Health Information and Quality Authority
Regulation Directorate

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

Centre name:	Railway View & Finnside
Centre ID:	OSV-0005488
Centre county:	Donegal
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jacinta Lyons
Lead inspector:	Stevan Orme
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	2

About monitoring of compliance

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

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
20 March 2017 08:45	20 March 2017 18:25

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

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

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

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

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

Standards).

How we gathered our evidence:
During the inspection, the inspector spent time with eight residents living at the centre and met with four staff member and the person in charge. In addition, the inspector reviewed documents such as personal plans, risk assessments, safeguarding plans, behaviour support plans, policies and procedures and staff personnel files.

Description of the service:
The provider had produced a document called the statement of purpose, as required by the regulations. The inspector found that the service was being provided as described. The centre was part of services provided by the Health Service Executive (HSE) in Donegal. The centre is located within a campus containing a further three designated centres. The centre itself comprised of two six bedded bungalows providing full-time residential services to adults with a disability. The centre was located in a local town with easy access to local shops and amenities and its design reflected residents' needs.

Overall Findings:
The inspector found that although improvements had been made towards regulatory compliance, the previous inspection's findings in May and October 2016 had not been fully addressed and continued to impact on the delivery of care and support at the centre.

Throughout the inspection, residents appeared relaxed and comfortable; and where able too, told the inspector that they liked the staff and living at the centre. However, the inspector found that governance arrangements at the centre did not ensure that residents were kept safe from risk. Furthermore, the inspector found that both residents' and centre documentation were not up-to-date and not all staff had accessed training in-line with the provider's policies and residents' needs.

Summary of regulatory compliance:
The centre was inspected against five outcomes. The inspector found major non-compliance in four outcomes relating to risk management ,safeguarding of residents, the centre's governance and management arrangements and workforce. Moderate non-compliance was found in one outcome relating to residents'' social care needs. The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

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

Findings:
The inspector found that residents were supported in-line with their assessed needs. However personal plans were not up to date and annual reviews did not assess whether residents' personal goals had been achieved.

The inspector found that residents' personal plans were reviewed annually with the involvement of the resident, their representatives, centre staff and multi-disciplinary professionals such as psychiatrists. However, personal plans had not been updated following review meetings. Furthermore, although review meeting minutes showed that an assessment of healthcare interventions had occurred, a review into whether residents' personal goals had been achieved had not happened.

The inspector reviewed residents' activity records and found that although residents' accessed a range of centre and community based activities, these did not consistently reflect residents' personal goals. Furthermore, the inspector found that residents' goals were not aspirational or developmental in nature and centred on 'one off' social activities.

The inspector reviewed a sample of residents' personal plans which included information on residents needs in areas such as 'being safe', mobility, behaviours of concern, personal care and medication management. The inspector found that staff knowledge and practice on the day reflected sampled personal plans. However, the inspector found that personal plans were not available to residents in an accessible format.

Judgment:
Non Compliant - Moderate

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

Theme:
Effective Services

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

Findings:
Although residents were protected from risk at the centre, the inspector found that risk assessments were not comprehensively completed and updated. Furthermore, fire drills were not conducted at regular intervals to assess their effectiveness.

The inspector found that staff knowledge reflected the centre's fire evacuation plan. However, fire drill records showed that simulated drills had not been conducted at suitable intervals, with one of the centre's houses last conducting a simulated drill in June 2016.

The centre had a risk register and associated risk assessments which reflected both resident and premises related risks; however, the inspector found that dates were not recorded when risk control measures such as staff training and multidisciplinary input would be implemented. In addition, the inspector found that a resident's risk screening assessment was out of date and did not reflect a current risk relating of their vulnerability.

The centre conducted in-house audits on fire safety equipment however records examined by the inspector showed that these were not carried out regularly in-line with the provider's policies.

The inspector reviewed the centre's infection control procedures. The inspector observed that hand hygiene information was displayed in kitchens and communal bathrooms along with the availability of hand santisers and segregated waste disposal facilities. However, the inspector reviewed training records and found that not all staff had completed up-to-date hand hygiene training.

The inspector further reviewed training records and found that staff had not all received up-to-date manual handling training in-line with the provider's policy.

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

The centre's fire evacuation plan was prominently displayed in the centre and an accessible version was available to residents. Furthermore, the centre had an up-to-date emergency plan including actions in the event of adverse weather conditions or loss of utilities, and reflected staff knowledge.

Residents' 'Personal Emergency Evacuation Plans' (PEEPs) were up-to-date and the inspector found that they reflected staff knowledge.

Judgment:
Non Compliant - Major

Outcome 08: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe Services

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

Findings:
Although the inspector observed that residents were treated with respect and dignity by staff and that safeguarding and behaviour management arrangements had improved at the centre , residents were not protect from incidents of harm.

