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 St John of God Community Services Limited
Centre ID:	OSV-0003025
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Sharon Balmaine
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Paul Pearson Day 1
Type of inspection	Unannounced
Number of residents on the date of inspection:	12
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
▪ to monitor compliance with regulations and standards
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From:	To:
08 April 2015 09:30	08 April 2015 18:30
09 April 2015 08:30	09 April 2015 13:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Prior to an unannounced inspection of the centre on 18 February 2015 Regulatory Enforcement Proceedings (warning letter and regulatory meetings,) were initiated by the Authority (October 2014) to bring about immediate and sustained improvements in the operation of this and other designated centres operated by the provider nominee on behalf of the organisation.
The proceedings, primarily related to inadequate staffing levels.

The inspection of the 18 February 2015 highlighted major noncompliances regarding governance and management, workforce, health and safety and suitable premises. These culminated in 25 actions that must be taken by the provider or person in charge to ensure compliance with the provisions of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

In response the Authority received written correspondence from the management of the designated centre, outlining the action to be taken to address the contraventions of the legislation. The proposed timescale for completion of the actions ranged from 30 March 2015 to 31 May 2015.

The purpose of the inspection was to assess the progress made by management in addressing the matters arising from the previous inspection and the breaches of the regulations/standards.

The organisational structure identified a designated person in charge who has qualifications and many years experience relevant to the resident group, however, the staff member has another position in the organisation and had not been actively operating/ carrying out managerial duties in the designated centre. Overall there was inadequate staffing levels with no designated managerial staff and insufficient care staff on duty to provide care and supervision of the residents.

The agency staff were not regularly working in the designated centre and were not familiar with the residents' needs. Aagency staff members are employed to carry out the same duties as the core staff, that is, assisting residents with their personal care needs, having a meal and participating in activation programmes. An agency staff member on duty did not know the names of residents being accommodated in the centre.

Staff had not participated in training in respect of positive behaviour support and behavioural assessments for some residents had not been fully drawn up nor implemented.

Inspectors saw that residents had a limited variety of opportunities to participate in activities.

The findings of the inspection have identified major non-compliances in the majority of outcomes inspected. These were shared with the the person in charge during the post inspection review meeting. A new provider nominee has been appointed but was not at the post inspection meeting.

The action plan of this report identifies the areas requiring to be addressed by the provider nominee and person in charge in order to ensure compliance with Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Quality Standards for Residential Services for Children and Adults with Disabilities.

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

Findings:
The following matters were identified during the previous inspection: –
• There was no evidence that residents were consulted regarding the management of the designated centre.
The provider nominee provided a written response in the action plan of the inspection report 18 February 2015 confirming that staff had been communicated with regarding the importance of ensuring residents are consulted with to ensure the appropriate running/organisation of the designated centre and to this end, staff will use a number of ways to convey information to residents. While the inspectors saw pictorial communication in respect of residents'meals there was no other significant evidence confirming that residents were consulted regarding the management of the designated centre.

The provider nominee reported that the person in charge would notify residents and family/representatives of the scheduled dates of a relatives' meeting in order to give representatives an opportunity to attend. However, inspectors did not see any evidence of this.

The provider nominee stated that "a resident's advocacy forum will be established, however, there was no evidence of this matter having been initiated.

Inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

• Personal information of the resident was located in the unaltered location.

This matter had been actioned.

• There was no forum in place to ensure that residents had the freedom to exercise choice, regarding how they live.
Although the provider nominee had provided a written response regarding setting up a residents' committee there was no evidence to highlight that this had been initiated. Inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

Inspector saw that a resident was not enabled to exercise choice and control over his/her life in accordance with his/her preferences as he liked a quiet environment, but, there was considerable noise from staff using the equipment in the kitchen which is centrally located with 2 large open hatches. This noise level was further compounded as the fire alarm sounded intermittently. Inspectors saw engineers working on the fire alarm system. Inspectors were informed that any time a fire alarm is sounded in any of the other designated centres it also sounds in this designated centre. The resident's behavioural support plan identified that the residents behaviours, for example, excessive rocking, biting hand and vocalisation are more likely to occur if the noise level in the house is raised.

