

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Broomfield 2 - Respite
Centre ID:	OSV-0003989
Centre county:	Louth
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St John of God Community Services Limited
Provider Nominee:	Declan Moore
Lead inspector:	Raymond Lynch
Support inspector(s):	Caroline Vahey
Type of inspection	Unannounced
Number of residents on the date of inspection:	7
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: 03 February 2017 07:50 To: 03 February 2017 21:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection

This was an unannounced inspection in order to monitor the centre's on-going regulatory compliance with the Health Act 2007 (Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013

The centre was first inspected in June 2014 and again in September 2015. On both of those occasions major and moderate non compliances were found across the majority of outcomes assessed and issues were identified with governance and management, risk management procedures and safeguarding.

In September 2016, unsolicited information was received by the Health information and Quality Authority (HIQA) concerning a resident going missing from the centre. When the inspector further investigated this information it was found that a resident did go missing for a period of time and this was not notified to HIQA as required by Regulations.

Because of this HIQA issued a Provider Led Investigation to the centre seeking

reassurances that there were adequate arrangements in place for the care and welfare of all residents living in the centre.

The provider responded to this in November 2016, providing HIQA with assurances that residents were safe and that the Director of Care and Support would ensure that a system of shared learning and debriefing was established in the Designated Centre in conjunction with the person in charge in order to reduce the risk of such an incident reoccurring.

In late November 2016 a number of notifications were received by HIQA regarding incidents of peer to peer aggression and assault, self injurious behaviours and property destruction. In January 2017 HIQA met with the provider and expressed their concerns about this centre and for welfare and wellbeing of the residents.

HIQA requested the provider to provide written assurances that there were adequate arrangements in place to protect and safeguard all residents in this centre at all times and that there were adequate resources in place to ensure that the residents assessed needs were being met in a timely and adequate manner.

The provider responded on 31 January 2017 and provided HIQA with assurances that the recommendations from the Provider Led Investigation in September 2016 continued to be implemented and would be kept under review to ensure the safety and protection of all residents availing of respite services in this centre.

However, an inspection of this centre on 03 February 2017 found that this was not the case. At times, residents were subjected to peer to peer assaults and witnessed serious incidents of aggressive and challenging behaviour that involved property destruction and assaults on staff members. It was also found that at times, children as young as seven could be potentially exposed to behaviours of concern exhibited by older children in this centre. (This was explicitly identified in the centre's own risk assessments).

Inspectors found that this inappropriate mix of residents necessitated immediate action. Inspectors issued an immediate action to the centre insisting that immediate measures be put in place to ensure the safety of all residents availing of respite services in this centre.

Senior management responded by allocating additional staffing hours to the centre prior to the end of the inspection. There were also written assurances provided that a complete review and update of all residents' positive behavioural support plans would be undertaken by 06 February 2017 and a review of all persons availing of the service so as to ensure there would be an appropriate mix of residents in the centre at any one time.

Management also committed to reviewing the respite booking systems so as to ensure that the service provided a safe environment for all residents availing of respite services in the centre. This work was to be completed by 2pm 10 February 2017.

How we Gathered Evidence

The inspectors met and spoke with six of residents during the course of the inspection process. One staff nurse was also interviewed on the morning of the inspection.

The clinical nurse manager 1 (CNM1), a staff nurse and a care assistant were also spoken with at regular intervals during the course of the inspection.

The Director of Care and Support and the Director of Services met with the inspectors for feedback on the findings of the inspection once it was completed. The Person in Charge was not on duty on the day of the inspection.

A sample of policies and documentation were also inspected as part of the process including health and social care plans, complaints log, risk assessments, positive behavioural support plans, minutes of meetings and daily notes.

Description of the Service

The centre provides respite breaks to children and adults. Adults are accommodated on three weeks each month while children were separately accommodated on one week per month. The centre comprised of one seven bedroomed house on a campus based setting belonging to St. John of Gods Services in County Louth. At any one time seven residents could be supported in the house. It was a respite centre which catered for both adults and children.

There were a range of small villages and towns in close proximity to the centre however, due to its isolated location private transport was required to access these amenities.

Overall Judgment of our Findings

Of the nine outcomes assessed, all nine were found to have major non compliances including residents' rights, premises, health, safety and risk management, safeguarding, governance and management, workforce, admissions and statement of purpose.

Overall the inspectors found that the centre was not suitable to support seven people. Residents were in receipt of a poor quality of service, the premises were not suited for their stated purpose and the governance and management arrangements in place were not adequate to ensure residents were kept safe on their respite breaks.

