

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Stewarts Care Limited
Centre ID:	OSV-0003903
Centre county:	Dublin 20
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Stewarts Care Limited
Provider Nominee:	Gerry Mulholland
Lead inspector:	Noelene Dowling
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	32
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 inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
16 October 2014 09:30	16 October 2014 20:00
17 October 2014 08:30	17 October 2014 15:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was the second inspection and first registration inspection of this centre which forms part of Stewarts Care Ltd. The entire campus service was the subject of an inspection in February 2014. Since that inspection the campus, referred to as the "residential service" had been reconfigured into eight separate centres for the purpose of registration. Six of these are campus based and two are community based.

This centre is designed to provide care for residents with moderate to severe intellectual disability, challenging behaviours and age related healthcare needs. The

residents living in the centre were all female but the provider can accommodate both male and female residents. The premises which was comprised of four separate units were suitable for purpose.

All 18 of the outcomes required to demonstrate compliance with the legislation and regulations were inspected against. As part of the monitoring inspection the inspector met with residents relatives and staff members. The inspector received six completed questionnaires in respect of the service from relatives and met with a number of them. The inspector observed practices and reviewed the documentation including personal plans, medical records, accident and incident reports, policies procedures and staff files.

The inspection also reviewed the progress taken by the provider to address the actions required prior to the reorganisation of the service. As the previous report was a compilation of the findings of all of the residential houses, a number of actions did not specifically relate to the units now configured as this centre. However, the findings indicate that the provider had made considerable progress in addressing all actions and to achieve compliance with the regulations. Actions satisfactorily resolved were: governance structures, the appointment of an interim and full-time person in charge, complaint procedures, risk management policy and emergency procedures.

Good practice was found in the management of resident's healthcare and staff were found to be knowledgeable on the residents needs and responsive to them. There was evidence of consultation with residents and with their relatives and this process was being further developed. Advocacy services had been sourced as an additional protective mechanism. Significant progress had been made in mandatory training in fire safety for staff and in safe recruitment practices.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) With Disabilities.

Areas for improvement where actions were identified included:

- the numbers and skill mix of staff available which impacted on safety and on residents ability to enjoy meaningful and regular activities
- inadequate supervision of staff to ensure all residents' care needs were met in an appropriate and timely manner
- development and implementation of personal plans for residents
- mandatory training for staff in manual handling and fire safety
- safeguarding of residents' finances
- risk management procedures including the appropriate use of fire doors and systems to manage challenging behaviours where this impacted on other residents
- mandatory training in manual handling and in the use of evidenced based and pertinent assessment tools for residents.

The application for the registration of this centre is for 32 beds. Further admissions to the centre will take place only where the needs of residents currently in community services change to the degree that they require additional nursing care

which is available on the campus.

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 provider had implemented systems to protect the rights of residents given the complexity of the residents needs. Staff were able to articulate their knowledge of the residents' personal preferences for meals, preferred activities and clothing. Residents who could communicate were asked and consulted with in regard to their daily routines and preferences. The provider had finalised the arrangements for an external advocacy service to be made available. The service is accessed via representation by individual residents, families or staff on resident's behalf. The inspector saw evidence that staff advocated on residents' behalf for access to activities, equipment or resources. Bathrooms were suitable and had appropriate locking devices to protect resident's privacy. All of the bedrooms in this centre are single which afforded privacy.

A resident from this centre participated in the resident's forum. The records of the forum meetings seen by the inspector were presented in pictorial and written format. Discussions had taken place in regard to staffing levels, changes and activities available. A more formal process of consultation with families in relation to the resident's personal plans had commenced. As the majority of the residents cannot articulate their own wishes or participate in the forum this process of consultation with their representatives is vital. This process was at a very early stage and families spoken with confirmed this.

The manner in which residents were addressed by staff and in which their needs were discussed was seen by the inspector to be respectful. The policy on intimate care had been revised following the previous inspection and directions in relation to this were evident in personal plans. The day to day arrangements for the delivery of this care in

accordance with the policy were not consistent however. The policy states that resident's wishes should be ascertained in relation to the gender of staff who attend to their personal care. One staff informed the inspector that a female staff was always present with the residents, other staff did not confirm this. One unit is staffed by male staff at night. The resident's preferences or that of their relative where they themselves cannot give consent had not been ascertained in relation to this.

