

**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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0005163
Centre county:	Offaly
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	Daughters of Charity Disability Support Services Ltd.
Provider Nominee:	Breda Noonan
Lead inspector:	Kieran Murphy
Support inspector(s):	Julie Hennessy;
Type of inspection	Unannounced
Number of residents on the date of inspection:	6
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

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

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

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

The inspection took place over the following dates and times

From: 07 May 2015 09:30 To: 07 May 2015 18:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This was an inspection of a centre in St Anne's which is part of the Daughters of Charity Disability Support Services. The Daughters of Charity provides a range of day, residential, and respite services to persons with an intellectual disability in North Tipperary and Offaly.

The centre was a detached house on an estate in the local village and provided a home to four men and three women with a varying range of support needs. As part of the inspection, the inspector met with the residents and staff members. Residents outlined that they were supported to attend day services from Monday to Friday. Residents also said that they went to the local shops and various places in the locality and were happy with where they lived and worked.

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) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities. In particular inspectors found that residents' needs were

not being addressed appropriately as part of the personal outcome measure process or as part of the person centred planning review. While there was a defined management structure this required review as both the person in charge and the provider nominee were actively managing a number of other centres across a broad geographical area. Other areas for improvement included:

- Activities for residents on weekends
- accessible premises
- risk management
- infection control
- fire safety
- management of behaviour that challenged
- notification of serious events
- medication management
- governance
- staffing
- records management.

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):

This was the centre's first inspection by the Authority.

Findings:

Each resident had a timetable that outlined what he or she did on weekdays. Activities largely pertained to day services, although additional activities and interests that the resident enjoyed in the centre were also included. These included swimming, dancing, and music, going to the gym, cooking, going for meals out or gardening. However, inspectors found that activities could not be clearly tracked due to the format in which they were documented and because they also included day service activities. Staff were able to articulate clearly the different interests, hobbies and activities that each resident enjoyed. However, staff said that due to the increasing needs of residents in the centre, activities at weekends were limited. This is further discussed under Outcome 17: Workforce and in the associated action.

Judgment:

Non Compliant - Moderate

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

Inspectors reviewed a sample of residents' files. While information in the files was specific and person-centred, they required stream-lining to ensure ease of access and retrieval and many files were incomplete. The person in charge and the house manager explained that they were in the process of introducing a new personal file and personal plan. This meant that there were two files in place for some residents, which was confusing and disjointed. Notwithstanding the fact that new files were in the process of being introduced improvements were required to the personal planning process and the review of personal plans and these are discussed below.

A specific tool was used to document each resident's assessment of their health, personal and social care needs, abilities and wishes. However, some areas of need had not been assessed. As a result, for identifiable needs, other specific plans had not always been completed as required. For example, where a resident had a hearing impairment a communication assessment had not been completed. Where a resident required support with shaving or with maintaining oral hygiene, an intimate care plan had not been completed. Where a resident displayed behaviours that challenge, neither a risk assessment nor behaviour support plan had been completed.

Each resident had a written personal plan. Where relevant sections had been completed, this information was individual and specific. However, large sections of the personal plans had not been completed.

Improvements were required to personal plans to ensure that they met the requirements of the Regulations, in particular in relation to the setting of residents' personal goals. For example, the supports needed for residents to achieve their goals were not specified and it was not clear how goals contributed to improving residents' quality of life. There was a system in place to review personal plans and there was evidence of some multi-disciplinary input into this review process. However, the range of multi-disciplinary input was limited, meaning that not all of the professional input required was available at relevant multidisciplinary team or review meetings to make the necessary recommendations to the plan. In addition, not all personal plans had been reviewed annually (or more frequently if necessary), as required by the Regulations. For example, one plan viewed was eight months outside of its annual review date.

There was a review process in place and family were invited to participate in the review of personal plans. The review process considered whether goals had been met for the previous year. Inspectors reviewed residents' goals from 2014 and found that the majority of goals had been achieved for all six residents. However, the review process required further improvement to ensure that goals were pursued within agreed timescales. Some outstanding goals from 2014 were still outstanding at the time of

inspection in May 2015, including the purchasing of a 'tablet' for a resident and a number of goals relating to day trips to the local mart or local shows. Challenges to achieving goals were documented. Resident and family involvement in the review meetings was recorded.