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

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

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

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

Findings:

This inspection found that the centre was not meeting or supporting the rights, choice, privacy and dignity of the residents that availed of respite services in this house.

While policies and procedures were in place to inform that residents would be consulted with, and would participate in decisions about their care and support while on respite in this centre, the inspectors found that this was not the lived reality of the residents and these policies and procedures were not being implemented at ground level.

For example, the inspectors observed that at times residents could be exposed to and/or subject to incidents of serious aggression and violence by their peers.

It was also identified in the centre's own risk assessment process (which was updated in September 2016, November 2016 and January 2017) there was an increased risk of young children being exposed to behaviours of concern in communal areas of the house by another resident.

In this instance, the inspectors were not satisfied that each child's right to an appropriate environment was being implemented or met by the centre. Inspectors were also concerned that arrangements in place were not adequate to ensure that children sharing the centre were compatible to spend time with each other.

The inspectors were also not satisfied that the personal care arrangements observed over the course of this inspection upheld residents' rights to privacy and dignity.

For example, on the morning of the inspection the inspectors observed that one resident in pressing need of immediate intimate personal care was supported to have their breakfast prior to being offered a shower. The resident in question was seated at the breakfast table with other residents in their night wear.

The premises were also of an inadequate size to support the needs of seven residents. Some bedrooms were too small to adequately support residents that used wheelchairs. The inspectors observed that these residents had no alternative but to avail of a hoist in the communal corridor so as they could transition from their wheelchairs to their beds. This did not promote privacy or safe moving and handling practices.

The inspectors observed that access to advocacy services and information about resident rights formed part of the support services that should be provided to the residents. Complaints procedures were also prominently displayed in the centre.

However, despite some of the on-going serious issues in this centre related to peer to peer abuse, it was observed that the centre had not organised for an independent advocate to support and advice the residents on their rights.

It was also observed that complaints were not being managed in line with regulations. For example, a complaint about the lack of support and respite services was made on behalf of resident who availed of the centre. There was no evidence to inform the inspectors how (or even if) this complaint was responded to.

Overall the inspectors were not satisfied that the residents rights, dignity and privacy were being upheld in this centre, intimate care practices required immediate review, complaints were not being managed in line with regulations and access to independent advocacy services was not provided for.

Judgment:

Non Compliant - Major

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

While there were policies and procedures in place on admissions and discharge, this

inspection found that the centre was in serious breach of the regulations and the centre was contravening its own policies and procedures.

The purpose of the admissions and discharge policy was to ensure an effective standardised approach that reflects the requirements of the National Standards for Residential Services for Children and Adults with Disabilities and the Regulations of the Health Act (2007).

The policy set out that people have rights, and the person in charge would ensure that a comprehensive assessment would be completed by an appropriate healthcare professional for each resident availing of respite services.

The policy also set out that the centre would be suitable to meet the needs of each resident and support practices would take into account the need to protect residents from abuse by their peers.

However, this inspection found that, as a result of inappropriate admissions procedures, residents were not safe from peer to peer abuse in this centre. The assessments for each resident required urgent review as they were inadequate and the layout and design of the centre was not suited for its stated purpose.

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):

Findings:

The inspectors found the premises were not suitable for its stated purpose and adequate communal and private accommodation was not available to meet the collective and individual needs of the residents.

Suitable storage was not available and the layout and size of the premises could not ensure residents' needs were met in a dignified and respectful manner.

There was one communal sitting and dining area available in the centre and the inspectors were not assured given the identified needs and number of residents in the

centre and the numbers of staff on duty at times that this was sufficient space.

A small seating area was available to the front of the centre, in the entrance hall however, there were no window coverings in this area.

Seven residents could be accommodated at any one time in the centre, each resident in a single bedroom. The inspectors found the size of these bedrooms to be inadequate with six of the seven bedroom measuring 5.5m² approximately.

As outlined in Outcome 1, some manual handling practices, such as transferring a resident with a hoist, could not be facilitated in most of these bedrooms, in order to ensure the dignity and safety of residents were maintained.

The seventh bedroom had previously been two bedrooms which had been reconfigured into one bedroom. The inspectors found approximately half of this bedroom was used for storage purposes with three chairs, clinical products, bedding and bed bumpers among other items, being inappropriately stored. In addition, suitable storage was not available in the centre for some cleaning equipment.

An outdoor area was available to the front of the premises for residents' use however, the inspectors found this was not appropriate for use by children. Suitable play and recreational facilities were not provided in this outdoor area for use by the children availing of this respite service.