The inspector found that the dignity afforded at the mealtime experience differed in the units. In most units the experience was observed to be dignified. Suitable assistive crockery was used and staff were attentive and available to support residents. However, this was not a consistent finding.

In one unit, two of the four staff on duty were not available at the resident's meal time. This resulted in residents being placed at tables of various descriptions including bed tables and waiting long periods for their meal. Three residents had no staff supervision, support or interaction and sat in a separate room at a table. The inspector observed that food was being passed to each other and food was also falling on the residents and on the floor. Three of the residents were seated alone and one was seated in an armchair with a bed table used. The large napkin was placed on the resident and then draped over the bed table in a very undignified manner while the resident was being assisted to eat. There was a considerable delay in residents being assisted to eat and served their food despite all residents being seated. These issues were due to a lack of staff being available at mealtimes.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The communication needs of the residents were complex given their dependency levels and in some instances compounded by additional disabilities. However some improvements were required to ensure that residents communication patterns were understood and that all efforts were made to support this. The inspector observed that staff were aware of the resident's communication methods and how they expressed themselves. By virtue of long standing relationships the staff understood the resident's preferences and the meaning behind their non verbal communication.

Records of multidisciplinary reviews indicated that staff were alerted to be watchful for the non verbal signals in relation to pain or distress. Scrapbooks of outings or celebratory events and photos of families and significant people were compiled with and for the residents. The individual communication requirements including non verbal signals indicating anxiety or contentment were detailed in a number of the personal plans reviewed. This was not consistently done however especially for those residents with the most severe communication problems. There was no evidence of referral to speech and language therapy in relation to identifying communication tools for residents.

Residents had access to televisions and staff were aware of their favourite television programmes, music, activity or preferred clothing. Community links were maintained with access to outside activities, music or concerts and shopping centres.

Judgment:

Non Compliant - Minor

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

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector found from a review of records, questionnaires forwarded to the Authority and relatives spoken with that family relationships were supported and encouraged. Families were encouraged to visit the centre and visits home were also supported by staff. Records indicated that families were informed of accidents or illness and medical appointments. Records of visits and other communications with relatives were maintained. Only a small number of residents from this centre attended day services outside of the campus. The remaining residents were supported to community involvement on campus and a number of activities organised outside. Religious affiliations were supported with access to services in the on-site chapel or to ministers who administered to the residents in the units.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed

written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

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

Findings:

There was a detailed policy on admission to the centre. External referrals are routed via the Health Service Executive (HSE) services and social work services. These were reviewed by the head of adult services and agreed by the admissions committee. While no external admissions had taken place a resident had been admitted to one of the units for rehabilitation purposes. By virtue of their care needs and assessment, admissions and the care practices as observed were congruent with the statement of purpose for the centre.

The previous inspection had demonstrated that there was no satisfactory or transparent agreement available which detailed the core and additional care arrangements and the fees to be charged for this. The provider had on this inspection developed a suitable contract in draft format for relatives to sign on resident's behalf. However this had not as yet been distributed to the residents families for signing. This was available in pictorial format for residents. The provider informed the inspector that additional costs were only levied if items over and above basic quality furnishings are requested. The process for decision making in this instance included an assessment of the capacity to consent for the release of such funds from personal funding accounts. In the absence of consent a welfare meeting took place which according to the policy should include a representative of the resident.

Judgment:

Non Compliant - Minor

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:

By virtue of their health care needs a significant amount of multidisciplinary involvement was required for the residents. The inspector found that this was accessed and available to them in a timely manner. There were assessments evident on health care needs pertinent to the resident's including skin care, dietary requirements, supervision, safety and manual handling. The assessments were reviewed annually or as required. The assessments were supported by relevant plans which were found to be detailed and also reviewed annually. The plans contained individual information and planning on a range of needs including health care, family contacts, dietary requirements, safety and supervision needs and personal and social goals. Detailed daily care routines were compiled for each resident which indicated that primary care needs were very well facilitated. Staff could articulate the individual care needs very well to the inspector. However, some of the assessments required for residents such as falls had not been undertaken.

