

**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 St Michael's House
Centre ID:	OSV-0002348
Centre county:	Dublin 13
Email address:	catherine.whelan@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	John Birthistle
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
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 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: 06 August 2014 10:30 To: 06 August 2014 16:30

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

Outcome 03: Family and personal relationships and links with the community
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). Eight outcomes were inspected against and the centre was found to be in compliance with four of the eight outcomes. The inspector found the management team had made considerable efforts to comply with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

The centre is home to six residents. All residents' had a key worker, who promoted, encouraged and facilitated their independence, assisting them to achieve their personal goals and lead a meaningful life. The inspector met with two of the residents and staff. The inspector observed practices and reviewed documentation such as comprehensive assessments, personal plans, fire records, policies, staff rosters and medication records.

The centre was found to be compliant with outcomes relating to the health care needs of residents and personal relationships and links with the community.

The inspector found that improvements were required in four of the eight outcomes inspected against. Improvements were required in areas including, staffing levels, skill mix, staff training and the supervision of agency staff. Medication prescription practices, use of restraint and risk management also required review.

The action plans at the end of the report reflect the non compliances with regulations and standards.

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

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

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

Theme:

Individualised Supports and Care

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

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

Findings:

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

Two resident files reviewed contained records of communications between staff and the residents' family. The inspector saw written evidence that staff facilitated residents to visit their family in the family home and/or in the centre. For example, staff drove one resident to and from the family home three times per week to enable the resident to maintain contact with family. The person in charge ensured that a member of staff capable of driving the bus was on duty on these pre-arranged dates.

There were no restrictions on residents receiving visitors. Residents were facilitated to have visitors in private; two small private sitting rooms were available for residents use in the centre. The inspector saw records which showed that parents of one resident visited one Sunday per month, each other Sunday the resident was facilitated by staff to either visit the family home or verbally communicate with family members.

At the time of the inspection, one resident was on holidays from day care and was staying with family in the family home. The inspector was informed that staff maintained communication with the family during the residents' stay to ensure the residents family was supported at all times.

All six residents living in the centre attended day care facilities and were facilitated to maintain links with the wider community. The centre had its own transport.

Judgment:

Compliant

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:

Each resident had an individual comprehensive assessment and personal plan in place.

Residents' had lived in the centre for a number of years. Residents were encouraged and facilitated to lead a healthy lifestyle. For example, residents walked along the nearby seafront and to the local shops with staff. Residents could also avail of transport provided by the organisation to travel further afield.

The comprehensive assessments in place for each resident were detailed and reflected the residents met on inspection. They had been updated within the past month.

It was evident that residents and/or their family/representative were involved in developing their individualised personal plan with the resident's dedicated key worker. The inspector reviewed a sample of two residents' personal plans and found the goals identified were specific, measurable, attainable, realistic and timely. There were good records kept of actions taken to date to assist each resident achieve their goals.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

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

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

Findings:

The health and safety of residents was not promoted or protected at all times. There was a risk management policy in place and staff had identified risks which affected individual residents. However, measures were not consistently put in place to control the risks identified.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. The inspector noted that records of these checks did not reflect what if any repairs had been completed and did not state that all items checked were left in full working order. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by all staff and residents. However, two new members of staff working in the centre had no fire training in place and the remaining staff had not completed refresher fire training in over two years.

There was a health and safety statement in place. The inspector reviewed the risk management policy and found that the policy was not reflected in practice. For example, the inspector read a residents risk assessment which identified that the resident was at risk of developing challenging behaviour if left to travel on the organisational general transport, as this took a prolonged period of time with staff not known to the resident. The risk assessment stated that staff from the centre would transport the resident to and from the centre in the transport they had available to ensure the journeys were made shorter and reduce risk of behaviour that maybe challenging. However, the inspector was informed that this control measure was not currently in place and a taxi was currently been used to transport this resident together with a member of staff employed on a temporary basis from an agency. The resident was therefore been put at risk of developing challenging behaviour on a daily basis.