• There was no forum for residents to participate in decisions regarding the care.
Although the provider nominee had provided a written response regarding setting up a residents' committee there was no evidence to highlight that this had been initiated. Inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

There were periods when residents were engaged in social and recreational activities. For example, there was great excitement and joy as a resident was preparing to go swimming in the afternoon and records in respect of a resident identified attendance at a garden party, listening to country music and having a hand massage. However, in the main, the inspectors saw that the majority of residents did not have opportunities to participate in activities which provided meaning and purpose for them and suited their needs/capacities and interests, similar to their peers. For example during the 2 mornings of the inspection a resident who had not been involved in any meaningful activity, walked through the house displaying behaviours that were challenging to self and others. Inspectors were told that the resident's challenging behaviour was not as prevalent when the resident was involved in activities. See outcome 17 for further details regarding the insufficiency of staffing levels to assist residents to carry out activities of their choice.

Inspectors saw that when staff were interacting with residents they treated the residents with dignity and respect, however, there were some aspects of residents' privacy which had not been respected for example staff intruded upon a resident's personal space by entering and using a resident's bedroom to sort the general laundry for all of the residents in the house.

Judgment:
Non Compliant - Major

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 matters arising from the previous inspection were as follows: –
• There was an absence of expectation and development of residents' skills with in their personal plans.
The person in charge stated in the action plan that "a review of residents' individual personal plans (IPP's) shall commence to ensure care plans details the support required to enable residents to develop their skills," and that support shall be provided to staff to develop programme skills teaching. The inspectors examined the individual personal plan of a resident whose goal was identified to move out of the centre into a new environment but inspectors could not find any evidence that this had been progressed. Inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

• It was unclear if personal plans were reviewed to assess the effectiveness of the plans and to take into account changes in circumstances and new developments.
Although the person in charge identified that a review of care plans was to be undertaken and that the quality team would conduct regular practice development sessions with staff regarding the importance of completing documentation adequately and reviewing care plans, there was no evidence that this had been initiated.
The inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

• Due to the absence of dates it was unclear if personal plans were reviewed annually.
There was no evidence that this had been actioned, however, inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

• Personal plans did not consistently support the social care needs of residents.
The person in charge communicated in the action plan response that communication had taken place with the staff team with in the designated centre to facilitate a holistic/social care approach when supporting residents and developing their care plans,

however, the inspectors did not find sufficient evidence of this.
The inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

• Personal plans did not evidence consultation with the resident and/or their representative.
The person in charge identified that staff shall document in the resident's individual personal plans each of the consultations which takes place with the resident, in regards to the decisions made about his/her life Life.This was not evident in all of the care plans.
The inspectors noted that the proposed timescale for completion of this work was 31 May 2015.

The inspectors were informed that it was not possible to keep the care planning documents up-to-date as the computer had not been working for a couple of weeks and although it is now working it is slow to operate. Due to the inadequacies of the staffing levels in the centre it was not possible for the staff to maintain up-to-date documentation and in some instances, staff had to come into the centre to work on their day off to update the records. See outcome 17 for action plan in respect of insufficient staffing levels.

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:
Matters arising from the previous inspection were as follows: –
• Some of the bedrooms did not protect residents' privacy and dignity as they were not of a suitable size to accommodate the resident, 2 staff members in assistance and mobility aids including a hoist.
The Authority was informed that a stand-alone privacy screen is now used by staff when they are attending to a resident and having to use the corridor to enlarge the bedroom space. The person in charge is exploring the possibility of alternative rooms for residents/accommodation for residents. However, there was no evidence of this during this inspection.

• Areas within the centre were not clean.
The written response in the action plan indicated that the person in charge was in the process of identifying a consistent cleaning team who will adhere to a cleaning schedule. However, the inspector found that although a housekeeping staff member was rostered to commence work at 08:00 hours on the first day of the inspection an agency staff member did not start working until 10:30 hours.

On the second day of the inspection a staff nurse on duty rang the "staff allocation group" requesting a housekeeper to work in the centre. A staff member arrived at the centre and worked for 15 minutes and left.

This meant that the staff nurses and carers had to carry out these duties which prevented residents from receiving direct care.

There are no household staff rostered to work at weekends.

Currently the 2 designated housekeepers were absence from work and inspectors were told that they are replaced by the agency staff who do not consistently work in this centre. See outcome 17 regarding insufficient staffing levels.