While health care needs were met there was inconsistent development and implementation of plans for social and recreational care of residents. Two of the residents attended day services and there were day activation staff assigned to the three remaining units. This ensured that residents had individual outings to various places including bowling, swimming, cinema, for walks or to the local coffee shop. The personal plans themselves did not include either long or short term goals in relation to the residents social care needs and there was no review or monitoring of this. By virtue of their care needs and dependencies the residents are entirely dependent on the staff to provide stimulation and recreation during the day. In some but not all units staff undertook individual activities with the remaining residents such as foot massage, making jigsaws and nail painting. Some staff were seen to be using sensory materials and appropriate DVDs to provide stimulation and recreation for the residents. Dog therapy was used.

This was not a consistent finding however. In one unit a resident who was blind was scheduled to attend a sensory clinic on the campus twice weekly. This was a vital part of therapy and support for this resident. A review of the records demonstrated that on seven days between September and early October this was cancelled due to lack of available transport at the time. The inspector was of the view that the resident, who uses a wheelchair, could have been taken to the sensory unit without the transport as there was no safety issue in relation to this. Another resident was scheduled to go swimming but had only gone on one occasion over the previous months.

There was a generic schedule of activities in one unit for all residents but staff explained that events which did take place were at the discretion of the activities person.

This finding was compounded by the consistent staff shortages identified. It was seen to impact most severely on the residents with the highest dependency levels and most complex needs. This is also actioned under Outcome17 Workforce.

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):

No actions were required from the previous inspection.

Findings:

The centre is comprised of four separate single story units. They accommodate between four and ten residents. All bedrooms are single. All units contained suitable and spacious living and dining areas with extensions in the three larger units for dining and free space. There were a sufficient number of suitably adapted bathrooms, showers and toilets for residents use. Suitable furnishings were provided which were homely yet met the needs of the residents including adjustable beds and all areas of the units including the bedrooms were nicely decorated, homely and with a significant number of personal possessions evident. Overall the inspector observed that the premises were clean with lighting and heating systems satisfactory and with suitable access and egress systems. Kitchens were provided with suitable equipment for heating, cooking and storing of food and crockery. Apart from light meals, snacks and breakfast, all catering is done in a central and suitably equipped location for all units with the exception of the smaller unit where staff and residents do the cooking. Laundry was undertaken in a central location. The centralised laundry and catering facilities were reviewed in February 2014 and found to be satisfactory. Food safety procedures were implemented in the individual units where food was stored, heated and served. The inspector observed these procedures being undertaken.

The units had a small level access garden area outside with flowers, shrubs and suitable seating. Some assistive equipment was required for residents use and mobility which included specialised chairs, beds and hoists. The records reviewed by the inspector demonstrated that this equipment was available to the residents and serviced regularly. A maintenance log was available and a review of this indicated that issues were identified and appeared to be managed promptly. Vehicles used to transport residents had evidence of road worthiness.

Judgment:

Compliant

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:

Significant progress had been made to address the actions required for this outcome. There was a current and signed health and safety statement available. The risk management policy had been amended to comply with the regulations and included the process for learning from and reviews of untoward events. The risk manager and behaviour support nurse collated data on accident and incidents. The systems for analysis of the data to identify contributing factors were in process but not yet completed. A review of a sample of incident records indicated that appropriate actions were taken to prevent re-occurrences and identify possible causes in individual cases.

The risk management policy was supported by relevant policies including an emergency plan and a missing person policy. The safety procedures used in the centre were pertinent to the resident's vulnerabilities. These included the locking of the external doors to prevent unauthorised persons entering the units or to prevent a resident from wandering out of the unit unsupervised.

The policy on infection control was satisfactory. Staff articulated good practice in relation to this and were aware of specific infection control measures pertinent to the individual units. Specific details and precautionary measures were also available on resident's records. Staff were observed taking appropriate precautions and protective equipment including gloves, aprons and sanitizers were available. Each resident had individual hoist slings to promote their safety and prevent infection.

The emergency plan contained all of the required information including arrangements for the interim accommodation of residents. An integrated generator was available for use and emergency service phone numbers were readily available to staff. A system of internal emergency response to untoward events had been devised. Specific staff in nominated units were identified to respond immediately to any alarms raised from this centre. Staff had been issued with emergency alarms for use at night time.

The inspector was satisfied that systems for the management of fire had been implemented although some improvements were still required. Fire safety management equipment including emergency lighting and extinguishers and fire alarms had been serviced annually and quarterly as required. A review of the fire safety register indicated that fire drills had been carried out in each of the individual units annually and residents were included in order to identify possible areas of difficulty. These drills included

evacuation procedures and any specific problems which might impede this procedure. Some of the residents would require significant support for evacuation. Evacuation plans had been compiled for each resident detailing the staff support required. However, these plans were stored in a folder in the offices and therefore not accessible if needed by the emergency services. The provider was informed of this and agreed to address the matter.