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 in place to protect residents from abuse. The Authority had been notified of one incident of reported alleged abuse involving two residents'. The inspector found that staff had followed the centres policy while investigating the alleged incident. However, the measures put in place were not robust enough to ensure residents' were continually protected from abuse. For example, agency staff were been sent unsupervised to accompany two vulnerable residents' in a taxi travelling to and from the centre, one of whom had been identified as being at risk of displaying challenging behaviour if accompanied by staff unknown to the resident.

The inspector reviewed the policy in place and found it did not reference the Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) regulations 2013.

Residents' had access to an enclosed garden. All the exit/entry doors could be secured by locking and the house was alarmed. The front door required a key code to open, this was in place as one resident was identified of being at risk of absconding from the centre.

The inspector saw that each of the residents' had a detailed intimate care plan in place. Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. All staff had completed refresher training within the last year. Communication between residents and staff was respectful.

Residents who at times displayed behaviours that may be challenging had detailed, up-to-date wellbeing assessments and behavioural support plans in place. The inspector found that a number of restrictive practices were in use for a number of residents living in the centre. For example, one resident had a gate guard on the outer side of the resident's bedroom door. The staff informed the inspector and records reflected that this was used to secure the resident within the bedroom when the resident displayed challenging behaviour. However, records showed that this form of restraint had not been used in over three months, yet it remained attached to the outer side of the resident's bedroom door.

The records in each residents file did not outline what alternatives had been trialled, tested and failed prior to any form of restraint being used. In some incidences, there was evidence that alternatives to restraint could be used. For example, there was a gate guard on top of the stairs. Staff stated that this was in place as one resident who's' bedroom was upstairs was at risk of falling down if the resident attempted descending the stairs without staff supervising. There was no record to indicate if or why this resident was not offered to reside in a downstairs bedroom thus removing the need for any form of restraint.

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 health care needs of residents were being met. The inspector reviewed two residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. Allied health services were availed of promptly to meet residents' needs. For example, one resident had recently been reviewed by a psychologist and dietician. Records were on file to reflect these assessments.

Residents' had the choice of and access to a good variety of nutritious food to meet their dietary needs. Snacks including fresh fruit were available. The inspector observed staff offering one resident (in the house at the time of inspection) a choice of breakfast, which the staff member served the resident at the place of his choice. Staff were available to facilitate all residents with serving of their meals.

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:

There were written operational policies relating to the ordering, prescribing, storing and administration including self administration of medicines. However, the prescribing practices were not in line with best practice.

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought

into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made.

The prescribing of medications was not in line with best practice and therefore nurses could not administer medications in line with Guidance to Nurses and Midwives on Medication Management (July 2007). For example, nurses could not ensure the right time, as the frequency was not included in the prescription.

Resident medication prescriptions used by social care workers when administering medications were reviewed and the findings were as follows:

- there was one original doctor's signature on the charts reviewed
- the residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- the frequency that each medication was to be administered was not written on the charts
- there was not a maximum dose prescribed for as needed (PRN) medications
- there was no review date identified on the charts.

The training records submitted for six staff post the inspection showed that three of the six did not Safe Administration of Medication (SAM) training in place.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced social care leader. The person in charge had taken up this full-time post in 2013. The inspector saw evidence that she was involved in the governance, operational

management and administration of the centre on a regular and consistent basis. For example, she managed the staff roster.

The person on charge was not rostered on duty on the day of inspection and therefore was not met by the inspector. However, her manager, the service manager was available during the course of the inspection to support the staff. The person in charge reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider).

Judgment:

Compliant

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The number and skill mix of staff rostered to work was not adequate to meet the complex needs of the six residents living in the centre.