The inspector reviewed residents’ safeguarding plans which reflected staff knowledge and included supports such as increased staffing levels and multi-disciplinary input. However, the inspector found that safeguarding plans had no agreed review dates to assess their effectiveness. The inspector found that a safeguarding plan to protect one resident from the risk of physical abuse by one of their peers was not effective as further repeated incidents had occurred, furthermore the safeguarding plan had not been reviewed following said events.

Information on the centre's designated safeguarding officer and safeguarding policy was prominently displayed on the communal notice board. The inspector found that although staff were aware of what might constitute abuse and the actions they would take if suspected, not all staff had received safeguarding of vulnerable adults training.

The inspector reviewed residents' behaviour support plans which were developed in

conjunction with a behavioural specialist. Plans were regularly reviewed and included a description of the behaviour of concern and both proactive and reactive support strategies. The inspector found that staff knowledge reflected behaviour plans examined and that all staff had received up-to-date behaviour management training

The inspector observed that staff treated residents with warmth and respect throughout the inspection. Where able to, residents told the inspector that they liked the staff at the centre.

Judgment:
Non Compliant - Major

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

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

Findings:
The provider had not produced an annual review on the care and support provided. Furthermore, the findings of previous inspections and the provider's own internal quality assurance audit had not been addressed.

The inspector found that an up-to-date annual review in to care and support provided at the centre was not available.

The inspector reviewed audit systems in place at the centre which included the monitoring of medication and fire safety; however, the inspector found these were not carried out in-line with the provider's policies. Furthermore, completed audits had not identified areas found by the inspector such as the carrying out of regular fire evacuation drills.

Furthermore, the audit and governance arrangements in place at the centre had not ensured that findings from previous inspections were addressed. Actions not addressed included staff training, personnel records and staffing level arrangements.

In addition, the inspector reviewed the centre’s internal quality improvement plan and

found that actions had not been addressed in- line with agreed timeframes in areas such as residents' written agreements and staff personnel files.

The management structure reflected the centre’s statement of purpose and staff knowledge. The person in charge was full-time and a qualified nurse with many years experience in working with adults with disabilities. Staff told the inspector, that the person in charge was regularly present in the centre, which was reflected in the centre's visitor’s book and team meeting minutes. Staff told the inspector that they found the person in charge to be responsive, approachable and available as and when required. Staff told the inspector that they would not have any reservations in bring concerns to the person in charge's attention and had done previously either individually or at team meetings.

Copies of six monthly unannounced provider visits to the centre were available on the day of inspection.

Judgment:
Non Compliant - Major

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

Theme:
Responsive Workforce

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

Findings:
The inspector found that staffing arrangements at the centre did not fully meet the assessed needs of residents. In addition, staff records did not comply with the requirements of Schedule 2 of the regulations.

The inspector found that the centre had both a planned and actual roster which was reflected on the day of inspection. Although residents needs were being met, the staffing planned and actual staffing levels in the centre were not enough to meet the needs of the residents. The inspector found that rosters showed a reliance on temporary staff (health care assistants) in one house within the centre, which was further reflected in discussions with both staff and management. Furthermore, the inspector found that in order to meet both residents' personal support needs and community activities, additional staff support from neighbouring designated centres was required, which was

again reflected in discussions with staff.

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

- Proof of garda vetting
- Copies of qualifications
- Photographic identification
- Employment histories
- References

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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Action Plan

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Health Service Executive
Centre ID:	OSV-0005488
Date of Inspection:	20 March 2017
Date of response:	06 April 2017

Requirements

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

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

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents personal plans had not been updated following their annual review.

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

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that each Named Nurse updates the residents personal plans to reflect any changes following annual review and/or strategy meetings.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents' personal goals were not developmental or aspirational in nature.

2. Action Required:
Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident’s personal development in accordance with his or her wishes.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that the Named Nurse and Keyworker supports each resident to develop meaningful aspirational and developmental goals in accordance with his/her wishes and capacity and /or in conjunction with the residents representative .

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Annual reviews did not assess whether residents' personal goals had been achieved.

3. 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. The Annual Review documentation has been updated to ensure that all personal plans are reviewed to ensure their effectiveness as part of the annual review.
2. The Annual Review documentation has been updated to ensure and that all personal goals are discussed and updated as part of the annual review.
3. The Person in Charge will meet with all Named Nurses to ensure they review the effectiveness of all plans and progress made on personal goals on a quarterly basis or sooner dependent on the individual needs of the resident.

Proposed Timescale: 15/04/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Personal plans were not available to residents in an accessible format.

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

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that the Named Nurse and Keyworker will provide each resident with a personal plan that is in an accessible format. This process will be completed in conjunction with the resident and/or their representative. This will be discussed and minuted following the next staff meeting.

Proposed Timescale: 15/05/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had received up-to-date manual handling training.

