

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Ballytrim House
Centre ID:	OSV-0002523
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
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 1 day(s).

The inspection took place over the following dates and times

From: 07 March 2017 08:30 To: 07 March 2017 19:30

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 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

Following a review of compliance across the Health Service Executive (HSE) CHO Area 1, the Health Information and Quality Authority (HIQA) raised concerns with the HSE National Director, in relation to the significant and on-going levels of non-compliance in centres operated by the HSE in CHO Area 1.

The Chief Inspector of Social Services required the HSE to submit a plan to the Authority which described the actions the HSE would take, in order to improve the quality of life for residents living in the services in CHO Area 1, the overall safety of the services operated by the HSE in that area and to improve and sustain a satisfactory level of compliance across the five core outcomes of concern.

In December 2016 the HSE submitted a governance plan to HIQA. The plan described the enhanced governance and leadership arrangements and actions that the HSE intended to take by 13 June 2017, in order to improve the overall levels of compliance and quality of life for residents in CHO Area 1.

In response to this plan, HIQA has developed a regulatory programme of inspections to verify the effectiveness of this plan in improving the quality of life for resident and to monitor compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for persons (Children and Adults) with Disabilities Regulations 2013) (hereafter called the Regulations) and the National Standards for Residential Services for Children and Adults with Disabilities 2013 (hereafter called the

Standards).

How we gathered our evidence:

During the inspection, the inspector spent time with six residents living at the centre and met with four staff members and the person in charge. In addition, the inspector reviewed documents such as personal plans, risk assessments, policies and procedures and staff personnel files.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations; the inspector found that overall the service was being provided as described, although the inspector found that staffing levels and training did not meet residents' assessed needs. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre comprised of a large house in a small rural town, which provided 12 full-time and shared care bed spaces for both adults and children with a disability.

Overall Findings:

Following the previous inspection of the centre on 30 and 31 August 2016, the inspector found that not all previously identified actions had been addressed by the provider.

The inspector identified serious risks during the inspection relating to fire safety arrangements at the centre and immediate actions were issued relating to regulation 28(2) (c) and 28(3) (a) under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

Furthermore, residents' documentation such as personal plans and behaviour support plans were not reviewed regularly and updated. Risk management arrangements in place at the centre did not address all risks and were not regularly reviewed. The inspector found that the centre's governance and management arrangements did not ensure that suitable staffing arrangements were in place to meet residents' needs, staff training was up to date and that the centre operated in compliance with the regulations and the provider's own policies.

Summary of regulatory compliance:

The centre was inspected against five outcomes. The inspector found major non-compliance in all five outcomes with the reasons for these findings being explained under each outcome in the report and the regulations which are not being met are included in the Action Plan at the end of this report.

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):

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

Findings:

The inspector found that residents' assessed needs were not met.

The inspector sampled residents' personal plans and found that they included information on assessed needs such as 'keeping safe', communication, personal care, education and daily activities which reflected staff knowledge.

The inspector found that a resident's needs in relation to behaviours of concern was supported through one-to-one staff supervision, however a review of incident records and discussions with staff showed that the agreed support had not resulted in a reduction of aggressive behaviour by the resident towards themselves and others.

The inspector found that residents' activity records did not reflect residents' personal plan goals such as regular attendance at activities of their choice.

The inspector found that personal plans had not all been subject to an annual review, and where reviews had occurred, plans had not been updated. Furthermore, the inspector found that review meeting minutes did not consistently show residents' goals or explore the effectiveness of the personal plan in supporting residents' needs.

Personal plans were not available to all residents in an accessible format. In addition, the inspector found that accessible personal plans were not up to date and in-line with the most recent personal plan for the resident.

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):

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

Findings:

The inspector found that fire safety arrangements at the centre did not ensure residents' safety.

The inspector observed that fire doors at the centre were wedged open. In addition, the inspector identified serious risks relating to a fire exit at the centre. The inspector found the following risks:

- Signage to show the location of the fire exit was not present
- The internal door leading to the fire exit was locked
- The fire exit was locked and no key was available in the break glass point
- The escape route to the fire exit was obstructed with food delivery crates

Due to the inspector's observations, the provider was issued with two immediate actions relating to regulation 28(2) (c) and 28(3) (a) under the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013.