The roster showed that there were not enough staff employed in the centre. Six staff worked full time. Five staff were required each 24 hour period to cover staffing, as two staff were required to sleep over each night. As there were only six full time staff, at a minimum two of the five shifts each 24 hour period were covered by agency or relief staff. A review of records showed that several different agency and relief staff worked in the centre over the course of each week. Therefore, there was little continuity of care for residents'.

The skill mix of staff was not adequate to meet the needs of residents. Staff did not have adequate training in place to meet the needs of residents. As mentioned, under outcome 12 and 7, some staff did not have Safe Administration of Medications or fire safety training in place.

Staff informed the inspector that two staff who were trained to deal with challenging behaviour were required to be on duty each afternoon to provide care to one resident. However, on review of staff training records submitted post inspection just 2 of the 6 staff had received training in managing challenging behaviour. These 2 staff members

were usually the only staff that could drive the centres bus and as they were required to be present in the centre to provide care to one resident this meant that agency staff were sent via taxi to accompany two residents from their day care facility back to the centre each day. This was not in line with the assessed needs of one resident and was having an negative impact on residents' which was evidence by the recent notifications received by the Authority from this centre.

Staff files were not reviewed on this inspection.

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:

Sheila McKeivitt
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 St Michael's House
Centre ID:	OSV-0002348
Date of Inspection:	06 August 2014
Date of response:	02 September 2014

Requirements

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

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:

Control measures identified to manage risks when transporting one resident to and from the centre were not consistently put in place.

Action Required:

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

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

- Agreement made with day service (31st July 2014). Residential staff to contact day service by phone if a new agency/relief staff are facilitating transportation of service users in a taxi. Day service staff will give assistance into the taxi and residential will

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

give assistance on return to the centre.

- Protocol written up regarding the agreement made with day service and placed on individual files (10th August 2014)
- Risk Assessment updated regarding the protocol if new agency/relief staff are facilitating transportation of service users by taxi. (28th August 2014)

Proposed Timescale: 28/08/2014

Theme: Effective Services

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

Two staff members did not have fire training in place and all other staff had not completed refresher training in over two years.

Action Required:

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

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

Local training records show that Fire Prevention Training was completed by all staff on 7th October 2013. Two new staff required fire training which took place on 22nd August 2014.

All 6 permanent staff are now current in their fire prevention training.

PIC has contacted training department (23/08/14) requesting organisational training records be updated. Email sent 28th August 2014 asking for records to be rectified by 15th September 2014

Proposed Timescale: 15/09/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Records did not reflect that restraints such as gate guards were applied or used in accordance with evidence based practice.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

- PIC to consult with psychologist and review if gates can be removed, with the possibility to reattach easily should the need arise.
- PIC to contact Maintenance Department and request them to provide options for easy removal/reattachment of gates.
- PIC to discuss with staff team 2nd October 2014

Proposed Timescale: 02/10/2014

Theme: Safe Services

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

Records did not reflect what if any alternatives had been tried, tested and failed prior to any form of restraint been used.

Action Required:

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

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

- PIC to discuss with staff team and key workers to ensure that every effort to identify and alleviate the cause of residents' behaviour is made and recorded fully in individual files.
- Where alternative measures are considered and documented, this information will be used prior to any future restrictive practice being put in place.

Proposed Timescale: 18/09/2014

Theme: Safe Services

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

Adequate measures had not been put in place to protect residents from abuse, as unsupervised agency staff continued to accompany the residents' to and from the centre.

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:

- Agreement made with day service (31st July 2014). Residential staff to contact day service by phone if a new agency/relief staff are facilitating transportation of service users in a taxi. Day service staff will give assistance into the taxi and residential will

give assistance on return to the centre.

- Protocol written up regarding the agreement made with day service and placed on individual files (10th August 2014)
- Risk Assessment updated regarding the protocol if new agency/relief staff are facilitating transportation of service users by taxi. (28th August 2014)

Proposed Timescale: 28/08/2014

Theme: Safe Services

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

The policy in place did not reference the Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) regulations 2013.