Staff were able to articulate the procedures to undertake in the event of fire and how the various compartments would work. There had been a significant improvement in the provision of fire safety training for staff with all except 11 of the staff now requiring this training. A reasonable date was set for completion of this.

However, some improvements in risk management strategies were still required. The fire doors in all units were wedged open which negated their value to contain a fire. Manual handling training was also out of date for 20 staff. Considering that a number of residents required physical assistance for mobility and the use of hoists this was not satisfactory. This is actioned under Outcome 17 Workforce.

A number of risk factors were also noted in residents having inadvertent access to boiler rooms which contained electrical wiring systems and gas boilers.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

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

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

Findings:

The inspector reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and included designated people to oversee any allegations of this nature. Records demonstrated that all current staff in the centre had received training in the prevention of and response to abuse between 2012 and 2013. Contact details and photographs of the designated people responsible for managing such allegations were posted in a prominent position in each unit. Staff were able to articulate their understanding and

responsibilities in relation to the protection of vulnerable adults. Residents who were able to communicate with the inspector confirmed that they felt safe in the centre although some issues had been raised with the provider in to the impact of the behaviours of other residents on them. They knew the interim person in charge by name and were familiar with her.

Since the inspections of December 2013 and February 2014 the provider had received the final report of the independent investigation into allegations made concerning the service provision in the overall organisation. In response to that report the provider initiated a detailed action plan which took account of the issues raised regardless of whether the concern was founded or not. This was forwarded to the Authority. The procedures introduced included increased monitoring systems, supervision arrangements, audits of systems and care practices. The inspector was informed that no allegations of this nature had been made in the interim.

There were number of historical practices which required review to ensure resident's finances were protected. Money paid in on behalf of residents in fee payments were recorded via a unique individual identifier and the records, including savings and any interest accrued on behalf of residents were transparent. However, the arrangements for the management of monies for those residents for whom the provider acts as agent were not compliant as the required documentation and procedures had not been implemented in relation to this. The provider informed the inspector that the process of rectifying this had commenced in conjunction with the Department of Social Protection.

A review of a sample of the records pertaining to resident's monies being withdrawn from the personal property accounts for weekly pocket money indicated that the systems for recording this money and its usage had improved. All monies given for residents use were dated, the expenditure was recorded, itemised and receipted for the finance office. However, despite the documentation of the expenditure there was no evidence that the arrangements for the spending of monies on a day to day basis on resident's behalf was based on agreed guidelines and monitored. The records demonstrated that resident's pocket monies were used to purchase items for residents which were the responsibility of the provider such as folders for personal plans and records. In this instance a significant number of the residents would not be deemed to have the capacity to make such decisions.

There was also an irregularity noted in the arrangements for residents for whom staff in the centre took informal guardianship responsibility which governed care consent, treatment and the management of a residents finances. There was no documentation or procedural system in place for this and the social work service had not been involved in this arrangement. The inspector fully acknowledges that these historical decisions were taken to protect residents. There was no evidence that there was anything untoward or intentionally harmful in them. However, they were not implemented with due regard to the safeguarding of the residents. The provider agreed to have a full review of these arrangements with the social work service.

There was an up-to-date policy on the management of behaviour that is challenging and on the use of restrictive procedures which is in line with national policy. A number of systems are in place to manage and support behaviours. There are psychiatrists and psychological services assigned to the centre and a behavioural support specialist nurse

is also available. Records, observation and interviews indicated that challenging behaviours and self-harming behaviours were a significant feature of this service. Where residents presented with such behaviours there were guidelines in place to support them in most instances. The residents were also reviewed by the general practitioner (GP) or the psychiatric consultant and psychology department to ascertain potential causes such as adverse reaction to medication, anxiety or environmentally induced stress.

There were comprehensive positive behaviour support plans developed which demonstrated an understanding of the reasons for and the meaning of the behaviours. The inspector found that the staff were cognisant of the individual resident's triggers and in most instances appropriate responses to alter patterns and avoid incidents were evident. Training was ongoing in systems for managing behaviours and interventions including minimal physical intervention if absolutely necessary. A sample review of medication including as required (PRN) medication indicated that this was not used excessively or frequently as a control measure. Records of the frequency of behaviours were maintained. However, the inspector also found that the behaviour of residents impacted on other residents. There was evidence that this unit was at times understaffed for days and that staff were rostered to finish work early on occasions. This arrangement did not offer sufficient support or protection to the remaining residents. There was no safety or protection plan in place for the remaining residents.

