

# eDeposit Ireland

## Centre A2

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**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Centre A2
<b>Centre ID:</b>	OSV-0005387
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 38 Arrangement
<b>Registered provider:</b>	Peamount Healthcare
<b>Provider Nominee:</b>	Kevin McNamee
<b>Lead inspector:</b>	Caroline Vahey
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	16
<b>Number of vacancies on the date of inspection:</b>	2

## About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
30 June 2016 09:00	30 June 2016 18:45
01 July 2016 09:30	01 July 2016 17:10

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 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**

**Background to the inspection**

This was the second inspection of the designated centre. The centre had previously been inspected in June 2014 as part of a larger designated centre which had since been reconfigured. This was a nine outcome inspection, the purpose of which was to monitor ongoing regulatory compliance.

**How the inspector gathered evidence**

The inspection took place over two days and as part of that inspection, the inspector spoke to five staff members, met with one resident and spoke to a number of residents throughout the inspection. The inspector also observed practice, for example, meals being served, staff interactions with residents and the provision of activities. The inspector also reviewed documentation including some policies and procedures, personal plans, residents financial records, fire safety records, staff rosters and staff training records. Four units were visited during the inspection.

**Description of the service**

The centre had a statement of purpose, which outlined the aims of the service which was to deliver individual best outcomes and to provide a range of high quality health

and social care services whereby residents are cared for, valued and supported to embrace a new way of living. The inspector found the service provided did not meet the aims as outlined in the statement of purpose in particular in relation to social care. There were sixteen residents living in the centre on the day of inspection and both males and females were accommodated in the centre.

#### Overall judgment of findings

Major non-compliances were found in four of the nine outcomes inspected against. These included Outcome 5, social care needs, Outcome 7, health and safety and risk management, Outcome 14, governance and management and Outcome 17, workforce. Social care needs were not appropriately assessed and met by the support provided. This was further impacted by inadequate staffing levels and skill mix. There were inadequate arrangements for the containment of fire in three of the four units and fire training had not been provided to some staff. The governance and management of the centre did not ensure the service provided met the identified needs of the residents in a safe and consistent manner. The quality and safety of care and support was not monitored on an ongoing basis by the provider and the person in charge was not involved in the operational management of the centre on an ongoing basis. Appropriate support was not provided to a manager to fulfill management responsibilities.

Good practice was identified in the provision of healthcare and residents' healthcare needs were appropriately met in a timely manner.

Improvements were also required in the provision of safeguarding training and in the details in behaviour support plans in order to guide practice. The arrangement for two residents to share a bedroom did not ensure privacy and dignity was maintained. Details set out in the written agreements required improvement and fees were not clearly described in these agreements. Suitable practices were not implemented in the disposal of medications and arrangements were not in place to ensure the timely administration of medication to a resident.

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end of this report.

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

**Outcome 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):**

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

**Findings:**

Not all aspects of this outcome were inspected.

The inspector found that improvements had taken place in the management of residents' finances however, the arrangement for residents sharing a bedroom could not ensure privacy and dignity and suitable storage for these residents' personal possessions was not provided. Some records were not held securely in order to ensure privacy of personal information.

The action from the previous inspection was satisfactorily implemented. Individual log books had recently been introduced to record residents' financial transactions. A corresponding receipt was maintained for all transactions and records were complete. Each resident had an account managed for them by Peamount Healthcare. Residents could access money from their main account in a timely manner and sufficient funds were also held locally in the unit for residents' use.

The inspector reviewed one bedroom currently shared by two residents. The bedroom was small, there was minimum storage available for personal possessions and the privacy of residents could not be maintained for personal care.

The inspector found some records belonging to residents were not held securely in order to ensure this information was respected. This information was held in an open lower shelf on the medications trolley which was stored in the dining area of a unit.

**Judgment:**

Non Compliant - Moderate

**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:**

The inspector found that some residents did not have a signed copy of a written agreement in place. In addition, improvement was required in the details set out in the written agreement.

The inspector found that some residents did not have a copy of a signed written agreement. The inspector reviewed the written agreement in place however, it did not clearly outline the fees to be charged. Additional fees outlined were also not clear, for example, the written agreement detailed that staffing supports for holidays may be partly or fully funded by the resident in consultation with the resident, family and /or advocate.

The services provided were outlined however, the inspector found a clause detailed in the written agreement, indicating that residential services would be provided in accordance with the provider's obligations subject to available resources, was misleading and negated the responsibilities of the provider.