While a playground area was available on the campus, the clinical nurse manager outlined this required updating and was not accessed regularly by children in this centre.

Judgment:

Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

While risk management policies were in place, the inappropriate resident mix, design and layout of the premises and institutional practices observed in this centre were seriously and substantially impacting on residents' rights, safety and quality of life in this centre.

The system of risk management in this centre was ineffective and did not keep the residents safe from harm. There were a number of serious notifications sent to HIQA regarding this centre in November 2016 pertaining to serious incidents of behaviours of concern.

These incidents included peer to peer assault, assaults on staff and violence and aggression. It was not demonstrated if any learning took place after adverse incidents. For example, some residents shared the house together on respite breaks even though there was information available to say that they were not compatible.

The inspectors observed that risk was not being effectively managed in this centre. For example, a resident who presented with significant behaviours of concern was routinely exposed to known risks and triggers to those behaviours. Their positive behavioural support plan clearly identified the need for a quiet and spacious area however, the centre was too small and too crowded to facilitate this.

Environmental risk assessments were either absent or inadequate and the inspectors found that the resident in question (and the other residents they shared the house with), were vulnerable as the environment had not been adequately risk assessed to support this resident.

The risk register, which formed part of the centres risk management procedures, also required review. The CNM 1 and staff nurse assured inspectors that there was adequate nursing staff cover 24/7 in the centre and there was no issues regarding nursing care cover.

However, the risk register informed that there was an increased likelihood of non nursing staff on night duty due to a number of vacancies in the centre. This was in stark contrast to what staff told the inspectors on the day of the inspection.

The inspectors also had concerns regarding infection control in the centre. Parts of the centre were in a poor stated of repair, the fridge in the kitchen for medicines required cleaning, some medical appliances were stored inappropriately, there was a filthy cloth in the kitchen and buffer pads used to clean the floor were drying on a radiator in the kitchen.

Overall the inspectors found that systems in place to manage risk required review, systems in place to manage control of infection required attention and the compatibility assessments of the mix of residents using the centre at any one time was unsatisfactory, unsafe and did not ensure residents were safe from the risk of peer to peer abuse and assault.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and

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

Theme:

Safe Services

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

Findings:

The inspectors found residents were not safeguarded and adequate measures were not in place protect residents from being assaulted or being exposed to inappropriate behaviours.

Residents were not consistently provided with appropriate support to manage their emotional and behavioural needs resulting in reduced outcomes for residents in the centre. Improvements were also required in staff training in Children's First, behaviour support planning and the use of restraint.

The inspectors reviewed records of adverse incidents in the centre and corresponding support plans for some residents. The inspectors also spoke to the staff on duty on the day of inspection to ascertain the measures in place to protect residents and the supports for residents with emotional and behavioural needs.

The inspectors found residents had been exposed to physical aggression on a number of occasions. This was compounded by the fact that there was ongoing exposure of other residents to known triggers, thereby predisposing them to incidences of violence.

For example, there were up to seven residents and six staff in the centre at any one time with inadequate communal space. This had been identified as a known trigger to adverse behaviours for a resident.

The inspectors found poor outcomes for residents, for example, residents being assaulted and one resident not being permitted to go into the centre for a number of hours due to the risk of physical assault.

In addition the inspectors found adequate measures were not in place to safeguard these residents with emotional and behavioural needs as they were exposed to triggers on an ongoing basis.

The inspectors also identified that at times children in the centre were at risk of being exposed to sexualised behaviours by another resident (as detailed in the centres own Risk Assessment - last updated in January 2017), the nature of this behaviour is not detailed in this report in order to protect the identity of residents involved.

Since this inspection the provider nominee informed the lead inspector that no other child in the centre had actually witnessed this behaviour, but there was potential for this to happen.

The inspectors discussed the safeguarding measures in place for residents with a number of staff on the day of inspection however, the staff outlined residents were not always safe in the centre.

An immediate action was issued to the Director of Services acting on behalf of the provider who took measures to mitigate the immediate risks at the time of inspection.

It was also observed that some staff had not completed training in Childrens' First which is required training on the safeguarding of children.

Behaviour support plans were in place for residents. However, the inspectors found a number of anomalies with these plans. Some plans were out - of - date and the measures in place to prevent and respond to some behaviours of concerns were not applied in practice.

For example, a comprehensive behaviour support plan outlined physical restraint may be required to be used to respond to incidences of aggression however, the staff outlined no physical restraints were used in the centre at any time.