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 matters arising from the previous inspection were as follows: –
• Risk management in the centre did not account for the actual risks throughout the centre.
• The risk management policy did not include the effectiveness of control measures.
• There were multiple fire doors whereby the self closers were absent or disabled.
• The fire procedure specific to the centre was not clear.
• Fire drills did not evidence if evacuation was phased or total taking into account the reduced staffing levels at night.

While these matters had not been satisfactorily actioned work was in progress. The inspectors saw from the staff rosters and heard from staff that an additional staff

member is working during the night and contractors were in the centre working on the fire alarm system.

There was evidence that staff had participated in fire safety training, however, an agency staff member working in the centre was not familiar, regarding the evacuation needs of residents.

Inspectors noted that the proposed timescale for completion of the matters relating to fire safety was 30 April 2015

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:
The matter arising from the previous inspection related to the numerous incidents of unexplained bruising which had not been investigated in line with the centre's policy. There was evidence that a full review of the safeguarding systems and processes have been initiated. A copy of the review should be forwarded to the Authority on completion.

An operating procedure in respect of safeguarding has been reviewed and an email was forwarded from management to all staff on the 27 March 2015 emphasising staffs duty to report any safeguarding concerns.

Staff demonstrated during discussions with the inspectors that they were knowledgeable of the procedure, types of abuse and their duty to safeguard residents.

The inspectors saw that staff were not consistently alleviating the cause of residents' challenging behaviour as there were no behavioural support plans in place for some of the residents who displayed behaviours that were challenging. There was a draft plan for one resident, however, this had not been finalised. For another resident information was being collated in a "scatter plot" which meant that staff were observing and

recording the behaviours and the triggers.

Judgment:
Non Compliant - Major

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

Findings:
The matter arising from the previous inspection was as follows: –
• An incident in which a resident had been physically restrained had not been reported to the Chief Inspector.

The inspectors saw that a record of incidents occurring in the centre was being maintained and, where required, were notified to the Authority.
The person in charge was aware of the duty to notify incidents within 3 days nd provide a quarterly report.

Judgment:
Compliant

Outcome 11. Healthcare Needs
Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:
Health and Development

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

Findings:
The matter arising from the previous inspection were as follows: –
• Personal planning did not adequately demonstrate that appropriate health care was facilitated.

• Documentation did not support that food provided was appropriate to meet its dietary needs of residents.
• There was insufficient staff present to support residents at mealtimes.

The staff nurses on duty demonstrated that they had detailed knowledge of residents' condition and care needs. There were many examples, whereby the staff had advocated on behalf of the residents. In one instance a multidisciplinary review was being convened because of the work carried out by staff nurses. An examination of residents care plans showed that their health care needs were met.

The documentation in relation to food provided to meet the dietary needs of residents was up to date.

There were insufficient full-time staff to assist residents with their meals and a resident refused to have a refreshment and snack which was being offered by an agency staff member who had not previously worked in the centre.

Of the 12 residents being accommodated approximately 9 residents have a care plan relating to epilepsy, however, an agency staff member who at one point during the inspection was supervising all of the residents in the communal day room was not knowledgeable with regard to residents' diagnosis of epilepsy, and what action to take in the event of a seizure. However, when the core staff team were asked the same question they immediately knew the action to be taken in accordance with the residents, care plan instructions. The majority of the core staff had experience of managing epileptic seizures. See outcome 17 for the action plan.

Judgment:
Non Compliant - Moderate

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 matters arising from the previous inspection was as follows: –

• There was an absence of a system to ensure that the service provided was safe, consistent and effectively monitored, specifically in relation to staffing.

The provider nominee indicated in the action plan that "the clinical nurse manager has protected time to mentor individual staff members on a systematic approach to ensure best practices within the designated centre". Furthermore, it was stated that "a supervision standard operating procedure had been developed and implemented by the person in charge for the supervision of staff to ensure consistency and adherence to care practices and processes".

However, the clinical nurse manager 2 has been absent from the centre for approximately 2 months with no replacement. There was no other management tier for example clinical nurse manager 1.

The person in charge of the centre had not worked in the centre nor held a staff meeting with the staff team. In fact, the morning of the 2nd day of the inspection was the frist time that some staff had met and spoken with the person in charge in the centre.

Staff working in the centre did not know that a new provider nominee had been appointed to the designated centre.

Staff on duty identified that there were insufficient staff to meet the needs of the residents and had escalated this matter to senior management , however, no additional resources had been provided.