A number of restrictive procedures were used in the centre in most instances to protect resident from self harm. The inspector found that the use of restrictive procedures and the restrictions were reviewed and removed when the behaviours were no longer occurring. The procedures used primarily consisted of the discreet use of all-in-one suits for infection control, gloves or helmets to prevent self harm, very limited use of medication, locked external doors and bed rails. The latter had been risk assessed and where they were deemed to be unsafe alternatives such as low beds were used. Some of the procedures were directed and sanctioned by the person in charge or in the case of more serious restrictions by the multidisciplinary restrictive practices committee. A log of the procedures used for individual residents was maintained and details of release and timeout of the procedure were recorded. However there was not consistent evidence that families had been consulted.

Judgment:

Non Compliant - Moderate

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

From a review of the accident and incident logs, resident's records and notifications forwarded to the Authority, the inspector found that the provider was compliant with his obligation to forward the required notifications to the Authority. There was also evidence that any incidents or accidents were reviewed for development and learning.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Where appropriate to the residents' capacity and needs there was evidence of life skill development and attendance at day care or workshops. A small number of residents were involved in shopping for food, clothes and learning basic life skills such as cooking. Only two residents attended day care services and those who could communicate with the inspector stated that they enjoyed their time there and looked forward to attending them. Decisions in regard to this were made following assessment and took account of resident's dependency level, age range and life stage. The day activity staff allocated undertook outings on an individual basis with residents.

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):

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

Findings:

From a review of seven medical records and personal plans the inspector was satisfied that the health care needs of the residents were being appropriately assessed and attended to in a timely manner. A local general practitioner (GP) service was responsible for the health care of residents and was available on the campus five mornings per week. Overall the records reviewed demonstrated that there was regular access to this service and out-of-hours service as required. There was evidence from documents, interviews and observation that a range of allied health services were available internally to the residents. These included occupational therapy, dietician services, physiotherapy, psychiatric and psychological services. Records demonstrated that routine monitoring of bloods, weights and vital signs were undertaken. Where additional screening of bloods or weights was required by virtue of the resident's condition or medication this was carried out and recorded.

There was evidence that an annual health check was carried out for the residents and this included age related health checks. The inspector found that the daily nursing records demonstrated a prompt response to residents changing health status. Assessment tools for skin integrity and nutrition were utilised in most instances and the appropriate interventions and specialist guidance was sought from dieticians or from tissue viability specialists when this was necessary. Strategies for the prevention of pressure areas were included in the residents personal plans and staff were able to outline these to the inspector.

There were protocols in place for specific procedures such as the use of oxygen and the management of epilepsy. Records seen and questionnaires received from relatives indicated that families were kept informed of any external medical appointments and changes in the health of the residents. A health passport detailing the resident's medical condition and specific support requirements was also available in the event of admission to other services. Overall, staff demonstrated a good knowledge and understanding of the individual resident's health status and the management of this. However, in some instances there was insufficient knowledge of basic requirements such as the use of assessment tools for malnutrition or the underlying healthcare conditions of the residents. This is actioned under Outcome 17 Workforce.

A policy on end of life care had been developed. There were currently no advanced care decisions made for the residents in this centre. A number of staff in the organisation had specific training pertinent to the needs of the residents including palliative care and geriatric nursing. There was access to external palliative care specialists available for residents. In the event of death the family could avail of the chapel on the campus for the funeral mass if this was required.

With the exception of one unit all residents meals were prepared in the catering department and delivered chilled to the units each day to be heated prior to serving. The diverse needs of the residents were addressed in the dietary supports available. All units had kitchenettes which were equipped with food storage equipment, heaters, kettles and fridges. Most of the residents did not participate in the preparation of food and this was appropriate in this instance. Those who could did so supervised by staff. There was documentary evidence of advice from dieticians and speech and language

therapists available.