In addition, the plan recommended ensuring social activities with peers were accommodated however, this had been discontinued a number of months ago in response to incidents of concern.

Some behaviour support plans had recently been developed for some residents however, the inspectors found an appropriate allied professional had not been consistently involved in the assessment of residents' behavioural needs and subsequent development of plans.

Some of these plans did not identify behaviours of concerns, for example, aggression, and as such the measures required to support the resident and protect other residents were not clearly set out. In addition, a chemical restraint which had been discontinued by the prescriber, remained detailed in a behaviour support as a reactive response to behaviour.

The inspectors spoke with staff on duty in relation to behaviour support plans however, staff were not consistently knowledgeable on identifying behaviours and on the corresponding support requirements.

Judgment:

Non Compliant - Major

Outcome 12. Medication Management

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

Theme:

Health and Development

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

Findings:

The inspectors found medication management practices in the centre were not in line with national guidelines and as such could not ensure residents were protected.

There were centre policies and procedures relating to the ordering, prescribing, storing and administration of medication. Medication management plans had been developed as part of the personal planning process however, the inspectors found these plans were basic and did not comprehensively guide the practice on supporting residents with their medication management needs.

Medications held in the centre were not consistently secure. While a locked medication trolley was available, a medication fridge was found to be unlocked on the day of inspection, and a number of medications were stored in the fridge.

Some of these medications were found to be out-of-date. This was discussed with the clinical nurse manager who outlined these out-of-date medications belonged to a resident who had ceased to use the respite service a number of months ago.

The clinical nurse manager had made arrangements for the disposal of these medications by the end of the inspection. Medications had not been returned to resident's family on discharge in line with the centre procedure as outlined by the clinical nurse manager.

In addition, the inspectors found temperature checks were not completed on the medication fridge in order to ensure optimal storage conditions.

The inspector reviewed prescription and administration records however, some of these records were not complete. Some prescription records did not have the general practitioner details documented and the time of administration of a medication did not match the time of a prescription for one resident. Medications were administered in the centre by registered nurses however, a complete signature sheet was not available.

The inspectors reviewed PRN (as required) medication prescriptions however, the circumstances under which these medications should be administered was not documented on prescriptions.

In addition, the circumstances for the administration of emergency epilepsy rescue medication were not clearly set out in either the prescription or the corresponding plan. The prescription stated this medication to be administered as indicated however it did not refer to where this information "as indicated" was documented.

The plan did outline the time frame for the administration of a first dose of medication however, the type of seizure and the timeframe for the administration of the second prescribed dose was not documented.

This was discussed with the clinical nurse manager who outlined a second dose would not be given as per the allowance of the prescription and emergency services would be called if seizure activity continued. In addition, this plan had not been signed or approved by the prescriber and therefore the inspectors were not assured it this plan was in accordance with the prescriber's instructions.

Records were maintained of all medication received into the centre and a stock count was completed on admission of residents to the centre. Records were maintained on some medications leaving the centre however, this was not consistently recorded on discharge of residents from the respite service.

An audit of medication management had been completed one week prior to the inspection by a senior nurse manager and the outcomes of this audit were discussed with this staff member.

An action plan had not been developed for the issue identified and the inspectors found appropriate immediate actions had not been taken to the issue identified i.e. an illegible prescription. In addition, the audit was found not to be comprehensive, for example, it had not included auditing of refrigerated medications and as such the issues identified on this inspection had not been highlighted.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

This inspection found that the centre was contravening the conditions as set out in their statement of purpose.

The centre, through their statement of purpose informed that it was a respite facility providing short breaks to adults and children with disabilities.

However, while on inspection the inspectors became aware that there was one adult resident residing in the centre on a semi permanent basis. The individual in question was residing in the centre for three weeks of the month out of every four. On the fourth week the resident was discharged to a nursing home.

This inspection found that the privacy and dignity of this resident was compromised as they were not provided with a permanent room to avail of and there were no personal items belonging to the resident kept in the centre.

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

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

Findings:

The provider provided HIQA with assurances on January 31st 2017 that this was a safe service and that resources were in place to meet the needs of the residents in a safe and dignified manner at all times.

However, this inspection on February 3rd found that this was not the case and the management structures in place required review as the service being provided to the residents was of poor quality, unsafe, undignified and inappropriate.

There was no permanent person in charge in this centre for the last eight months prior to this inspection. There were deputising arrangements in place however, the inspectors were informed that the person in charge (who had been absent for an eight month period) had just returned to the centre.