Where a resident's needs had increased, relevant assessments had been completed, including dementia, occupational therapy and speech and language assessments. However, it was not demonstrated that the designated centre met the assessed needs of all residents nor was it evidenced that all multi-disciplinary team recommendations had been follow-up on or completed. For example, a report dated November 2014 by a psychologist made a number of recommendations, including that a resident's placement be reviewed due to their increasing needs. While some recommendations had been completed, it was not evidenced that the review of the resident's placement had been progressed.

Judgment:

Non Compliant - Major

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):

This was the centre's first inspection by the Authority.

Findings:

The centre consisted of a two storey house located in the village. Staff outlined to inspectors that one of the residents had limited mobility and inspectors saw evidence that in April 2013 an occupational therapist had recommended that handrails be provided throughout the premises. However, this had not been completed.

The front hallway led to a large sitting room that had a number of sofas and a television. The ground floor had two single bedrooms both of which were ensuite. There was a downstairs bathroom with bath, toilet and wash hand basin. There was a dining room with dining table and chairs. There was also a large food storage freezer in the dining room which the registered provider acknowledged was not a suitable place to put a freezer. The dining room led to the main kitchen. There was also a utility room with washing machine and tumble dryer. There was a large enclosed garden. However, a number of items with potential cut hazards were stored in the garden and awaiting disposal.

There were four other bedrooms upstairs all of which were ensuite. On return from work one of the residents gave the inspectors a tour of the premises including the bedroom

which was well decorated with personal items of furniture and family photographs on display. The resident also explained how she and other residents took responsibility for washing their own clothes. There was also a bathroom and a staff office on the first floor.

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):

This was the centre's first inspection by the Authority.

Findings:

While a risk management policy was in place, it required improvement to adequately address specific risks outlined in the Regulations, including accidental injury, aggression and resident self harm.

A risk register was in place and risk assessments had been completed. However, the risk management system was not sufficiently robust in that a number of risk assessments did not provide adequate guidance for staff. For example, the risk assessments for lone workers, manual handling and slips/trips and falls did not provide adequate guidance for staff.

The inspector saw evidence that suitable fire prevention equipment was provided throughout the centre. Servicing records for the fire alarm, emergency lighting and fire equipment were up-to-date. Daily and weekly checks were completed as required. Staff demonstrated an awareness of procedures to follow in the event of a fire. Records of practice fire drills were maintained and any issues arising during such practice drills were recorded. Personal emergency evacuation plans were available for each resident. There were records to show regular fire evacuation drills. However, improvement was required to the personal evacuation plans as they did not adequately account for the mobility and cognitive understanding of each resident.

There were arrangements in place for the prevention and control of infection. Cleaning schedules were maintained. The centre was clean and tidy. Staff had receiving training in hand hygiene and infection control. Hand soap and disposable towels were provided. Infection control information was visible, including in relation to hand hygiene and the use of standard precautions. Staff had access to infection control advice if required. However, some areas required improvement. The system in place for the use of colour-coded mops and buckets was not being implemented. While the system outlined the use of three colour-coded mops and buckets for different areas, this was not being followed. Mop heads were not being cleaned in accordance with the centre's guidelines. In addition, while the organisation was using guidelines in relation to infection control,

there was no infection control policy in place.

Inspectors saw evidence that the vehicles owned by the centre, and used to transport residents, were roadworthy, regularly serviced and insured.

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):

This was the centre's first inspection by the Authority.

Findings:

There was a policy on the protection of vulnerable adults. Records indicated that all staff, including agency staff, had received training on the prevention of abuse. The provider and person in charge stated that there hadn't been any allegation in relation to protection of vulnerable adults in the previous five years. Inspectors spoke with residents who confirmed that they were happy and felt safe in the centre.

From a selection of behaviour management plans viewed by the inspectors, behavioural intervention records did not give clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. In relation to the use of restrictive interventions there was a process whereby these restrictive practices were reviewed by a multi-disciplinary team. In one resident's healthcare file the minutes of the multidisciplinary review from May 2013 were available. There had been a review of the restrictions for this resident undertaken in November 2014 which said "awaiting report to follow". It was unclear if this awaited report had been received or was available to staff. However, the person in charge did indicate that one of the restrictions identified for this resident, a locked kitchen door, was no longer in place.

In one resident's healthcare file there was evidence of a review of the resident's medication by consultant psychiatrist every three months. In August 2014 there was also a recommendation from the consultant psychiatrist of "a review by a psychologist/behaviour therapist to update behaviour management guidelines." While the resident had been reviewed by a psychologist on a number of occasions since then, the only behaviour management guidelines available in the healthcare file were from April 2014. The psychiatrist in the consultation in August 2014 had also recommended that staff in the house "continue with observation and recording problem behaviours".