The following emails regarding the insufficiency of staffing levels in the designated centre were sent to the person in charge in an effort to advocate on behalf of residents to acquire the appropriate staffing levels to meet residents' needs: –
28 February 2015 – complaint logged by staff nurse covering the unit – residents not fully supported with activation due to insufficient staffing.
1 March 2015 – "no housekeeping staff, and only one staff nurse on duty".
4 March 2015 – "only 5 staff for both sides (12 residents) and only 1 regular and 4 agency"
9 March 2015 – email from a staff member to the person in charge explaining that it was difficult to make contact, as one resident required transfer to an acute hospital. The person in charge provided a mobile number. An email was returned from the person in charge communicating that a review was being held to discharge a particular resident from the centre as the centre did not meet the residents needs.
13 March 2015 – reminder to get staff.
6 April 2015 – an email from a staff nurse to the person in charge requesting a case review for an alternative living arrangement for a particular resident.
Staff informed the inspectors that to date no response was received from the person in charge.

The person in charge of this designated centre also holds another position in the organisation.

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 matters arising from the previous inspection were as follows: –
• Evidence throughout the inspection demonstrated the staffing levels were insufficient, particularly in relation to night time and the meal times.
• Staff were not appropriately supervised.

A good outcome for residents as a result of the last inspection was an additional staff member has been rostered to work during the night, however, inspectors were informed that this position could be filled by agency staff who are not familiar with the residents.

The inspectors found that there were insufficient staff numbers to meet the assessed needs of residents.

The centre accommodates 12 residents (6 resident in each unit) who are assessed as having a maximum dependency and require the assistance of 2 staff for all activities.

Staffing levels on the date of inspection were as follows: –
2 staff nurses, a fourth-year student (first week), 2 first-year students, 5 RPAs (2 were agency staff and it was the first day for one of the agency staff to work in the centre)

A resident who was not offered any recreational activity as per the resident's care plan displayed challenging behaviour which put the resident at risk and interfered with the other residents. For example, going in and out of the kitchen and sitting in another resident's wheelchair which caused the other resident to be involved in self injurious behaviour. The inspectors were informed that the resident requires a one-to-one staff member but this was not possible with the current staffing levels.

Inspectors were informed that the staff nurses on duty are required to complete managerial, administrative work as the CNM 2 was absent, there is no CNM 1 and the person in charge was not working in the centre. The staff nurses did not have time to do

these administrative duties during working hours and therefore had to work in excess of the contracted hours and be in work on days that they were rostered to be off.

Inspectors heard that a new format has been made available for compiling the staff rosters, however, staff nurses in the absence of management staff were completing this and it is considered time-consuming. In the event of staff not turning up for work the staff nurses on duty have had to contact the "staff allocations group" requesting staff to work in the centre.

Inspectors heard about a resident's goal to attend the swimming pool, but on occasions this has not transpired because 2 staff were not available to assist the resident in preparation for the goal activity.

It was identified that 2 residents were to attend a jamboree session, however, only one resident could attend because there was insufficient staff to assist both residents to participate in this activity.

Residents did not receive continuity of care as agency staff were employed and were not retained in the designated centre on an ongoing basis. An agency staff member who communicated with the inspector stated that he/she had received induction in the centre previously but that this was the first day that she/he had worked in the centre. The staff member confessed that she/he did not know the names of the residents. he/she was unable able to identify the name of the resident whom she/he was working with.
This agency staff member who did not know the identity of the residents had sole responsibility for the supervision of residents, while other staff provided personal care to residents.
Having worked through the morning into the late afternoon this staff member still did not know where to acquire wipes for a resident. This agency staff member communicated that she/he would be working again in 2 days in another designated centre of the organisation.

Staff were not supervised on an appropriate basis.The inspectors were told that there are no designated staff to supervise new staff and there is insufficient time to supervise staff. Staff meetings (internal to the designated centre) have not been held since the absence of the CNM 2 (mid February 2015).

Judgment:
Non Compliant - Major

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

Regulations 2013.

Theme:
Use of Information

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

Findings:
The matter arising from the previous inspection was as follows: –
• Records in respect of residents and maintenance of fire equipment was not adequately maintained.

Inspectors found that the record regarding maintenance of fire equipment was satisfactory maintained.