Because of this some of the duties, roles and functions of the person in charge were not being fulfilled. For example, there were no staff supervision meetings being facilitated in the centre. This concerned the inspectors as it was unclear how or even if staff could bring any concerns that they may have to the attention of management.

It was also observed that any residents had significant individual and complex behavioural needs and at times during the course of this inspection, some staff members were unable to provide inspectors with important information and documentation pertaining to the assessed needs of some of the residents. For example, some staff were not familiar with the content of some of the behavioural support plans.

The inspectors noted that internal audits had taken place in the centre in 2016. It was also observed that an annual review of the quality and safety of care for 2016 had also been completed. However, the actions arising from the internal audits and quality enhancement plans were not being implemented.

For example, an unannounced visit and detailed audit of the centre in November 2016 identified that areas of risk management needed to be reviewed, compatibility of residents required urgent attention and play areas for children on respite were not suitable or adequate. None of these deficits had been addressed by the time of this inspection.

It was also found that the annual review was brief in nature and didn't capture the nature of the serious issues of non compliance that were pertinent to the centre.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

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

Theme:

Responsive Workforce

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

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

Findings:

The inspectors found that there was an insufficient skill mix of staff in this centre. This was based on deficits in some staffs knowledge regarding the residents in their care and deficits in their awareness and understanding of what constitutes abuse.

The inspectors interviewed one staff nurse and while she was aware of the safeguarding policies and how to respond to an issue of abuse, she informed the inspectors that she had no safeguarding concerns regarding the centre.

This concerned the inspectors as from reading the daily records, a number of very serious and abusive incidents had occurred in the centre as recently as November 2016 and January 2017.

Those concerns were further heightened when the inspectors found that children as young as seven were potentially exposed to behaviours of concern displayed another resident availing of respite care in the centre. (This was identified in the centre's own Risk Assessment process, which was updated in January 2017).

Further investigation found that some staff had not received Children's First training and there were gaps in safeguarding training. Inspectors brought these concerns to the attention of the director of services and the director of care and support.

At times in the centre the inspectors observed that the staffing arrangements required urgent review as from the current staffing complement, the centre was trying to provide 1:1 support for a resident who was prone to leaving the centre without informing staff.

Again the inspectors brought this concern to the director of services and after receiving an immediate action regarding safeguarding concerns, he immediately arranged for additional staffing hours to be allocated to the centre.

Inspectors were also concerned that the process of staff supervision was not being facilitated in the centre (as discussed under outcome 14: Governance and management).

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:

Raymond Lynch
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 John of God Community Services Limited
Centre ID:	OSV-0003989
Date of Inspection:	03 February 2017
Date of response:	02 March 2017

Requirements

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

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

Outcome 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:

Residents privacy and dignity were at times compromised in this centre.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and

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

dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

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

1. As of 13/02/2017, only one bedroom is being used for residents who require support with a hoist. Bookings for Respite were revised and only one resident will be booked in at any one time who requires the support of a hoist.
2. On 06/02/2017 a debriefing was carried out relating to the incident whereby a resident attended for breakfast whilst in need of attention in relation to their intimate care. All residents will now be supported to dress prior to attending the breakfast table. For those who choose to attend the breakfast table in their nightwear, they will be supported to wear a dressing gown and their intimate care needs attended to.

Proposed Timescale:

1. Complete 13/02/2017
2. Complete 06/02/2017

Proposed Timescale: 13/02/2017

Theme: Individualised Supports and Care

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

At times resident's rights were breached in this centre. Due to serious incidents of aggression and violence by some residents, others had no alternative but to leave the centre for their own safety.

2. Action Required:

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

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

Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone.

Proposed Timescale: 13/02/2017

Theme: Individualised Supports and Care

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

There was no systems in place to support residents access independent advocacy services

3. Action Required:

Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

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

Our residents live at home with their families and have a lead service elsewhere. Normally their family and day service can advocate for our respite residents. A referral was made to the National Advocacy Service on 05/11/2016 for a resident who is residing in the DC during the adult respite service while awaiting a permanent residence elsewhere. The referral was resubmitted 22/02/2017

Proposed Timescale: 22/02/2017

Theme: Individualised Supports and Care

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

Personal space was not adequate in this centre. Some residents required time and space on their own as there was a risk if them engaging in inappropriate behaviours in communal areas of the centre (This was explicitly detailed in the centre's own risk assessment process which was last updated in January 2017)

4. Action Required:

Under Regulation 13 (3) (b) you are required to: Provide each child with age appropriate opportunities to be alone.