While the behaviours were being recorded in the daily communication notes, there was no separate recording of behaviours that challenge for the resident. An accurate account of the behaviours was not immediately available.

Inspectors were not satisfied that staff had the appropriate skills and knowledge to recognise behaviour that is challenging. The senior nurse manager had identified that one resident was engaging in a pattern of behaviour that challenged. However, staff working with the resident did not recognise these as instances of behaviours that challenged and were not separately recording these behaviours.

Judgment:

Non Compliant - Major

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

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

This was the centre's first inspection by the Authority.

Findings:

The person in charge is required to notify the Chief Inspector within three working days of serious adverse incidents. Inspectors were informed that two residents had been diagnosed with suspected noro-viral infection. This is defined under the Regulations as an adverse event, but it had not been notified to the Authority.

Judgment:

Non Compliant - Moderate

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector reviewed a sample of resident healthcare files and there was evidence that residents were regularly seen by their general practitioner.

There was evidence that residents were supported to attend appointments and had been referred to consultant specialists if required. There was evidence of access to

specialist care in psychiatry as required. In the sample healthcare files seen by inspectors the psychiatry team reviewed residents' medication at regular intervals.

There was evidence that residents were supported to access the multi disciplinary team including psychology services. There was evidence of review by a physiotherapist as required also with recommendations available for the resident and staff regarding stretching and exercises. There were occupational therapy recommendations in one resident's healthcare file from April 2013 regarding the premises and this is dealt with in more detail in Outcome 6. There was evidence of review and assessment of communication needs by speech and language therapists as required. The recommendations from these reviews included the use of picture timetables so that the resident would understand their day to day routine.

There was a policy and guidelines on nutrition. There was evidence that residents were referred for treatment by to allied health professionals. One resident had a swallow care plan which identified that the resident required his cutlery and plates to be adapted. These recommendations had been implemented. Staff outlined that if residents attended day service their lunch was provided there but otherwise staff prepared the meals for residents. Inspectors saw that the food was properly and safely prepared. The food as prepared by staff appeared wholesome and nutritious.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

This was the centre's first inspection by the Authority.

Findings:

The systems in place for the management of medication required improvement.

The inspectors found that the practice of transcription of medications was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais. Medication prescription records did not contain the signature of the nurse who transcribed the record. In the sample prescription sheets reviewed it was not clear that a record of each drug and medication was signed and dated by the GP. The signature of the GP was not in place for each drug prescribed in the sample of drug charts examined. For some medications the start date for the drug was not identified.

Medication was dispensed from the pharmacy in a monitored dosage system which packaged the medication for each resident for the correct time each day. The monitored dosage system also contained the name, address and date of birth of the resident. The

medication was checked by staff on delivery from the pharmacist and was kept securely in a locked cabinet. However, for one resident the checks were not completed as the date of birth on the medication dosage system did not match the date of birth on the prescription sheet.

In the prescription sheet for one resident all medication had been discontinued. However, all of these medications were still stored in the locked cabinet and had not been returned to the pharmacy in accordance with the medication management policy. This resident had a supported medication management agreement from April 2014 in his personal planning records which outlined the list of medications. However, this agreement had not been updated or closed to reflect that all the medications had been stopped.

Some medication needed to be stored in a medication fridge. However, the temperatures on the medication fridge were not being recorded daily and therefore the stability of the stored medication could not be guaranteed.

As an example of good practice a medication management audit had been completed in 2014 with a number of findings and actions identified.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

This was the centre's first inspection by the Authority.

Findings:

The centre was part of the Daughters of Charity Disability Support Services which provided supports to persons with an intellectual disability in the North Tipperary/Offaly areas. While there was a defined management structure this required review as both the person in charge and the provider nominee were actively managing a number of other centres across a broad geographical area.

The nominee on behalf of the Daughters of Charity Services was a registered general nurse and a registered nurse in intellectual disability. She had been appointed in February 2015 as services manager in this service in North Tipperary/Offaly and had previously worked as services manager in the Limerick region. Management for the

provision of residential services in North Tipperary/Offaly was delegated to the area manager who supervised and supported service provision for a number of designated centres in the region. The provider nominee outlined that she had responsibility for a number of other designated centres across a wide area.