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by St John of God Community Services Limited
Centre ID:	OSV-0003025
Date of Inspection:	08 April 2015
Date of response:	

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:
A resident was not enabled to exercise choice and control over his/her life in accordance with his/her preference as he/she liked a quiet environment, but there was excessive noise in the house.

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 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
1. To ensure residents are provided with the opportunity to exercise their choice, house meetings for the residents have been scheduled, and will take place every two weeks.
2. Letters have been sent to the resident's families on the 13th May 2015, informing them of the scheduled dates for the relative's monthly meetings.
3. To ensure the noise level from the kitchen is reduced, both hatches are being closed off resulting in the two sides being separated. Equipment in the kitchen e.g. washing machine and tumble dryer are to be relocated within the house.
4. An environmental assessment is to be conducted to identify possible location for the kitchen equipment.
5. An environmental assessment will be undertaken to assess the appropriateness of the current location of the fire panel, to ensure the noise levels do not impact on the resident's rights and needs.
6. The quality team are conducting regular practice development sessions with staff in relation to Resident's rights.

Proposed Timescale: 17/07/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff intruded upon a resident's personal space by entering and using a resident's bedroom to sort the general laundry for all of the residents in the house.

Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living 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:
1. A designated area within the house has been identified to ensure laundry can be sorted appropriately without impacting on the resident's privacy and dignity.
2. The allocated area has been communicated to the housekeeping staff.
3. The quality team are conducting regular practice development sessions with staff in relation to Resident's, privacy, dignity and rights.

Proposed Timescale: 17/07/2015

Theme: Individualised Supports and Care

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

There was no evidence that residents were consulted regarding the running of the designated centre.

Action Required:
Under Regulation 09 (2) (e) you are required to: Ensure that each resident is consulted and participates in the organisation of the designated centre.

Please state the actions you have taken or are planning to take:
1. To ensure each resident is consulted and participates in the organisation of the designated centre, the CNM is currently exploring alternative communication methods for the residents. The CNM is awaiting a referral for LAMH through the appropriate channels e.g. SALT.
2. To ensure residents are consulted with and able to participates in the organisation of the designated centre, house meetings for the residents have been scheduled, and will take place every two weeks.
3. Letters have been sent to the resident's families on the 13th May 2015, informing them of the scheduled dates for the relative's monthly meetings, which will also allow them to advocate on behalf of the residents.

Proposed Timescale: 20/06/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no evidence that a forum was in place to ensure residents had the freedom to exercise choice, regarding how they live in the designated centre.

Action Required:
Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

Please state the actions you have taken or are planning to take:
1. The CNM is currently developing picture menus and snack menus for each resident within the designated centre. The pictures will demonstrate the resident's choice and preferred meals/snacks.
2. To ensure residents are provided with the opportunity to exercise their choice, house meetings for the residents have been scheduled, and will take place every two weeks.
3. Letters have been sent to the resident's families on the 13th May 2015, informing them of the scheduled dates for the relative's monthly meetings.

Proposed Timescale: 20/06/2015

Theme: Individualised Supports and Care

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

There was no evidence regarding a forum for residents to participate in decisions regarding their care.

Action Required:
Under Regulation 09 (2) (a) you are required to: Ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability, participates in and consents, with supports where necessary, to decisions about his or her care and support

Please state the actions you have taken or are planning to take:
1. To ensure each resident is consulted with and is able to participate in the decisions about his or her care, the CNM is currently exploring alternative communication methods for the residents. The CNM is awaiting a referral for LAMH through the appropriate channels e.g. SALT.
2. To ensure residents are provided with the opportunity to participate in, house meetings for the residents have been scheduled, and will take place every two weeks.
3. Letters have been sent to the resident's families on the 13th May 2015, informing them of the scheduled dates for the relative's monthly meetings, which will provide a platform for families to advocate as appropriate.

Proposed Timescale: 20/06/2015

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents did not have opportunities to participate in activities in accordance with their interests, capacities and developmental needs.

Action Required:
Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests, capacities and developmental needs.

Please state the actions you have taken or are planning to take:
1. The designated centre is currently trailing a variety of activities for the residents both on the campus and in the community, to determine what the resident's preferences and interests are. Once these have been identified individual activity plans, will be developed, implemented and communicated to all relevant staff.
2. The quality team are conducting regular practice development sessions with staff in relation to meaningful day

Proposed Timescale: 20/06/2015

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Arrangements were not in place to meet the needs/goals of each resident, as assessed.