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

1. Booking arrangements have been revised as of 13/02/2017. The children's service has been revised with bookings now being admitted in 3 groups as opposed to 2, ensuring a better compatibility of residents and meaning that there will be less children in at any one time. The 12 year old resident highlighted will be booked in with older children and with reduced numbers to improve privacy
2. The 12 year old resident highlighted has been reviewed by the behaviour support committee on 22/02/2017

Proposed Timescale:

1. Complete 13/02/2017
2. Complete 22/02/2017

Proposed Timescale: 22/02/2017

Theme: Individualised Supports and Care

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

Complaints were not being managed in line with the regulations. They were not being investigated adequately.

5. Action Required:

Under Regulation 34 (2) (b) you are required to: Ensure that all complaints are investigated promptly.

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

Complaint forms dated 31/07/2015, 23/07/2015, 07/04/2016 and 05/05/2016 that were highlighted in the inspection have been resolved

Proposed Timescale: 28/02/2017

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The admissions policy was completely ineffective as residents were not safeguarded from abuse by their peers in this centre

6. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

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

Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone. The SOP has been revised to reflect the current status of the DC

Proposed Timescale: 13/02/2017

Theme: Effective Services

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

The criteria for admission to the centre and compatibility assessments of each resident using the centre required urgent review

7. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

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

1. The statement of purpose and function has been amended to highlight that we currently have a resident living in the centre during the adult bookings while a permanent home is being secured for them.

2. The compatibility assessments have been reviewed to ensure they encapsulate up to date information. A compatibility matrix was completed to reflect current known compatibility issues
3. A new compatibility assessment form will be designed

Proposed Timescale:

1. Complete 16/02/2017
2. Complete 10/02/2017
3. 20/03/2017

Proposed Timescale: 20/03/2017

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Suitable play and recreational facilities were not provided for use by the children in the centre.

8. Action Required:

Under Regulation 17 (3) you are required to: Where children are accommodated in the designated centre provide appropriate outdoor recreational areas which have age-appropriate play and recreational facilities.

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

We will source suitable playground equipment for the garden area whilst being mindful that the DC also caters for adult respite

Proposed Timescale: 29/04/2017

Theme: Effective Services

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

Bedrooms were not of a suitable size to meet the individual needs of residents.

The communal sitting room cum dining room was insufficient to meet the individual and collective needs of residents.

Suitable storage was not available in the centre as outlined in the body of the report.

9. 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:

From 20/03/2017 one of our bedrooms will be decommissioned reducing our capacity to 6 beds. The decommissioned room will provide extra storage for the relevant equipment

Proposed Timescale: 20/03/2017

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Risk was not being adequately identified throughout the centre. Some residents were being exposed to environmental risks and triggers to episodes of serious behavioural problems.

10. Action Required:

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

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

1. The Resident identified as posing a potential risk to others due to their behaviours of concern is now being offered respite on their own. This will provide adequate space in a quiet atmosphere and will completely mitigate against the aforementioned risk
2. The medication fridge was cleaned on the day of the inspection. The filter was cleaned and temperature checks carried out to ensure it was functioning within the required temperature range. A checklist has been put in place to monitor the temperature on a daily basis.
3. Repairs were carried out on the entrance to the playhouse 09/02/2017
4. A new 2 seater sofa was ordered on 17/02/2017
5. A hygiene audit is scheduled for 13/03/2017
6. Medical appliances were sent home on the day of the inspection to the resident to which they belonged

Proposed Timescale:

1. Complete 13/02/2017
2. Complete 20/02/2017
3. Complete 09/02/2017
4. 20/03/2017
5. 13/03/2017
6. Complete 03/02/2017

Proposed Timescale: 20/03/2017

Theme: Effective Services

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

There was insufficient detail provided on risk assessments on how to manage incidents of aggression and violence

11. Action Required:

Under Regulation 26 (1) (c) (iii) you are required to: Ensure that the risk management policy includes the measures and actions in place to control aggression and violence.

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

Behaviour support plans will be revised in consultation with the behaviour support committee, day services and family to include more detail on responding to aggression and violence

Proposed Timescale: 29/04/2017

Theme: Effective Services

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

Systems for responding to risk require urgent review

12. Action Required:

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

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

1. Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone.
2. Risk assessments for each resident will be reviewed prior to their next admission

Proposed Timescale:

1. Complete 13/02/2017
2. 02/04/2017

Proposed Timescale: 02/04/2017

Theme: Effective Services

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

It was not demonstrated if any learning took place after adverse incidents. For example, some residents shared the house together on respite breaks even though there was information available to say that they were not compatible.