Supplements were used when prescribed by the GP. Choices were made available to the residents. The inspector saw that additional foods including cheese, salad, eggs and other suitable options for those residents who required pureed diets were available at other times of the day and evening. Various fruit juices and drinks were also available and as observed these were offered regularly. The residents also went out for meals or had take-aways of their choice. The experience was however significantly impacted upon by lack of adequate staff to support residents at meal times in one unit. This resulted in significant delays and lack of appropriate assistance to residents.

Judgment:

Non Compliant - Moderate

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The provider had made suitable changes to the medication dispensing arrangements to ensure that the medication was identified for the resident for whom it was intended. Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Medication was reviewed regularly by both the residents GP and the prescribing psychiatric service. No residents were assessed as being suitable for self administration of medication at the time of this inspection. There were documented systems for the return of medication and for the administration of emergency medication for the management of seizures.

The inspector found that systems for the receipt of, management, storage and accounting for controlled drugs was satisfactory. No controlled medication was being used at the time of this inspection. Medication management training had taken place for staff. A medication audit had been undertaken by the dispensing pharmacist and the person in charge informed the inspector that she had undertaken a review of storage and recording practices in the units. Any contraventions found had been addressed. No medication errors were reported.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been forwarded to the Authority as part of the application for registration. This was revised by the person in charge at the request of the inspector to ensure it included all the matters prescribed by the regulations. Admissions to the centre and care practices implemented were congruent with the statement as a service for residents with severe and profound intellectual disabilities, behavioural difficulties and age related care needs.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The inspector acknowledges the significant changes made in the governance structure and procedures in order to create a more cohesive and effective governance system in a complex and diverse service within a short time period.

There was evidence of overview of practices with reporting and management systems in place. The nominee of the provider had established formal reporting structures from all departments which included directors of clinical care programmes, care services and

facilities. The provider had undertaken unannounced visits to the centre to review specific issues. These included staff knowledge of the complaint procedures and fire safety systems and to meet with the residents and staff. The inspector was provided with dates for the continuation of these unannounced visits.

The provider met fortnightly on a formal basis with each of the programme managers for the various services. Weekly meetings of all the persons in charge were held. These were primarily used to support implementation plans for achieving compliance with the standards and regulations across the campus. An action plan for achieving compliance with the regulations for the centre had been developed.

The quality and safety steering group was in the process of setting up systems for assessing the data collated in terms of accidents and incidents and were seeking to involve residents and relatives in the process of review. This process will provide the data and action plan for the annual reports as required by the regulations. A quarterly report was prepared for the chief executive officer (CEO) in relation to all accidents and incidents in the centre.

In order to progress the registration of the centre and implementation of the changes required by the inspection of February 2014 the provider had appointed a suitably qualified and experienced nurse to act as person in charge on an interim basis pending the full time appointment. A permanent person in charge had been appointed and taken up post at the time of this inspection and was also found to be suitably qualified and experienced.

The person in charge was also responsible for another similar service in the organisation. There was an appropriate day and night time on-call system in place.

The changes to the governance structure and the creation of the post of person in charge was part of a process which included increased supervision and lines of accountability. Audits and spot checks had taken place on issues such as meals, restrictive practices and personal planning and medication. However, the findings in Outcome 1 Resident Rights Dignity and Consultation concerning the impact on the residents of the timing of staff breaks indicates that improvements are necessary to ensure staff take responsibility for the delivery of care.

Judgment:

Non Compliant - Moderate

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The interim person in charge was newly appointed to the post. The inspector was informed that there had been no periods of leave which required notification to the Authority over and above normal annual leave periods. A fulltime appropriately qualified person had been appointed to support the person in charge following an internal competition. It is envisaged that the person appointed will undertake the duties and roster of the person in charge on periods of normal annual leave and support the person in charge in the day-to-day management of the centre. The arrangement was satisfactory.

Judgment:

Compliant

Outcome 16: Use of Resources

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

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

There were sufficient resources to provide fundamental care such as health, to maintain the premises and vehicles used. On the days of the inspection the staffing levels and skill mix were satisfactory. However, from examination of rosters, discussion with staff and from resident's records, the inspector was not satisfied that the centre was adequately resourced in terms of staff. This impacted on the ability of staff to carry out certain duties including fully implementing activities and day programmes for residents. A full review of staffing numbers and arrangements based on residents' dependency levels had taken place and a process of recruitment had commenced at the time of this inspection but the shortages remained. This issue requires resolution and is actioned under outcome 17 Workforce.