Action Required:

Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

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

The policy will be reviewed in 2015 and will reference the Health Act 2007 (Care and Support of residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Statutory Instrument No. 367. It will take into account new sections of Children First and will be in line with Trust in Care.

Proposed Timescale: 01/01/2015

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:

Medication prescriptions were not completed in accordance with best practice.

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:

Medications are ordered weekly and provided by a local pharmacy who blister pack 3 service users' medications. The pharmacy provide the blister packs on a weekly basis

until they receive instruction from us that medications have changed and have received prescriptions showing same.

Weekly audit conducted of individual service user medications (different service user each evening). Discrepancies or drug errors reported to Nurse Manager On Call.

Proposed Timescale: 02/10/2014

Theme: Health and Development

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

Medication administration was not in line with professional guidance as medication prescriptions were not completed accurately.

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:

- Medication Administration Sheets now have each medication individually signed by the Doctor.
- Allergies, the full Doctors name and the GP's name are detailed.
- St Michaels House policy has been changed to reflect new and best practice.

Proposed Timescale: 28/08/2014

Theme: Health and Development

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

Three staff did not have Safe Administration of Medication (SAM) training in place. This restricted the number of staff who could safely administer medications to residents'.

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:

- Local training records show that all staff have received Safe Administration of Medication Training (SAM) since: 26th June 2014. One new staff member requires SAM assessment
- Training department asked to update organisational training records by 15th

September 2014.

- SAM assessment arrangements for one staff member to be finalised, (Several attempts to set a date have been made)

Proposed Timescale: 15/09/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

The number and skill mix of staff was not adequate to meet the needs of residents living 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:

PIC has discussed with Service Manager the urgent need to fill current staff vacancies. There is a recruitment plan in place to fill the current vacancies.

All six permanent staff have received training in the Safe Administration of Medication (SAM), one staff is awaiting assessment

All six permanent staff have received Fire Prevention Training (Since 22/8/14)

Two new staff require Food Hygiene Preparation training. PIC is liaising with the Training Department to organise training.

Proposed Timescale: 19/09/2014

Theme: Responsive Workforce

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

Appropriate measures were not in place to ensure residents received continuity of care and support, where staff were employed on a less than full-time basis.

Action Required:

Under Regulation 15 (3) you are required to: Ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.

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

PIC has discussed with Service Manager the urgent need to fill current staff vacancies. One person has been identified to fill one of three vacant positions following a successful interview.

An advert will be placed internally for one full time social care worker and two part time social care workers (5th September 2014)

One part-time existing staff member will return from Maternity Leave on 8th September 2014

Proposed Timescale: 05/09/2014

Theme: Responsive Workforce

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

Agency staff employed to work in the center some for the first time were not appropriately supervised.

Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

Systems currently in place in the centre to supervise agency staff are:

- An 'essential guide' detailing emergency numbers, useful information, communication, service user details, shift patterns and duties, household duties and hygiene, finance and centre specific information' is on site and a requirement for all new agency staff to read and sign. (Signature sheet kept on file in designated centre)
- Agency staff receive handover and work alongside another staff member at all times with the exception of the taxi journey to collect service users from their day centre.

Discussion to be held at next staff meeting, with PIC detailing and reminding staff what information needs to be handed over to agency staff.

Proposed Timescale: 02/10/2014

Theme: Responsive Workforce

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

All six staff did not have up-to-date training available in Food Hygiene training and the management of behaviour that may challenge.

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:

Two new staff require Food Hygiene Preparation training. Initial date set by training department 16/9/14 but designated centre can not facilitate this due to current staffing levels and the need to provide continuity of care to our service users. PIC is liaising with the training department to arrange a new date.

Local training records show that 'Management of behaviour that may challenge' (TIP's) training has been received by five of the six permanent staff. The remaining permanent staff member will complete this training on 19th September 2014.

One agency staff member who often works at the house also received this training.

PIC has contacted training department requesting Organisational training records to reflect the same.

Proposed Timescale: 27/08/2014