or are planning to take:
The person in charge and the person participating in management will review all assessed needs and ensure all residents have the opportunity to access external activities.

Proposed Timescale: 08/08/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
While plans were subject to regular review the effectiveness of the plans were not adequately considered in relation to how they were meeting the assessed needs of residents.

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:
The person in charge will meet all key workers at next staff meeting and address how they review the effectiveness of the care plan.

Proposed Timescale: 08/07/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The internal design and layout of the premises was not found to be meeting the needs of many residents and was found to compromise access throughout the centre for one resident as detailed within the body of the report.

Action Required:
Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

Please state the actions you have taken or are planning to take:
The action plan submitted by the provider does not satisfactorily address the failings identified under this outcome. The Authority has taken the decision not to publish these responses and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The designated centre was not promoting accessibility for all and a number of recommendations from a review of the layout and design of the premises had not been implemented.

Action Required:
Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

Please state the actions you have taken or are planning to take:
The action plan submitted by the provider does not satisfactorily address the failings identified under this outcome. The Authority has taken the decision not to publish these responses and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The upstairs bathroom in No 4 had mould on the blind and on the ceiling, and extractor fans in all bathrooms were dirty.

Action Required:
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:
The ceiling in the bathroom will be treated for mould and a new blind purchased.

Proposed Timescale: 08/06/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The downstairs shared bedroom did not have adequate space, or to be of a suitable size and layout to meet the needs of both residents sharing this room.

Action Required:
Under Regulation 17 (7) you are required to: Ensure the requirements of Schedule 6 (Matters to be Provided for in Premises of Designated Centre) are met.

Please state the actions you have taken or are planning to take:
The action plan submitted by the provider does not satisfactorily address the failings identified under this outcome. The Authority has taken the decision not to publish these responses and is considering further regulatory action in relation to this issue.

Proposed Timescale:

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Assistive equipment was not provided in a timely manner, it had taken a resident a year to be provided with a new wheelchair which was required.

Action Required:
Under Regulation 17 (4) you are required to: Provide equipment and facilities for use by residents and staff and maintain them in good working order. Service and maintain equipment and facilities regularly, and carry out any repairs or replacements as quickly as possible so as to minimise disruption and inconvenience to residents.

Please state the actions you have taken or are planning to take:
The person in charge contacted the supplier for medical card orders for an update on the expected arrival of the wheelchair. It will be delivered to the designated centre this week.

Proposed Timescale: 22/05/2015

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 had sanctioned an inspection by a fire consultant in order to obtain a certificate of fire compliance for this centre, however, the required building works had not been carried out.

Action Required:
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

Please state the actions you have taken or are planning to take:
The Provider has further clarified with the fire consultant the priority works to be carried out within six months. The fire consultants have issued a letter prioritising an upgrade to the fire alarm and emergency lighting.
The provider will have an upgraded fire alarm and emergency lighting installed.

Proposed Timescale: 30/08/2015

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:
Opportunities for residents to access education and training opportunities were not documented or adequately considered within residents care plans.

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:
Documentation relating to education and training opportunities will be maintained in the individuals care plan.

Proposed Timescale: 08/07/2015

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An assessed need for a resident to access the service of a psychologist had not been provided in a timely manner.

Action Required:
Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:
The Nominee Provider will meet with the Head Psychologist to discuss the current waiting list and request a date for the commencement of psychology supports for this resident.

Proposed Timescale: 30/05/2015

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:
Additional information was required in relation to staffing levels and the services provided to a resident who is a wheelchair user as documented within the body of this

outcome.

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 will be revised to reflect the actual staffing levels required and the services provided to wheelchair using resident.

Proposed Timescale: 08/06/2015

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 report on the safety and quality of care and support provided in the centre did not clearly identify if actions identified on previous visits had been addressed.

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:
All future unannounced visits will check completion of previous action plans. The PIC will be asked to submit an update on current action plans to nominee provider

Proposed Timescale: 30/07/2015

Outcome 16: Use of Resources

Theme: Use of Resources

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were insufficient resources available to the centre to meet the assessed needs of residents in the areas of accessibility, fire safety and suitability of the centre for some of its residents.

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:
The Provider has consulted with the Service Engineer in relation to the premises and has agreed to the following short, medium and long terms plans.

Short term actions to be completed by 1 September 2015.

1. Replace the flooring in the hall and bathroom outside the bedroom of the service user who uses a wheelchair. To address the door saddles when laying the new flooring.
2. To widen the bedroom door to the recommended width for a wheelchair and change it to a door that opens in to give better access.
3. To relocate the light switch in the bedroom and to lower the height of it.
4. Upgrade the fire alarm and emergency lighting as per updated fire consultant's recommendations.
5. The Person in Charge has advised service users and families that the premises are be reviewed in relation to its suitability for its residents and that plans will be put in place in consultation with then to address these issues. This may include renovating the current premises or purchasing more suitable premises.
6. The Provider will engage with the HSE

Medium Term Actions to be completed 30 January 2016.

1 .Carry out a full multidisciplinary review of all residents to assess their current needs in relation to their mobility and their projected needs in the future.
2. To consult with service users and families.
3. Taking in to account multidisciplinary team recommendations and service user wishes to identify a plan to renovate the current premises/ relocate to more suitable premises. The provider is committed to purchasing at least one property and redesigning the current property to meet the assessed needs of the residents.

Long Term Actions to be completed by 1 December 2016.

1. The provider will continue to engage with HSE (the Statutory authority for funding for these residents) to secure the necessary resources to facilitate the renovations/relocation t more suitable premises.
2. To carry out the necessary works to ensure that the assessed needs of the residents are met.

Proposed Timescale: 01/12/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was an over reliance on the use of agency/relief staff that was not promoting a

continuity of care to residents.

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

Please state the actions you have taken or are planning to take:
There is an ongoing recruitment campaign in the organisation with the aim of displacing agency staff.

Proposed Timescale: 30/11/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Relief staff working long-term within the centre was not receiving formal supervision.

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

Please state the actions you have taken or are planning to take:
Performance reviews will be carried out on all long term relief staff.

Proposed Timescale: 08/05/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff had not received training, or appropriate refresher training in managing challenging behaviour.

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:
Training and refresher training in challenging behaviour will be scheduled for all staff working in the designated centre.

Proposed Timescale: 30/11/2015