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:
1. To ensure the designated centre meets the assessed needs of each resident, a review of the Individual Personal Plans for each resident will be undertaken to ensure the documentation is up to date and relevant.
2. A review will be undertaken of the staff roster in order to provide and aid the support required to review and update each residents Individual Personal Plans, to the standard and quality, which is required to meet the resident's needs.
3. The Quality Team are conducting regular practice development sessions with staff, in regards to the importance of completing documentation adequately and reviewing care plans to ensure they reflect the resident's needs, taking into account changes in circumstances and new developments.

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
It was unclear if personal plans were reviewed to assess the effectiveness of the plans and to take into account changes in circumstances and new developments.

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:
1. A review will be undertaken of the staff roster in order to provide and aid the support required to review and update each residents Individual Personal Plans, to the standard and quality, which is required to meet the resident's needs.
2. The Quality Team are conducting regular practice development sessions with staff, in regards to the importance of completing documentation adequately and reviewing care plans to ensure they reflect the resident's needs, taking into account changes in circumstances and new developments.
3. A comprehensive review of all personal plans will be commenced to establish overall effectiveness.
4. Development of a user friendly personal support plan file has commenced.

5. Development of Audit tool to establish compliance

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Due to an absence of dates it was unclear if personal plans were reviewed annually.

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:
1. The Person in Charge is currently undertaking a review of the Individual Personal Plans. As part of this review the Person in Charge will meet with the Clinical Nurse Manager to agree a flagging system for when the IPP is due for the annual multidisciplinary review.
2. The Quality Team are conducting regular practice development sessions with staff, in regards to the importance of completing documentation adequately and reviewing care plans to ensure they reflect the resident's needs, taking into account changes in circumstances and new developments.

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal care plans did not consistently support the social care needs of residents.

Action Required:
Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

Please state the actions you have taken or are planning to take:
1. Communication has taken place with the staff team within the Designated Centre to facilitate a holistic/social care approach when supporting residents and developing their care plans.
2. The Role of the keyworker is promoted at staff meetings and in all interactions with team members.
3. The Quality Team are conducting regular practice development sessions with staff on a 1-1 basis, in regards to the role and responsibilities of the keyworker. This will continue as part as an ongoing development programme.

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal care plans did not evidence consultation with the resident and/or their representatives.

Action Required:
Under Regulation 5 (4) (c) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which is developed through a person centred approach with the maximum participation of each resident, in accordance with the resident's wishes, age and the nature of his or her disability.

Please state the actions you have taken or are planning to take:
1. Staff shall document in the residents' Individual Personal Plans each of the consultations which takes place with the resident, in regards to the decisions made about their life.
2. Staff will use a number of mediums to convey information to residents including the utilisation of soft voice, pictures and communication styles suitable to residents understanding. Opportunities to increase use of sign language and object cues to be explored person by person, communication profiles to be developed accordingly.
3. To ensure each resident has been consulted with and is able to participate in the decisions about his or her care, the CNM is currently exploring alternative communication methods for the residents. The CNM is awaiting a referral for LAMH through the appropriate channels e.g. SALT.
4. Residents and where appropriate their families/representatives are invited to attend the annual multidisciplinary review of the resident Individual Programme Plan. This meeting provides the resident an opportunity to be involved in the decision making and consultation process in relation to their lives.

Proposed Timescale: 20/06/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Bedrooms were not of a suitable size and did not facilitate residents' privacy and dignity based on their size and the needs of residents. Whilea freestanding privacy screen is being used to enlarge the bedroom there was no evidence of alternative options.

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:
1. The Person in Charge and Clinical Nurse Manager, undertook a review of the resident's bedroom. This has resulted in one resident being relocated within the house to a larger room, which facilitates the resident's privacy and dignity and also meets his/her needs.
2. The Quality Team are conducting regular practice development sessions with staff, in regards to the importance of maintaining and protecting the resident's privacy and dignity.
3. The person in charge is continuing to explore opportunities or potential alternatives rooms for the residents, where the existing bedrooms are not facilitating the resident's privacy and dignity based on their size and the needs of residents. Where alternative options are not possible the Person in Charge will explore potential alternative care practices.

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Areas in the centre were not clean.