13. Action Required:

Under Regulation 26 (1) (e) you are required to: Ensure that the risk management policy includes arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.

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

1. Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone.
2. Weekly DC meeting will be scheduled as of 27/02/2017 which will include debriefing on incidents over the previous week and any required action actioned

Proposed Timescale:

1. Complete 13/02/2017
2. Complete 27/02/2017

Proposed Timescale: 27/02/2017

Theme: Effective Services

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

Systems regarding how infection control was being managed require review

14. 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:

A weekly walk-through of the DC will be completed by the PIC/CNM1 to identify any environmental risks and maintenance requirements. Any deficits observed will be actioned on

Proposed Timescale: 03/03/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Staff were not knowledgeable on some identifying behaviours of concerns and support plans to prevent or respond to these behaviours.

Behaviour support plans did not consistently identify the behaviours of concern and as such outline the reactive strategies to support residents and safeguard other residents.

Some behaviour support plans were out-of-date and the strategies outlined in some of these plan were not applied in practice.

Evidence of involvement of an appropriate healthcare professional in the assessment of residents' emotional needs and the subsequent development of plans was not consistently available for some residents.

A chemical restraint which had been discontinued by the prescriber, remained detailed in a behaviour support as a reactive response to behaviour.

15. 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:

1. Behaviour support plans will be revised in consultation with the behaviour support committee, day services and family to include more detail on responding to behaviours of concern.
2. A signature sheet will be added to behaviour support plans to ensure that all staff have read and are familiar with behaviour support plans

Proposed Timescale: 29/04/2017

Theme: Safe Services

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

Some staff had not received training in Children's First.

16. Action Required:

Under Regulation 08 (8) you are required to: Ensure that where children are resident, staff receive training in relevant government guidance for the protection and welfare of children.

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

Outstanding Children's First Training will be completed by 05/03/2017

Proposed Timescale: 05/03/2017

Theme: Safe Services

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

the following respect:

Residents were not safeguarded in the centre. Residents were exposed to aggression and others were potentially exposed to inappropriate behaviours demonstrated by other residents in communal areas of the centre.

17. 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:

Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone.

Proposed Timescale: 13/02/2017

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:

Medications requiring refrigeration were not securely stored. Temperature checks were not completed on the medication fridge in order to ensure optimal storage conditions.

18. 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:

A checklist has been put in place to monitor the locked medication fridge on a daily basis. This includes recording the fridge temperature, that the fridge is clean, if there is stock in the fridge and recording if it is in date

Proposed Timescale: 20/02/2017

Theme: Health and Development

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

Out of date medications were not appropriately segregated or disposed of.

19. Action Required:

Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored

in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

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

1. The expired medication was disposed of on the day of inspection via the prescribed resident's own pharmacy
2. All medication will be sent home with the resident upon discharge
3. A checklist has been put in place to monitor the medication fridge on a daily basis. This includes recording if there is stock in the fridge and recording if it is in date

Proposed Timescale:

1. Complete 03/02/2017
2. Complete 03/02/2017
3. Complete 21/02/2017

Proposed Timescale: 21/02/2017

Theme: Health and Development

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

Medication management practices in the centre were not adequate in order to ensure residents were protected as follows;

- Some prescription records were not complete
- An administration record did not match the prescription time
- Complete signature records for registered nurses administering medications were not available
- PRN (as required) medication prescription did not detail the circumstances under which these medications should be administered
- Medication management plans were basic and did not guide practice. Plans detailing the circumstances under which emergency epilepsy medication should be administered did not guide practice
- The medication management audit was not comprehensive. Timely actions had not been taken to mitigate a risk identified during a recent medication management audit
- Accurate records were not maintained for medications leaving the centre.

20. 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:

1. Medication records will be completed on admission and discharge – the PIC communicated this with staff at staff meeting 21/02/2017
2. All families were contacted to provide directions from resident's neurologist / paediatrician / GP for specific guidelines / timelines for the administration of buccal midazolam prior to their next admission. This will inform the medication management plans which will be revised prior to the relevant residents' next admission
3. All recommendations from the medication audit carried out on 24/01/2017 have been implemented
4. The signature bank/record for Registered nurses who administer medication in the DC will be completed by 05/03/2017
5. All families have been mailed guidelines on requirements for medications and prescriptions being sent in with residents on admission based on regulation and NMBI guidelines.
6. All kardexes will be checked on each residents next admission to verify that the medication, prescription and the kardex all tally

Proposed Timescale:

1. Complete 21/02/2017
2. Complete 13/02/2017
3. Complete 13/02/2017
4. 05/03/2017
5. Complete 13/02/2017
6. Complete 13/02/2017

Proposed Timescale: 05/03/2017

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The SOP had not been reviewed or updated to reflect the current intake of residents into the centre. One resident lived in the centre three weeks out of every four.