The inspector reviewed the centre's fire drill records and found that although regular simulated drills had been conducted, records showed that only one drill had occurred in 2016 using minimal staffing levels. Furthermore, the inspector reviewed training records and found that not all staff had completed fire safety training.

The centre had a risk register and associated risk assessments in place; however, the inspector found that assessments had not been reviewed in-line with agreed dates. The use of environmental restrictions such as locked doors and gates had not been fully assessed. Furthermore, risk assessment recommendations such as the installation of fire door magnetic release devices had not occurred within agreed timeframes.

The person in charge had conducted management audits in areas such as health and safety and infection control. However, the inspector found that the frequency of audits was not in-line with the provider's risk management arrangements and audits had not identified risks observed during the inspection.

The inspector reviewed accidents and incident records, which although summarised on a monthly basis did not include evidence of a review into the effectiveness of supports provided at the centre, for example in relation to the frequency of behaviour-related incidents.

The inspector noted that the provider's risk management policy was not available at the centre on the day of inspection.

The inspector observed that hand hygiene and infection control information was displayed at the centre. In addition, hand sanitisers and segregated waste disposal facilities were provided.

The centre was equipped with suitable fire equipment including fire extinguishers, a fire alarm, fire doors, fire call points, smoke detectors and emergency lighting. Records showed that fire equipment was regularly serviced by an external contractor and checked weekly by staff to ensure it was in good working order.

The centre's fire evacuation plan was prominently displayed and reflected staff knowledge. The inspector observed that an accessible pictorial fire plan was available to residents at the centre.

The inspector reviewed residents' 'Personal Emergency Evacuation Plans' (PEEPs) and found them to be up to date and reflected staff knowledge.

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):

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

Findings:

Residents were treated with respect by staff, although arrangements at the centre did not effectively safeguard residents from abuse or manage behaviours of concern.

The inspector found that staff were not aware of the centre's Designated Liaison Person for Children, although a photograph and information on safeguarding officers for children and adults was displayed on the centre's notice board.

Staff had an understanding of what circumstances may constitute abuse and the actions they would take, however training records showed that not all staff had completed training in both safeguarding of vulnerable adults and Children First.

The inspector reviewed residents' safeguarding plans which related to peer-to-peer abuse and found that agreed actions were not robust. Furthermore, the inspector found that agreed actions did not reflect practices on the day of inspection such as one-to-one support for residents.

Residents' behaviour support plans reflected staff knowledge and included proactive and reactive management strategies. However, the inspector found that plans were not reviewed regularly and developed with a behavioural specialist.

Furthermore, the inspector found that staff had not received training in positive behaviour management and the provider's behaviour management policy was not available at the centre on the day of inspection.

The inspector observed that residents appeared comfortable with the support they received from staff during the inspection. Staff were observed providing support to residents in a respectful and timely manner which was reflective of their assessed needs.

Judgment:

Non Compliant - Major

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:

The centre's governance and management arrangements had not ensured the delivery of safe and quality care services for residents.

The inspector found that actions identified in the centre's previous inspection had not been fully addressed such as residents' rights, social care needs and fire safety.

Management audit systems in place at the centre were not carried out at regular intervals to ensure compliance with the regulations or the provider's policies and did not ensure for example that:

- Personal plans were updated and reviewed annually
- Safeguarding plans reflected observed agreed support practices
- Risks management arrangements captured all risks and were reviewed and updated where required
- Staff training was up-to-date

In addition, the inspector reviewed the centre's internal quality improvement plan and found that actions had not been addressed in-line with agreed timeframes in areas such as:

- Decoration of the centre's premises
- Installation of fire door self closure devices
- Commencement of health and safety audits
- Updating of risk assessments and behaviour management plans

An up-to-date annual review into the quality of care and support provided at the centre was not available on the day of inspection.

The inspector was shown copies of the unannounced provider six monthly visits conducted at the centre

The management structure reflected staff knowledge and the centre's statement of purpose. The person in charge was full-time and suitably qualified and the inspector observed that residents recognised and knew them by name.