**Judgment:**

Non Compliant - Moderate

**Outcome 05: Social Care Needs**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that residents healthcare and personal care needs were met however, social care needs and personal development were not effectively assessed or met by the services provided. Improvements were also required to ensure residents' personal plans were available in an accessible format and to ensure the participation of residents' representatives in the development and review of personal plans. Some healthcare plans were not developed.

The outcomes from the previous inspection were not satisfactorily implemented. Assessment of social care needs were basic and did not consider what the resident required to effectively and comprehensively meet the residents' social needs. The assessment only reviewed the social activities the resident currently engaged in and not aspects of support to enhance these needs. While individual goals had been developed, these did not address the day to day need for some residents to engage in meaningful activities, for example, activities outside the campus and activation on days when residents did not attend a day programme. The assessment of need document contained a section entitled meaningful activities however, this related to self-help personal skills and group work skills. There was some review of personal plans to ensure their effectiveness, specifically relating to health care needs and intimate care needs however, social care needs were neither assessed nor reviewed appropriately.

The assessment of healthcare needs and personal care needs were comprehensive and were subject to a review a minimum of annually. Multidisciplinary team members had been involved in the assessment process and the subsequent development of plans, for example, physiotherapist, occupational therapist, speech and language therapist and a clinical nurse specialist in behaviour. However, the inspector found that residents' representatives had not been involved in the assessment of need process or personal plan development and reviews.

Personal plans were developed in healthcare and intimate care needs however, the support required to meet the social care needs of residents were not comprehensively set out in personal plans. Some healthcare plans were not in place for identified needs, for example, mental healthcare plans. The plans which were in place guided staff in the support required to meet identified needs. Personal plans had not been made available in an accessible format for residents.

The inspector found the designated centre had not put adequate arrangements in place to meet the social needs of residents either through an appropriate assessment, the provision of meaningful and varied activation or appropriate staffing. Residents did have access to a day activation programme on the campus mainly on a part time / sessional basis and some residents accessed community activation groups. The inspector reviewed records of activities for three residents in two units and spoke to another resident in a third unit. In one unit the inspector found the resident did not have meaningful day to day activation. During a four week period there was one activity

recorded as haven taken place. In a separate week, one day out, a physiotherapy appointment and a hospital appointment were recorded activities along with one session of a board game and one session of getting their nails done on the unit. In addition, an multidisciplinary team meeting in April 2016 identified the resident had been asking to go out on the bus however, this had not been appropriately actioned, in that the response was the bus and staffing required were not available. In addition, the nurse manager outlined the resident required a nurse to accompany them on social outings due to a pre-existing condition however, this support had not been made available on a frequent basis. Records stated that some residents only had an opportunity to leave the campus on three occasions in a five month period.

In the second unit, there was a more varied availability of activities however, on review of a resident's activity record for one month there were periods of up to 4 days whereby no activity was recorded as having been offered or taken place. Access to the community was more frequent in this unit with community based activities at least weekly.

The third unit, provided frequent and meaningful access to the community in accordance with their wishes and was supported to maintain their independent community skills.

Individual goals were developed in consultation with residents. A resident discussed with the inspector a recent review of goals and the actions in place to realise these goals which were meaningful and considered ongoing personal development. Two other residents' individual goals were reviewed by the inspector. Meaningful goals had been developed for one of these residents and actions required to achieve these goals were outlined however, these actions were not consistently implemented. For example, a goal to go to particular park had been actioned once since it's development three months ago. The goals in place for another resident, while in line with their wishes, incorporated a once off event and there were no further goals in place to maximise the residents' personal development.

**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:**

The inspector found the health and safety of residents and visitors was not protected and promoted. Improvements were required in the arrangements for the containment of fire, personal emergency evacuation plans, fire evacuation plans and in fire drills. The risk management policy had not been reviewed since the last inspection and did not contain all the required information. Not all risks were assessed, risk management training had not been provided to staff and some control measures identified on risk assessments were not implemented. Improvements were also required in incident management to ensure learning from adverse event within infection control arrangements and in the centre's emergency plan.

The actions from the previous inspection had not been implemented as per the provider's response. One action had been partially implemented and suitable control measures were in place to mitigate the risk to a resident who resided in an un-staffed location. The risk management policy available in the unit was dated 2013 and had not been updated since the last inspection. This risk management policy did not cover some of the matters set out in Regulation 26, specifically self-harm and accidental injury to residents, visitors and staff. Risk management training had not been provided to staff since the last inspection. A risk register was in place however it did not reflect some identified risks such as use of oxygen, lone workers, manual handling and some risks associated with behaviours that challenge. In addition, a risk assessment had not been developed for a resident with epilepsy and for residents who were unstaffed at times during the day and overnight. One resident had an identified high risk of falls however, the actions outlined in a multidisciplinary team meeting in April 2016 to mitigate this risk had not been pursued. The inspector also observed a resident with an assessed risk of choking unsupervised while having a meal. The risk assessment outlined the resident would not be able to call for assistance if required. As there was a shortage of staff on duty, a staff member had been relocated to another unit to cover staff breaks. The risk assessment was not subject to regular review and had not been updated since February 2015 to ensure control measures were proportionate and appropriate.