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:
1. Following the inspection, the areas which the inspectors identified as not being cleaned, were cleaned immediately.
2. To ensure the designated centre is cleaned on a daily basis the Person in Charge will review the current housekeeping staffing levels and ensure the current vacancy is filled.
3. All staff been communicated to in regards to the organisations Infection Control policies and procedures, and the importance of effective hand washing techniques to reduce the rates of healthcare associated infections and cross contamination. Staff will sign to state that they have received and understood the policy
4. An infection control audit will be carried out and the recommendations will be actioned and implemented

Proposed Timescale: 30/06/2015

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:
Risk management in the centre did not account for the actual risks hazards presented, particularly in relation to fire safety.

Action Required:
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:
1. The designated centre is currently working with the Risk Manager to ensure the Risk Management Policy is updated and reflects the actual risk hazards presented.
2. The updated revision on the Policy and Procedure will be communicated to all staff.

Proposed Timescale: 17/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Risk management policy did not include the effectiveness of control measures.

Action Required:
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

Please state the actions you have taken or are planning to take:
1. The designated centre is currently working with the Risk Manager to ensure the Risk Management Policy includes the effectiveness of the of the controls measures which have been implemented.
2. The updated revision on the Policy and Procedure will be communicated to all staff.

Proposed Timescale: 10/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were fire doors in which the self closers were absent or disabled.

Action Required:
Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building

services.

Please state the actions you have taken or are planning to take:
A review is being undertaken in regard to the fire doors which self closers were identified as being absent or disabled. Following the report our intention is to comply with the findings, which will include the provision of door self closers were deemed appropriate.
2. All staff have completed fire training and additional training which was site specific training has been undertaken which included safe evacuation procedures, completion of fire safety register and all local fire operational procedures and documentation.
3. The Emergency Evacuation Plan has been reviewed and updated for the designated centre and is contained within the fire safety register.

Proposed Timescale: 17/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire procedure specific to the centre was not clear for example
-Steps down from exits.
-Additional responsibility of staff with no contingency arrangements.

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

Please state the actions you have taken or are planning to take:
1. A fire safety meeting, took place on 14th May 2015, which provided staff with clear guidelines in relation to contingency arrangement in the event of an emergency.
2. The Emergency Evacuation Plan has been reviewed and updated for the designated centre to provide clarity including the steps down from the exits. The Emergency Evacuation Plan is contained within the fire safety register.

Proposed Timescale: 17/07/2015

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Fire drills did not evidence if evacuation was phased or total on the reduced staffing levels at night.

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:
1. The night time evacuation plan has been reviewed and updated for the designated centre.
2. The staffing levels have been reviewed for the designated centre and were increased for night duty.
3. Fire drills have been undertaken, and documentation in relation to these evidence whether the evacuation was phased or total.
4. An ongoing schedule of fire drills have been agreed which was overseen by a fire expert.

Proposed Timescale: 17/07/2015

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:
Staff were not consistently alleviating the cause of residents' challenging behaviour as there were no behavioural support plans in place for some of the residents who displayed behaviours that were challenging.

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

Please state the actions you have taken or are planning to take:
Behaviour Support Plans have been developed, reviewed and updated on the 13/05/2015 for residents within the designated centre. This has been communicated to staff, and have read and signed the plans.
2. The Clinical Nurse Manager has made referrals to the Positive Behaviour Support Committee for all residents that display behaviours that challenge
3. Where residents require further support the Clinical Nurse Manager has ensured staff are providing 1-1 care and support to the residents.
4. All staff to receive TMAV training to effectively support the needs of residents who present with behaviours that challenge.

Proposed Timescale: 10/07/2015

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A review of safeguarding (systems/processes) has been initiated as a result of the

numerous incidents of unexplained bruising which had not been investigated in line with the centre's policy. A copy of the review should be forwarded to the Authority on completion.

Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
1. Once the overall review of the safeguarding process has been completed , the report will be forwarded to the Authority.
2. A review of incident reporting and the notifiable event process has been undertaken and a standard operating procedure is in development. Once this has been implement, this will be communicated to staff, and staff shall be required to read the standard operating procedure.
3. The Quality Team are conducting regular practice development sessions with staff, in regards to the organisations safeguarding procedure, which includes the importance of making referrals to the designated liaison officer, and completion of documentation.