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):

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

Findings:

The inspector found the staffing levels and training did not meet the assessed needs of residents. In addition, staff records did not meet the requirements of schedule 2 of the regulations.

The centre had a planned and actual roster in place which reflected staffing on the day of inspection. The roster showed that a nurse was available at all times and required to support specific residents' healthcare needs. However, the inspector found that the current nursing allocation impacted on residents' ability to access community activities, which was reflected in reviewed activity records and discussions with staff.

Staff told the inspector that they were supported by the nurse on duty and person in charge, however formal supervision arrangements were not in place at the centre. Furthermore, the inspector found that staff meetings were not held at regular intervals with records showing only two meetings in 2016.

The inspector reviewed staff training records and found that staff had not received up-to-date training in the following areas:

- Food Hygiene
- Hand Hygiene
- Manual Handling
- Fire Safety
- Safeguarding of Vulnerable Adults
- Behaviour Management
- Children First

The inspector spoke with staff and found that although they were aware of the need to report suspected abuse to the person in charge, they were not aware of other notifiable events required by the Health Information and Quality Authority (HIQA).

The inspector reviewed four staff personnel files and found that they did not contain all documents required under schedule 2 of the regulations including;

- Proof of Garda vetting
- Copies of qualifications
- Employment histories
- References

Judgment:

Non Compliant - Major

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:

Stevan Orme
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 Health Service Executive
Centre ID:	OSV-0002523
Date of Inspection:	07 March 2017
Date of response:	24 March 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

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

The inspector found that annual reviews did not consistently assess the effectiveness of the personal plan to meet the needs and goals of residents.

1. Action Required:

Under Regulation 05 (6) (c) and (d) you are required to: Ensure that personal plan

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

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 PIC will ensure that all named nurses will assess the effectiveness of personal plans at each residents review and update the personal plans accordingly

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The inspector found that residents' personal plans including accessible versions had not been updated following annual review meetings.

2. Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

The PIC will ensure that all named nurses will update the personal plans following reviews incorporating any agreed changes

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The inspector found that not all residents had an accessible version of their personal plan available to them.

3. Action Required:

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

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

The PIC will ensure that all residents will have an accessible form of their personal plan available to them.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Residents' personal plans had not all been subject to an annual review.

4. Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are reviewed annually or more frequently if there is a change in needs or circumstances.

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

All Named Nurses are completing comprehensive reviews of personal plans, assessments, risks and goals.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

The inspector found that a resident's assessed behavioural needs were not met by agreed supports at the centre.

5. 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:

Senior Clinical Psychologist is reviewing the Behaviour Support Plans and will sign off on same.

Proposed Timescale: 31/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Risk management arrangements at the centre:

- Had not identified and assessed all risks observed during the inspection
- Risk assessments had not been reviewed in-line with agreed timescales
- Risk assessment recommendations had not been put in place in-line with agreed timeframes
- Risk management audits were not conducted in-line with the provider's policy
- The effectiveness of resident behaviour management supports was not reviewed in relation to accidents and incident records

6. 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. The PIC will commence a quarterly audit of all risks on the risk register
2. The PIC has commenced a health and safety audit and will implement an action plan
3. All Behaviour support plans are being updated in liaison with the senior clinical psychologist.
4. The PIC will ensure that staff update behaviour support plans following any accidents/incidents
5. Risk management policies are available for inspection in the designated centre

Proposed Timescale: 1. 31st March 2017, 2. 31st March, 3. 31st March 2017
4. 15th March 2017, 5. Completed 8th March 2017

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

The inspector found that access to a fire exit was obstructed due to :

- Signage on the fire exit's location was not displayed
- Access to the fire exit was locked
- A key for the fire exit was not available in the adjacent break glass unit
- The escape route was not free of obstructions

7. 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:

1. The provider Nominee and general manager have approved the work to be completed, awaiting a date for commencement of the work to include the additional signage and access to the fire exit.
2. There is a temporary sign to indicate that there is a fire exit there.
The access door to the fire exit remains unlocked
A key is now available in the adjacent break glass unit
3. The escape route obstructions were removed and all staff have been advised that under no circumstances do they obstruct the escape routes

Proposed Timescale: 1. May 31st 2017
2. Completed 7th March 2017
3. Completed 7th March 2017

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

The inspector observed that fire doors were wedged open at the centre.