Judgment:

Compliant

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:

From examination of rosters, a review of resident's records and interviews with staff the inspector formed the view that the skill mix and numbers of staff was not satisfactory to provide appropriate care for the residents. The rosters showed that there were three as opposed to the required four staff on duty for significant periods of time in July, August and September. This had impacted on the residents care and on occasion the safety of residents. This was compounded by the fact that the single nurse on duty in any of the units could be required to cover medication or other health related issues in another unit where the nurse was absent. The providers own review of the dependency levels and staffing indicated that in one unit the complexity of care needs required a nurse on duty overnight. The care needs identified included significant self-harm, sight problems, respiratory illness and wounds.

There was one care staff assigned to each unit at night with one nurse who also had responsibility for a significant number of other units on the campus. This included giving out medication or emergency medication and care. From a breakdown of the total units on the campus overall the inspector noted that there was one nurse for 44 residents at night which included the night nurse manager. Considering the complexity and dependency levels of the residents the inspector was not satisfied that the provider had adequately assessed the staffing levels both for care and safeguarding purposes on a day and night time basis. Families who completed questionnaires also referenced staff being very busy although also very supportive of their relatives.

There was a centre-specific policy on recruitment and selection of staff. The person in charge confirmed that the relevant documentation for agency staff assigned to the centre was available to them. No volunteers were being utilised at the time of the inspection. Examination of a sample of three personnel files showed that progress was being made as agreed by the provider in sourcing missing documentation previously noted. All files had been reviewed by the human resources department to progress this issue. The files examined by the inspector contained all of the required documentation. Evidence of registration with relevant bodies was available for all staff that required this.

There were 40 staff assigned to this centre. Examination of the training matrix demonstrated that updated training in non violent therapeutic crisis intervention was underway with some refreshers planned for the remaining staff. Other training which had been completed and was ongoing included hand hygiene and clinical waste

management. A number of the care assistant staff also had Further Education and Training Council (FETAC) level five with a specific module on caring for people with intellectual disabilities. There was evidence from records that the person in charge had commenced regular unit meetings in order to ensure staff were familiar with the changes being made to work practices and compliance with the regulations.

Monitoring and supervision systems had commenced with the person in charge including training in performance management, supervision and support. Staff supervision and appraisal procedures had not yet commenced in the units however. There were deficits identified in staff knowledge and implementation of assessment tools and in the supervision of staff as outlined in Outcome 11 Health Care and Outcome 1 Residents Rights Dignity and Consultation which indicated a more robust system needs to be implemented.

Judgment:

Non Compliant - Moderate

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector found that the required policies were in place and had been revised. Documents such as the residents guide and directory of residents were also available. Insurance was current and in line with the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief inspector as part of the application for registration.

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:

Noelene Dowling
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 Stewarts Care Limited
Centre ID:	OSV-0003903
Date of Inspection:	16 October 2014
Date of response:	18 November 2014

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:

Some practices did not take sufficient account of the gender and level of disability of the residents with specific reference to the provision of personal care and dignified support for residents at mealtimes.

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 (1) you are required to: Ensure that the designated centre is operated in a manner that respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.

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

The night time practice around intimate care is been reviewed in consultation with residents, staff and family. Where the choice of an individual service user has been ascertained, support will be provided by staff from accompanying unit. The intimate care policy will be reviewed following the choice identified by the service user. This will be completed by 31/1/2015.

An audit of mealtimes in the area identified in the report has taken place and protected time is now in place to ensure service users receive and enjoy their meals in a dignified manner. Completed by 6/11/2014.

Proposed Timescale: 31/01/2015

Outcome 02: Communication

Theme: Individualised Supports and Care

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

Residents communication needs and supports were not defined and outlined in personal plans.

Action Required:

Under Regulation 10 (2) you are required to: Make staff aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.

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

The personal support plans are being reviewed and updated. This will include a defined individual communication strategy for each service user, building upon staff's existing knowledge, picture communication methods and LAMH. The review will be in consultation with the Speech and Language therapist. This will be completed by 28/2/2015.

Proposed Timescale: 28/02/2015

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The draft contract for care and services to be provided had not been agreed with residents or their representatives.

Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

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

The contract of care has been revised to outline for the service users, their families and representatives, the services provided and the fee's charged. This contract has been sent to all families for agreement and signature. To be completed by 12/1/2015.