Proposed Timescale: 10/07/2015

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:
There were insufficient trained staff to assist residents with their meals. A resident refused to have a refreshment and snack which was being offered by an agency staff member who had not previously worked in the centre.

Action Required:
Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

Please state the actions you have taken or are planning to take:
1. All agency staff receive an induction from the Clinical Nurse Manager/Shift Leader before commencing duties within the designated centre using the induction template including agency staff reviewing the critical information sheet. As part of the Clinical Nurse Manager/Shift Leaders responsibilities staff are supervised appropriately throughout the day
2. The Person in Charge is working with the allocation department to ensure familiar staff are rostered within the designated centre to ensure continuity of care and support is provided to the residents.
3. The Quality Team are conducting regular practice development sessions with staff in the designated centre on an ongoing basis in regards to the important of the residents

experience at mealtimes.

Proposed Timescale: 19/06/2015

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 centre is not resourced and the management systems do not ensure that the service provided is safe, appropriate to meet needs, consistent and effectively monitored.

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:
1. On the 21/04/2015, a Clinical Nurse Manager was appointed for the designated centre. The Clinical Nurse Manager has protected time to mentor individual staff members on a systematic approach to ensure best practices within the designated centre.
2. The Director of Care and Support meets with the Clinical Nurse Manager and staff members every Friday to conduct a Designated Centre Meeting, to ensure that the services provided is safe, appropriate to meet needs, consistent and effectively monitored
3. A supervision standard operating procedure has been developed and implemented by the Person in Charge for the supervision on staff within the designated centre to ensure consistency and adherence to care practices and processes.
4. The Quality Team are conducting regular practice development sessions with staff in the designated centre on an ongoing basis, which supports staff to gain a greater understanding of key themes e.g. meaningful day, mealtimes experience, privacy and dignity.
5. In the absence of the person in charge the manager/shift leader will provide supervision and leadership with the Designated Centre. A template is in place to support this role

Proposed Timescale: 19/06/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Residents did not receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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:
1. The Person in Charge is working with the allocation department to ensure familiar staff are rostered within the designated centre to ensure continuity of care and support is provided to the residents.
2. A recruitment campaign is underway to introduce regular skilled staff who will be fully inducted to this Designated Centre.
3. The Person in Charge/Clinical Nurse Manager will review the Roster each week to ensure needs and appropriate skill mix and continuity of staff allocation for each house.
4. All new staff or staff who are employed on a less than full time basis are fully inducted into each resident's overall needs and a reviewed Induction template has been introduced.

Proposed Timescale: 19/06/2015

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The number of staff was insufficient to meet the assessed needs of the residents.

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:
A review of the staffing compliment within the designated centre is being undertaken, to ensure there is appropriate staffing numbers to meet the needs of the residents.
2. The Person in Charge is working with the allocation department to ensure familiar staff are rostered within the designated centre to ensure there is continuity of staff to meet the needs of the residents.

Proposed Timescale: 19/06/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
An agency staff member was not knowledgeable with regard to residents' diagnosis of

epilepsy, and what action to take in the event of a seizure.

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. All agency staff receive an induction from the Clinical Nurse Manager/Shift Leader before commencing duties within the designated centre using the induction template including agency staff reviewing the critical information sheet. As part of the Clinical Nurse Manager/Shift Leaders responsibilities staff are supervised appropriately throughout the day
2. The Person in Charge is working with the allocation department to ensure familiar staff are rostered within the designated centre to ensure there is continuity of staff to meet the needs of the residents.
3. The Director of Care and Support meets with the Clinical Nurse Manager and staff members every Friday to conduct a Designated Centre Meeting, to ensure that the assessed needs of the resident are being met.

Proposed Timescale: 19/06/2015

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff were not appropriately supervised.

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. A Clinical Nurse Manger has been appointed to the Designated Centre to provide leadership and governance to staff.
2. The Designated centre has a Shift Leader in place. A template has been introduced to support the role of Manger/ Shift Leader on a daily basis. This encompasses a wide set of requirements including ensuring all new staff to the home are inducted using the induction template and staff are supervised appropriately throughout the day
3. A Supervision Standard Operating Procedure has been developed and implemented by the Person in Charge for the supervision on staff within the designated centre to ensure consistency and adherence to care practices and processes.
4. The Person in Charge will continue to provide individual feedback to staff every Friday as part of the Designated Centre Meeting.

Proposed Timescale: 19/06/2015