The area manager was the nominated person in charge and had a General National Vocational Qualification (GNVQ) level 2 in health and social care from Britain. He had over ten year's experience of working with people with a disability in Britain and had been the area manager with the Daughters of Charity service since 2006. However, he was also appointed as person in charge for a number of other centres across a broad geographical area. The inspectors outlined concerns that these management arrangements across a number of centres could not ensure effective governance, operational management and administration of the designated centres concerned.

There was evidence that the person in charge met regularly with the house manager of this centre. However, the house manager also had responsibility for another centre located 10 miles away. Inspectors reviewed minutes of a meeting from April 2015 and items discussed included inappropriate placement of one resident, the stairs, staffing review and the use of agency staff.

The quality and risk manager for the Daughters of Charity services had completed an annual report of quality and safety of care and support for this centre in 2014. This report contained a review, with a detailed action plan to address any deficiencies identified in the areas of care planning, the provision of meaningful activities, fire evacuation procedures and provision of training to staff on the prevention of abuse. However, a number of these issues had not been addressed at the time of this inspection. For example the quality and risk manager had identified that new care plans were to be commenced in March 2015. However, these still had not been fully introduced. The provider had arranged for one unannounced visit to the centre in November 2014 to assess quality and safety as required by the regulations. Some actions identified in this visit had not been addressed. For example, during this inspection the fire evacuation procedure was found to still be under developed.

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):

This was the centre's first inspection by the Authority.

Findings:

Inspectors found that the provider failed to demonstrate that staff numbers met the current assessed needs of residents in the centre. Written communication and input from the multi-disciplinary team highlighted that individual resident's needs had increased and the challenges this had been presenting in the centre. Inspectors found that an up to date review of staffing levels had not been completed. In addition, it was not demonstrated that staffing levels at weekends were sufficient to meet residents' social needs, particularly in terms of activities or outings. The staff rota indicated that one staff was on duty for six residents at weekends up to 14:00hrs. This was confirmed by staff who said that due to the needs of two residents they could not go out during the times that there was only one staff on duty. Activity logs demonstrated that activities or outings at weekends were limited.

There was a training plan in place and the annual staff appraisal system facilitated the identification of staff training needs. Inspectors spoke with staff who confirmed the training they had received and records of training were reviewed. However, not all mandatory training required by the Regulations had been provided. Inspectors spoke with agency staff who had not received mandatory training in relation to fire safety. Not all staff had received mandatory training in relation to the management of behaviour that challenges.

The provider nominee acknowledged a previously identified area for development in that a number of care staff did not possess a formal recognised qualification relevant to the role of care assistant, such as the Further Education and Training Awards Council (FETAC) certificate in healthcare support or equivalent. A funded plan was in place to address this gap. Staff had completed other training or instruction relevant to their roles and responsibilities including in relation to hand hygiene, safe moving and handling and food safety.

The house manager described a system in place for new staff. Inspectors spoke with agency and new staff who confirmed that they had received induction. This included centre policies, observation skills, incident reporting and the specific care needs of individual residents.

Staff files were held centrally and were not reviewed on this inspection.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

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

Theme:

Use of Information

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

This was the centre's first inspection by the Authority.

Findings:

The management of healthcare records required improvement. Inspectors saw that the communication diary contained a number of original healthcare appointment records. These appointments were filed loosely in the diary and this filing method could not guarantee the confidentiality of residents' personal information. In addition it was not always clear if the plan of care for these identified healthcare needs was being updated prior to and following these healthcare appointments.

During the inspection it was observed that personal information was on display regarding residents' nutritional needs and hygiene requirements. Care staff immediately placed this information in folders to ensure that personal resident information was available in a discrete manner.

Judgment:

Non Compliant - Moderate

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:

Kieran Murphy
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 Daughters of Charity Disability Support Services Ltd.
Centre ID:	OSV-0005163
Date of Inspection:	07 May 2015
Date of response:	18 June 2015

Requirements

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

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

Due to staffing levels activities or outings at weekends were limited.

Action Required:

Under Regulation 13 (2) (b) you are required to: Provide opportunities for residents to

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

participate in activities in accordance with their interests, capacities and developmental needs.

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

The Service Human Resources Director, Nominee Provider, Person in Charge and Clinical Nurse Manager 3 are reviewing staffing in the centre. Service users' support needs will be the basis of this review to ensure that appropriate skill mix and safe practices are in place, this process commenced on 20/06/2015. The review will include reviewing the existing roster and ensuring that staff hours are rostered in the most effective manner possible to meet the service user needs and to support activities outside of the house in the evenings and at weekends.

The person in charge and the CNM3 with each service user will establish what their wishes for activity and choice of activity at weekends would be, and the staffing to support these choices will be put in place.