Proposed Timescale: 12/01/2015

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 necessary assessments were not consistently carried out for all residents and personal plans did not reflect their assessed needs in relation to social care.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

A comprehensive assessment of each individual's social needs will be undertaken and goals will be identified and reflected in their personal support plan. This to be completed by 31/3/2015

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

Personal plans did not reflect the needs of the residents in relation to their social care.

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:

A comprehensive assessment of each individual's social needs will be undertaken, identifying both short term and long term goals which reflects service users social care needs. This to be completed by 31/3/2015

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The existence of and implementation of personal plans for residents social care needs were not monitored.

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:

Each service user will have their social care needs reviewed in their personal support plan by the nurse in charge of the living area, and monitored by the Person In Charge. This will be completed by 30/4/2015.

Proposed Timescale: 30/04/2015

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:

Systems for on-going identification of and actions to manage risk were not robust with specific reference to :

residents inadvertently accessing dangerous areas of the units.
reassessing residents who are at risk of falling.

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:

Immediate action has been taken to address access to dangerous areas within units ie: doors locked as of 7/11/2014. Completed.

Trips and falls assessment to be undertaken by nurse in charge of the living area, and service users identified as being at risk of trips or falls. To be completed by 31/1/2015.

Proposed Timescale: 31/01/2015

Theme: Effective Services

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

The fire doors were not closed making them ineffective as fire containment measures.

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:

Staff advised to remove any objects restricting the closure of Fire doors with immediate effect. Completed on 7/11/2014.

Provision for Magnetic self-closing devices on Fire doors to commence as soon as resources are sanctioned by the HSE.

Proposed Timescale: 07/11/2014

Theme: Effective Services

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

Fire training for a small number of staff was outstanding.

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:

Staff who have not received Fire Training have been identified and will complete Fire Training on 31/01/15.

Proposed Timescale: 31/01/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Next of kin were not consistently consulted or informed of the use of restrictive practices.

Action Required:

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

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

Following service users reviews with the multi-disciplinary team, where a restrictive practice has been prescribed for the service user, the family / next of kin will be informed within ten days. For existing service users who require restrictive practices, families / next of kin will be informed by 31/1/2015.

Proposed Timescale: 31/01/2015

Theme: Safe Services

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

Systems to protect residents for whom the provider acted as informal guardian and agent were not robust and in accordance with legislation.

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:

Formal guidelines have been implemented from 11/11/2014 for service user protection, for whom the provided acted as guardian in the past. Completed.

Proposed Timescale: 11/11/2014

Theme: Safe Services

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

Systems to protect residents from the behaviour of other residents were not consistently implemented.

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:

Following a review of individual persons Personal Support Plans, a number of

supporting measures have been put in place for service users who require protection from the behaviour of other service users. However, the organisation is continually working to progress peoples compatible issues and a specific plan has been put in place to resolve outstanding issues. To be completed by 31/12/2014.

Proposed Timescale: 31/12/2014

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 was insufficient staff in one unit at mealtime to provide adequate assistance and support to residents.

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:

Review of dependency levels has been undertaken and has identified staffing deficits. The action is being addressed via a recruitment process in consultation with the HSE. To be completed by 31/1/2015

An audit of mealtimes in the areas has taken place, and protected time is now in place to ensure that service users receive and enjoy their meals in a dignified manner. A comprehensive assessment of each individual's social needs will be undertaken and goals will be identified and reflected in their personal support plan. This to be completed by 6/11/2014

Proposed Timescale: 31/01/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staff numbers skill mix and allocation were not at all times sufficient to deliver the care required to 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:

Review of dependency levels has been undertaken and has identified staffing deficits. The action is being addressed via a recruitment process in consultation with the HSE. To be completed by 31/1/2015

An audit of mealtimes in the areas has taken place, and protected time is now in place to ensure that service users receive and enjoy their meals in a dignified manner. A comprehensive assessment of each individual's social needs will be undertaken and goals will be identified and reflected in their personal support plan. This to be completed by 6/11/2014

Proposed Timescale: 31/01/2015

Theme: Responsive Workforce

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

There were deficits evident in mandatory training and in other training pertinent to the needs of the residents including :

manual handling

implementation of assessment tools.

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:

All staff will have completed Manual Handling assessment by the 18th December 2014

The nurse in charge with the assistance of all staff in the area will be responsible to ascertain each service users changing needs. To be completed by 31/1/2015.

Proposed Timescale: 31/01/2015