8. 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:

The provider Nominee and general manager have approved the work to be completed, awaiting a date for commencement of the work to include the additional signage and access to the fire exits.

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Not all staff at the centre had received fire safety training.

9. Action Required:

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

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

The PIC will ensure that all staff have their fire training updated

Proposed Timescale: 31/05/2017

Theme: Effective Services

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

Fire drill records showed that only one simulated drill had occurred under minimal staffing conditions in 2016.

10. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety

management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

The PIC will ensure that a simulated fire drill with minimal staffing numbers will occur quarterly

Proposed Timescale: 31/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Residents' behaviour support plans were not regularly reviewed and developed with a behavioural specialist.

11. Action Required:

Under Regulation 07 (1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.

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

Senior clinical psychologist is reviewing the Behaviour Support Plans and will sign off on them.

Proposed Timescale: 31/03/2017

Theme: Safe Services

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

Staff had not received training in positive behaviour management.

12. Action Required:

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

The PIC will ensure that all staff receive the studio III training and this will include training on positive behaviour support. There is a planned schedule in place for this training commencing April 2017.

Proposed Timescale: All staff will be trained by 31st December 2017

Proposed Timescale: 31/12/2017

Theme: Safe Services

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

Staff were not aware of the centre's Designated Liaison Person for Children and not all staff had received Children First training.

13. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

The PIC will discuss the role of the designated liaison person for children with all staff at the next staff meeting.

Proposed Timescale: 30/03/2017

Theme: Safe Services

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

Staff had not all received 'Safeguarding of Vulnerable adults' training at the centre.

14. Action Required:

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

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

The safeguarding of vulnerable adults training is outstanding for 3 staff, places have been booked for these staff on this training.

Proposed Timescale: 10/04/2017

Theme: Safe Services

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

Safeguarding plans were not robust in nature and reflective of practices observed.

15. Action Required:

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

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

The PIC and designated officer will review all safeguarding plans to ensure they include all interventions that are in place.

Proposed Timescale: 31/03/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems in place at the centre did not promote the delivery of safe , quality care services.

16. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

The PIC has developed a scheduled plan of audits and this has been commenced

Proposed Timescale: 15/03/2017

Theme: Leadership, Governance and Management

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

An up-to-date review of care and support provided at the centre was not available.

17. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

An annual review of the quality and safety of care and support in the designated centre was completed in April 2016 and will be made available for inspection. The PIC is in the process of completing a 2017 annual review.

Proposed Timescale: 31/03/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing levels at the centre did not meet the needs of residents.

18. 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:

Business cases have been submitted for the replacement of two staff nurses posts.

Proposed Timescale: 15/06/2017

Theme: Responsive Workforce

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

Staff personnel files did not include all documentation required under Schedule 2 of the regulations.

19. 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:

The PIC will ensure that all schedule 2 information is on file for all staff

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

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

Staff were not suitably supervised.

20. 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:

1. The PIC has a planned schedule of bi monthly staff governance meetings
2. The PIC has a schedule for the completion of personal development plans with all staff

Proposed Timescale: 1) Completed 15th March 2017

2) 31st May 2017

Proposed Timescale: 31/05/2017

Theme: Responsive Workforce

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

Staff did not have up-to-date training reflective of residents' needs and the provider's policies.

21. 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:

1. Policies and procedures are a standing item on the agenda for staff governance meetings.
2. Staff training plan is in the process of being completed and will be implemented by the PIC

Proposed Timescale: 1. Completed 30th March 2017

2. 31st March 2017

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

Staff were not aware of the 2007 Health Act and regulatory requirements proportionate to their role.

22. Action Required:

Under Regulation 16 (1) (c) you are required to: Ensure staff are informed of the Act and any regulations and standards made under it.

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

The PIC will provide information for all staff regarding the Health Act 2007 and regulatory requirements at the next staff governance meeting.

Proposed Timescale: 30/03/2017