Proposed Timescale: 30/08/2015

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:

Some areas of need had not been assessed.

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:

All service users care plans will be reviewed by the person in charge, the house manager and with the support and training input from the clinical nurse manager 3. Where a change in care needs is identified an assessment will be completed by a staff member with the support of the clinical nurse manager 3 and a multi disciplinary team member where required, and changes in care need that have been identified will have plans of care set out. The plan of care will have review dates as necessary depending on the service users care needs, and changes in same. The person in charge will monitor and the CNM3 will audit the effectiveness and ensure the completion of these assessments and plans of care, and reviews as recommended.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

For identifiable needs, specific plans had not always been completed as required.

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:

For all identified care needs, the person in charge and staff team will be supported by the clinical nurse manager 3 to complete a specific assessment with a specific plan of care to meet the identified area of need. This plan will have set review dates and the will be monitored by the clinical nurse manager 3. Expert advice in specialist areas of need, such as dementia care, speech and language will be contracted as required.

Proposed Timescale: 30/07/2015

Theme: Effective Services

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

The supports needed for residents to achieve their goals were not specified and it was not clear how goals contributed to improving residents' quality of life.

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:

All personal plans will be reviewed by the person in charge and the Clinical nurse manager 3 in conjunction with the multi disciplinary team, and including participation of the service users and their family members or representatives. At this review, all goals, short medium and long term will be reviewed, to identify the required supports necessary to ensure they are achieved within the agreed time frame. There will be responsible named persons for each aspect of the goal, and the responsible person will keep the person in charge informed of progress in goal achievement, and service user satisfaction will be sought from the service user. The clinical nurse manager 3 will audit the effectiveness of the plan and the goals.

Proposed Timescale: 15/08/2015

Theme: Effective Services

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

Not all personal plans had been reviewed annually

Action Required:

Under Regulation 05 (6) you are required to: Ensure that residents' personal plans are

reviewed annually or more frequently if there is a change in needs or circumstances.

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

All personal plans will be reviewed by the person in charge and the Clinical nurse manager 3 and where review dates have not been adhered to an immediate multidisciplinary review date will be arranged, including participation of the service user and their family or representative. There will be a system put in place in the centre, to ensure that all reviews are carried out in the timeframe, or earlier where necessary. This system will be that there will be a front recording sheet in each service users care plan outlining review date for the overall plan. This recording sheet will have the review recorded and signed off on when it takes place. The person in charge will be responsible for monitoring that this review recording is maintained and adhered to.

Proposed Timescale: 17/07/2015

Theme: Effective Services

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

The range of multi-disciplinary input was limited, meaning that not all of the professional input required was available at relevant multidisciplinary team meetings or review meetings to make the necessary recommendations to the plan.

Action Required:

Under Regulation 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

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

The service has commenced the recruitment process for a psychologist and an occupational therapist to support residents in the centre. These additional multi disciplinary team members will be included in the development of the person's personal plan, and will make recommendations where relevant. These team members will complete assessments for individual service users, and plans of care will be set around same. These assessments will have review dates and responsible staff to action same. These multi disciplinary team members will form part of the core team for service user review meetings. The recommendations for service users from multidisciplinary team meetings, will be reviewed by the person in charge, clinical nurse manager 3 and the relevant multidisciplinary team members. Any other expertise required to complete a recommendation will be put in place to ensure its achievement.

Proposed Timescale: 30/08/2015

Theme: Effective Services

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

The review process required further improvement to ensure that goals were pursued within agreed timescales.

Action Required:

Under Regulation 05 (7) you are required to: Ensure that recommendations arising out of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

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

All goals will be reviewed by the team involved with the service user; this team will include the person in charge, staff from the centre, the clinical nurse manager 3 and relevant members of the multi disciplinary team. Each goal or part thereof will have a named responsible person for actioning the goal. Where there are changes required to the goal to aid its achievement, these changes will be made in the plan again naming a responsible person for actions required to achieve this goal. The person in charge at the development of goals will identify the responsible/ most appropriate person. These goals will be reviewed by the person in charge and the clinical nurse manager 3 will be kept updated at the monthly meetings as to progress in achieving the goals.

Proposed Timescale: 31/08/2015

Theme: Effective Services

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

It was not demonstrated that the designated centre met the assessed needs of all residents particularly if care needs had changed.

Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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

The Nominee provider has set up working group to review the accommodation needs and wishes of each individual service user in the centre. This review includes the participation of the service user and their family member or representative. The review group has commenced on 20/03/2015. Any individual service users whose needs are not being met currently in the centre are being prioritised in this process. Where needs are changing, the supports required to enable the service user to and remain as independent as possible and remain in their home in this centre for as long as possible, will be put in place. Where it is identified that a service users changing needs / wishes requires alternate style accommodation a plan will be put in place for this.

Proposed Timescale: 31/12/2015

Theme: Effective Services

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

It was not demonstrated that arrangements were in place to meet the assessed needs

of all residents. A review of a resident's placement had not been completed as recommended.

Action Required:

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

The Nominee provider has set up working group to review the accommodation needs and wishes of each individual service user in the centre. This review includes the participation of the service user and their family member or representative. The review group has commenced on 20/03/2015. Any individual service users whose needs are not being met currently in the centre are being prioritised in this process. Where needs are changing, the supports required to enable the service user to and remain as independent as possible and remain in their home in this centre for as long as possible, will be put in place. Where it is identified that a service users changing needs / wishes requires alternate style accommodation a plan will be put in place for this, the review for an individual service users needs, the particular resident who's needs are changing has been reviewed and supported by a clinical nurse specialist in dementia, support and advise has been delivered to staff by the clinical nurse specialist, and a further multi disciplinary review has been scheduled for 07/07/2015. Following this review a specific time bound plan will be submitted to the authority on 31/07/2015.

Proposed Timescale: 31/12/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

An occupational therapist had recommended that handrails be provided throughout the premises. However, this had not been completed.

Action Required:

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

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

Since inspection the handrails as per recommendations from occupational therapist have been put in place.

Proposed Timescale: 31/05/2015

Theme: Effective Services

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

Freezer in the living room.

Action Required:

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

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

The freezer has since inspection date been removed from the dining room.

Proposed Timescale: 05/06/2015

Theme: Effective Services

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

Rubbish in the garden.

Action Required:

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

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

All rubbish has been removed from the garden area, and the person in charge will monitor same to ensure same does not occur again.

Proposed Timescale: 05/06/2015

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management system was not sufficiently robust in that a number of risk assessments did not provide adequate guidance for staff, including risk assessments viewed for lone workers and manual handling.

Action Required:

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

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

A CNM3 from another part of the Service will support staff in the centre with onsite training in relation to the identification of hazards and risks and control measures. This CNM3 will also support the staff in the completion of centre specific, and service user specific, risk assessments.

The Person In Charge and House Manager will also receive supports from the CNM3, on their weekly walkabout hazard inspection checklist.

The centres manual handling practices and manual handling risk assessments will be reviewed for each service user requiring this support by the manual handling instructors. This will be arranged by the person in charge.

The Service Human Resources Director, Nominee Provider, Person in Charge and Clinical Nurse Manager 3 are reviewing staffing in the centre service users support needs will be the basis of this review to ensure that appropriate skill mix and safe practices are in place, this process commenced on 20/06/2015. The occasions in the centre when there are lone working practices will be reviewed during the review, and where service users needs determines that additional staff support is needed at key time this will be put in place in the centre, through redeployment of hours to centre and also through reviewing the existing roster and ensuring that staff hours are rostered in the most effective manner possible to meet the service user needs.

Rostering of staff will be reviewed, to ensure that both service users and staff are safe in the centre at all times. Where there are occasions of staff working in isolation, risk assessments will be completed by the person in charge, clinical nurse manager 3, with support of the health and safety officer.

Proposed Timescale: 30/08/2015

Theme: Effective Services

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

The arrangements in place for the prevention and control of infection required review. For example, the system in place for the use of colour-coded mops and buckets was not being implemented. In addition, there was no infection control policy in place.

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:

All staff in the centre will receive further training on the principles of infection control, and recommended practices set out for the centre. This training will be delivered by the named liaison nurse for infection control. The person in charge will monitor the compliance with the guidelines set out, ensuring they are of the standards required. The clinical nurse manager 3 will audit practices and identify actions and people responsible for completing them from the audit. The findings of the audit will be shared and discussed at the centre meetings to ensure learning is ongoing. There will be a service policy, specific to infection control, developed for the centre.

Proposed Timescale: 09/08/2015

Theme: Effective Services

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

The evacuation procedure did not adequately account for the cognitive understanding of all residents.