21. Action Required:

Under Regulation 03 (2) you are required to: Review and, where necessary, revise the statement of purpose at intervals of not less than one year.

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

The statement of purpose and function has been amended to highlight that we currently have a resident living in the centre during the adult bookings while a permanent home is being secured for them

Proposed Timescale: 16/02/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

The provider failed to appoint a full time person in charge to the centre for the last eight months

22. Action Required:

Under Regulation 14 (1) you are required to: Appoint a person in charge of the designated centre.

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

The PIC has returned to the DC on full time basis as of 24/01/2017

Proposed Timescale: 24/01/2017

Theme: Leadership, Governance and Management

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

The annual review was brief and did not capture the nature of the serious issues of non compliance in this centre.

23. Action Required:

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

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

The Annual review for 2016 will be revised to ensure it complies with regulation

Proposed Timescale: 12/03/2017

Theme: Leadership, Governance and Management

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

The current management systems in place is not ensuring that residents are safe in this centre

24. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

1. Booking arrangements have been revised as of 13/02/2017 and are based on compatibility and risk assessment. Residents who have posed a significant risk to others due to aggressive behaviour shall be booked into respite alone.

1. The PIC has returned to the DC on full time basis as of 24/01/2017

3. Behaviour support plans will be revised in consultation with the behaviour support committee, day services and family to include more detail on responding to behaviours of concern.

4. A signature sheet will be added to behaviour support plans to ensure that all staff have read and are familiar with behaviour support plans

5. The quality enhancement plan will be reviewed to ensure all outstanding actions from inspections and audits are included and actions time-scaled

6. A schedule for supervision meetings and PDR's for staff has been put in place

Proposed Timescale:

1. Complete 13/02/2017

2. Complete 24/01/2017

3. 29/04/2017

4. 29/04/2017

5. 12/03/2017

6. 05/03/2017

Proposed Timescale: 29/04/2017

Theme: Leadership, Governance and Management

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

Actions arising from audits and quality enhancement plans are not being implemented

25. Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

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

The quality enhancement plan will be reviewed to ensure all outstanding actions from inspections and audits are included and actions time-scaled

Proposed Timescale: 12/03/2017

Theme: Leadership, Governance and Management

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

the following respect:

Staff were not being supervised as required by regulations.

26. Action Required:

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

A schedule for supervision meetings and PDR's for staff is in place

Proposed Timescale: 22/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Staffing arrangement required urgent review in this centre

27. 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:

1. 1:1 staffing addressed as per risk assessment for "resident who goes absent without supervision" and revised booking arrangements as of 13/02/2017 i.e. staff to resident ratio 3:5 when the highlighted resident is admitted. 1 staff will work 1:1 with this resident 08.00-22.00 while 2 staff are allocated to the other 4 residents.
2. Revised booking arrangements as of 13/02/2017 also provide a extra staff support for resident's who present with significant behaviours of concern (staff to resident ration 2:1)

Proposed Timescale: 13/02/2017

Theme: Responsive Workforce

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

There were deficits in staff training such as Children's First Training and Safeguarding Training

28. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to

appropriate training, including refresher training, as part of a continuous professional development programme.

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

1. Staff who have not completed training in Children's First will complete the training by 05/03/2017
2. Staff who have not completed training in Safeguarding will complete the training by 31/03/2017

Proposed Timescale:

1. 05/03/2017
2. 31/03/2017

Proposed Timescale: 31/03/2017

Theme: Responsive Workforce

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

Staff were not being supervised adequately in this centre. There were no scheduled meetings between the person in charge and the staff team.

29. Action Required:

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

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

1. Staff team meeting with the PIC took place on 21/02/2017
2. A schedule for monthly staff team meetings for 2017 is in place
3. A schedule for supervision meetings and PDR's for staff is in place

Proposed Timescale:

1. Complete 21/02/2017
2. Complete 22/02/2017
3. Complete 22/02/2017

Proposed Timescale: 22/02/2017