5. Action Required:
Under Regulation 26 (1) (c) (ii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
1. Training has been arranged for staff who requires up-to-date manual handling training.
2. The Person in Charge has a Training Plan in place for 2017 and will co-ordinate training dates with Manual Handling Co-ordinator for all staff who require same.

Proposed Timescale: 14/04/2017

Theme: Effective Services

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

The inspector found that risk management systems at the centre had not ensured that :

- Risk assessments included dates when risk control measures would be implemented
- A resident's risk screening was updated and reflected current risks
- Fire safety audits were completed in-line with the provider's policies

6. Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
1. The Person in Charge will review and update all Risks in the designated centre to ensure that they contain implementation dates for all control measures.
2. The Person in Charge will ensure that all risks are reviewed on a quarterly basis or more frequently if necessary.
3. The Person in Charge will ensure all Named Nurses update the Preliminary Risk Screening annually and update same following any significant events.
4. The person in Charge will ensure a Fire Safety audit is completed on a quarterly basis as per provider's policy.

Proposed Timescale: 30/04/2017

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had completed up-to-date hand hygiene training.

7. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
1. The Person in Charge has arranged training for 2 staff who require up to date hand hygiene training.
2. The Person in Charge has a Training Plan in place for 2017 and will co-ordinate training dates for staff on Hand Hygiene training.

Proposed Timescale: 14/04/2017

Theme: Effective Services

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

the following respect:
Simulated fire evacuation drills had not been conducted at suitable intervals to ensure awareness of procedures to follow in the event of a fire.

8. Action Required:
Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The Person in Charge will ensure that Fire drills are conducted on a quarterly basis within the designated centre. A schedule of dates will be documented and placed in the designated centre to ensure all staff are made aware of same. This will be discussed and minuted at the next staff meeting.

Proposed Timescale: Completed 27th March 2017

Proposed Timescale: 27/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had received 'Safeguarding Vulnerable adults' training.

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

Please state the actions you have taken or are planning to take:
The Person in Charge is making arrangements for 1 staff to complete training in National Safeguarding Awareness Training.

Proposed Timescale: 30/05/2017

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that a safeguarding plan had not protected one resident from further incidents of abuse and had not been reviewed following said incidents . In addition, the inspector found that safeguarding plans sampled did not include agreed review dates on the effectiveness of measures implemented.

10. 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:
1. The Person in charge will ensure that the effectiveness of the safeguarding plans in place will be reviewed in conjunction with the Designated Officer and the Safeguarding Team following incidents of abuse and additional measures will be put in place to protect residents.
2. The person in Charge will review all safeguarding plans and put in place dates for reviews to assess the effectiveness of the plans.

Proposed Timescale: 30/04/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
An up-to-date annual review of care and support provided was not available at the centre.

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

Please state the actions you have taken or are planning to take:
The provider nominee has a schedule in place to complete an annual review of the quality and safety of care and support in the designated centre.

Proposed Timescale: 31/05/2017

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The provider had not ensured the findings of previous inspections and the actions from the provider's internal audits were addressed.

12. 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. The Person in charge will ensure that audits are carried out as per provider policy.

2. The Person in Charge will ensure that all actions arising from the previous inspection will be addressed in terms of staff training, personnel records and staffing level arrangements.
3. The Person in charge will ensure that actions arising from the Internal Quality Improvement Plan will be addressed in terms of residents written agreements and staff personnel files.

Proposed Timescale: 1. 30th April 2017
2. 30th April 2017
3. 31st May 2017

Proposed Timescale: 31/05/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The inspector found that staffing arrangements at the centre did not meet residents' assessed needs.

13. 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:
The Acting Director of Nursing and the Person in Charge will undertake a review of staffing within the designated centre to ensure that it adequately meets the assessed needs of the residents.
The Person in Charge will ensure that adequate staffing is available in the designated centre to facilitate planned social activities.

Proposed Timescale: 30/04/2017

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff personnel files did not contain all information required under Schedule 2 of the regulations.

14. Action Required:
Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

Please state the actions you have taken or are planning to take:
1. An Audit of 28 staff files has been completed by the Person in Charge.14 files are complete with the required Schedule 2 documentation.
2. A further 13 files have all the necessary schedule 2 documentation with the exception of updated Garda clearance. The person in charge has placed a letter on each of these staff files to reflect that staff have commenced the garda clearance process and confirmation of clearance will be added to the personnel files as soon as they are received.
3.1 staff file is incomplete for all schedule 2 documents, the Provider has requested this staff member to furnish the required information to the Person in Charge by Friday 7th April 2017.
4. This staff member is also awaiting garda clearance and this will be placed on the personnel file when received. The Person in Charge has placed a letter on this personnel record to reflect this.

Proposed Timescale: 1. Completed 30th March 2017.
2. 30th June 2017
3. 7th April 2017
4. 30th June 2017

Proposed Timescale: 30/06/2017