Action Required:

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

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

The person in charge together with the fire officer and staff from the centre, and supported by the Director of Logistics who is also a fire engineer, where appropriate, will ensure that the evacuation procedure is explained as clearly as possible to all service users in the centre. This will be explained to service users at their regular meetings, and staff will continue to support each person through this process. Where service users are having difficulty understanding the purpose or rationale for the fire evacuation drill, this will be discussed at a multi disciplinary meeting, and support from multi disciplinary team members will be given to the service user and staff to aid their understanding and compliance.

Proposed Timescale: 31/07/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

From a selection of behaviour management plans viewed by the inspectors, behavioural intervention records did not give clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges.

Action Required:

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

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

All staff are scheduled to attend training in relation to the management of behaviours that challenge; this training will be delivered to all staff by 22/07/2015. In addition to this training a nurse from another part of the service who is an instructor in the therapeutic Management of Aggression and Violence will support staff in the centre, to identify behaviours and develop comprehensive behaviour support plans for service users requiring same, these plans will be developed by 21/07/2015. These plans will focus on the prevention of behaviours by identifying the triggers to the behaviour, and also responding appropriately to the challenging behaviour if it occurs. This support is given to all staff in the centre.

Proposed Timescale: 31/07/2015

Theme: Safe Services

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

Staff working did not recognise instances of behaviours that challenged and were not separately recording these behaviours.

Action Required:

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

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

A nurse from another part of the service who is an instructor in the therapeutic Management of Aggression and Violence will provide support to staff in the centre, to identify behaviours and document the antecedent, the behaviour and the consequence to the service or others following behaviour. This documentation will be reported accurately and in an appropriate format as directed by the specialist nurse in behaviour management.

Where service users present with behaviours that challenge, a multi disciplinary review meeting will be arranged by the person in charge, and written recommendations will be readily available to the centre. Through this team review appropriate strategies will be put in place to help the service user to manage his/her behaviour as much as is possible for the person.

Proposed Timescale: 21/07/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

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

A serious adverse event had not been notified to the Authority.

Action Required:

Under Regulation 31 (1) (b) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of an outbreak of any notifiable disease as identified and published by the Health Protection Surveillance Centre.

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

All notifications will be made to the authority within the timeframe by the person in charge. All persons in charge have been informed by the nominee provider of the necessity, importance and their legal responsibility in completing the notifications.

Proposed Timescale: 30/05/2015

Outcome 12. Medication Management

Theme: Health and Development

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

Some medication needed to be stored in a medication fridge. However, the temperatures on the medication fridge were not being recorded daily and therefore the stability of the stored medication could not be guaranteed.

Action Required:

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

The temperature of the medication fridge will be recorded daily, and signed and dated as checked by the staff on duty. There is a temperature recording sheet in place in the centre, the person in charge will monitor its completion, and address with staff failings to record same, this has commenced on 10/05/2015.

The Director of Nursing, the nominee provider, the clinical nurse manager 3 and the medication management coordinator are commencing a review of the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. The first meeting of this group to commence the review process is on 19/06/2015.

Proposed Timescale: 30/08/2015

Theme: Health and Development

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

The practice of transcription was not in line with guidance issued by An Bord Altranais agus Cnáimhseachais.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The medication management documentation with regards to transcribing will be reviewed by the person in charge, medication management co coordinator, the director of nursing and a pharmacist to bring the practice in line with An Bord Altranais agus Cnáimhseachais na hEireann.

The document will be brought to the service Drugs and Therapeutics committee, where changes will be agreed, signed off and it will be included in the service policy on medication management.

Proposed Timescale: 30/08/2015

Theme: Health and Development

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

Transcribed medication prescription records did not clearly outline the dose to be administered or the start date.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

All medication signature sheets will be reviewed by the clinical nurse manager 3 and the medication management coordinator, and where medications prescribed do not have individual prescription dates, and clear dosage, this will be corrected immediately, this has taken place 29/05/2015.

The medication management documentation with regards to transcribing will be reviewed by the person in charge, medication management co coordinator, the director of nursing and a pharmacist to bring the practice in line with An Bord Altranais agus Cnáimhseachais na hEireann. The first meeting to address this is happening on 18/06/2015.

The document will be brought to the service Drugs and Therapeutics committee, where changes will be agreed, signed off and it will be included in the service policy on medication management.

Proposed Timescale: 30/08/2015

Theme: Health and Development

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

Appropriate checks were not being completed as the date of birth for one resident on the medication dosage system did not match the date of birth on the prescription sheet.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

With immediate effect, audits will be completed monthly by the clinical nurse manager 3; the audit will include checking that service users details are correct on both the prescribing sheet and the medications dispensed from the pharmacy.

The Director of Nursing, the nominee provider, the clinical nurse manager 3 and the

medication management coordinator are commencing a review of the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. The first meeting of this group to commence the review process is on 19/06/2015.

Proposed Timescale: 30/08/2015

Theme: Health and Development

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

Medications no longer in use were still stored in the locked cabinet and had not been returned to the pharmacy in accordance with the medication management policy.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

The person in charge will monitor medication usage, and ensure that any discontinued or unused medications will be immediately returned to the pharmacy. The Director of Nursing, the nominee provider, the clinical nurse manager 3 and the medication management coordinator are commencing a review of the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely. The first meeting of this group to commence the review process is on 19/06/2015.

Proposed Timescale: 30/08/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

While there was a defined management structure this required review as both the person in charge and the provider nominee were actively managing a number of other centres across a broad geographical area.

Action Required:

Under Regulation 14 (4) you are required to: Where a person is appointed as a person in charge of more than one designated centre, satisfy the chief inspector that he or she can ensure the effective governance, operational management and administration of the designated centres concerned.

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

Since the inspection, the person in charge has had two centres removed from his areas

of responsibility. The service has increased the management and governance structure to the centre, by the appointment of two clinical nurse manager 3 posts, which will be a direct support to the person in charge and to the staff in the centre.

The clinical nurse manager 3 roles is twofold, it will provide education, mentorship and clinical support and advice to the person in charge, whilst keeping the nominee provider updated on the day to day matters in the centre.

The clinical nurse manager 3 will have a pivotal role in the completion of audits, and ensuring shared learning outcomes from these audits.

Proposed Timescale: 30/06/2015

Theme: Leadership, Governance and Management

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

Actions from reports undertaken by the quality and risk manager in 2014 had not been completed by the date of this inspection.

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:

All actions from the 2014 audit by the quality and risk officer, will be reviewed by the nominee provider, the clinical nurse managers 3 and the person in charge and actions will be completed by an identified person. Persons responsible for actions will be identified by the nominee provider.

Proposed Timescale: 30/09/2015

Outcome 17: Workforce

Theme: Responsive Workforce

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

The provider failed to demonstrate that staff numbers met the current assessed needs of residents in the centre.

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 Service Human Resources Director, Nominee Provider, Person in Charge and Clinical Nurse Manager 3 are reviewing staffing in the centre. Service users support needs will be the basis of this review to ensure that appropriate skill mix and safe

practices are in place, this process commenced on 20/06/2015. Rostering of staff will be reviewed, to ensure that both service users and staff are safe in the centre at all times, this commenced immediately after inspection on 12/05/2015.

The review will include reviewing the existing roster and ensuring that staff hours are rostered in the most effective manner possible to meet the service user needs and to support activities outside of the house in the evenings and at weekends.

The person in charge and the CNM3 with each service user will establish what their wishes for activity and choice of activity at weekends would be, and the staffing to support these choices will be put in place, completed on 15/05/2015.

Proposed Timescale: 30/08/2015

Theme: Responsive Workforce

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

The person in charge had not ensured that all mandatory training required by the Regulations had been provided to staff. Inspectors spoke with agency staff who had not received mandatory training in relation to fire safety. Not all staff had received mandatory training in relation to the management of behaviour that challenges.

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 in the area will be scheduled to attend mandatory training and refresher dates will be scheduled for staff in the centre. The person in charge in the centre will monitor staff training on an ongoing basis, ensuring that all staff training is up to date. Where training is out of date the nominee provider will ensure external trainers are contracted in to deliver training where necessary. The challenging behaviour train took place on 03/06/2015; 08/06/2015 and 17/06/2015

The fire safety training took place on 16/06/2015.

Proposed Timescale: 17/06/2015

Outcome 18: Records and documentation

Theme: Use of Information

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

21(1) The management of healthcare records required improvement.

Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

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

No information will be stored outside of the service user's personal file. Any appointment cards, information re recommendations etc will be securely placed in the personal file. The person in charge will be responsible for monitoring this.

The clinical nurse manager 3 will deliver training to the person in charge and all staff in the centre in relation to care planning, assessment, development and delivering a plan of care. Particular emphasis will be placed on identifying and putting a plan in place for any change in care need for a service user be it a long or short term change in need.

The clinical nurse manager 3 will audit the care plans in the centre, actions required will be documented and responsible persons for completing these actions will be identified by the clinical nurse manager 3. There will be review dates for all of these actions identified.

Proposed Timescale: 31/07/2015