While personal emergency evacuation plans had been developed, some were not reflective of the support required to assist residents during an emergency. For example, a personal emergency evacuation plan outlined a resident required support to use a walking frame to evacuate, but a staff member stated a wheelchair should be used. In addition, a plan reflecting cognitive understanding had conflicting detail in relation to ability to understand and respond to a fire alarm. Fire safety training remained outstanding for one staff and training on the use of fire extinguishers had not been provided to four staff. This had also been an action from the previous inspection.

Suitable fire fighting and fire detection equipment was provided throughout the centre and records confirmed all equipment had been serviced regularly. There were no fire doors in three of the four units in the centre. All exits were clearly marked and unobstructed on the day of inspection. Fire drills took place at yearly intervals however, there had been no drills carried out to establish if the arrangements at night time could ensure the safe evacuation of residents. The issues identified during fire drills had been appropriately responded to.

Satisfactory arrangements were not in place for infection control and damage was observed to the covering on a number of kitchen presses in two locations. Suitable hand washing facilities and personal protective equipment was available throughout the centre.

The inspectors reviewed incident reports which were completed by staff and forwarded to corresponding review committees. The inspector found adequate arrangements were not in place to ensure learning from adverse incidents. Recommendations arising from reviews of these incidents were not communicated back to unit level and as such did not inform a change in practice. For example, two recommendations of follow up were made following a review of an incident occurring in March 2016, however, this had not been communicated to the manager or staff in the unit. This was also consistent with reviews of behaviour incidents and copies of the minutes of meetings and recommendations were not made available at unit level. In addition, the inspector found timely and appropriate action had not been taken following an incident in which a potential risk for a resident requiring minimal support had been identified.

There was an emergency plan in place which identified the actions in the event of emergencies such as power outage, fire and flood however, the emergency plan did not outline alternative accommodation options in the event residents could not return to the centre. There were policies and procedures relating to incidents where a resident goes missing.

**Judgment:**  
Non Compliant - Major

### **Outcome 08: Safeguarding and Safety**

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

**Theme:**  
Safe Services

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

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

### **Findings:**

Overall the inspector found residents were safeguarded in the centre however, improvement was required in behaviour support plans, staff training in safeguarding, behaviour support and restrictive practice and in the use of a restrictive practice. One action from the previous inspection had not been implemented and a restrictive

procedure was not applied as per the regulations.

There was a policy in place on the use of restrictive practice including physical, chemical and environmental restraint. The use of chemical restraint in the centre was subject to regular review by the prescribing physician and the team. One environmental restraint was in use in the centre which had recently been reviewed by the multidisciplinary team however, the inspector found there was no plan in place to reduce this restrictive practice or no documentation on the alternative measures tried prior to the implementation of this practice.

There was a policy in place on safeguarding however, the policy was out of date. Five staff had not received training on safeguarding. Some staff were not aware of the types of abuse however, staff were knowledgeable on the actions to take in the event of an allegation, suspicion or disclosure of abuse. Safeguarding concerns had been fully investigated by the provider however, the inspector found that in one instance the follow up recommendations arising following an investigation had not been implemented. There were no safeguarding concerns on the day of inspection.

There was a policy in place for behavioural support. Behaviour support plans and care plans were in place where required and included proactive and reactive strategies. However, the inspector found these plans did not consistently guide practice, in particular in relation to the use of medication as part of a therapeutic response. Behaviour support plans were developed following assessment by a clinical nurse specialist in behaviour and plans were subject to regular review.

Some staff had not received training in behaviours that challenge and on the use of restrictive practice.

There was a policy in place for the provision of personal intimate care. Personal care assessment were completed for residents and intimate care plans developed outlining the support required to assist residents with their needs while maintaining their privacy.

Staff members were observed to communicate with residents in a kind, caring and patient manner.

**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):**

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

**Findings:**

Overall the inspector found residents were supported to achieve and maintain the best possible health.

The action from the previous inspection was satisfactorily implemented. The inspector observed a meal being served to residents. Residents' food was prepared in a central kitchen and a number of choices were offered at mealtimes. Food offered was varied and nutritious and additional portions of choices were available. In addition, snacks were ordered and available in sufficient quantities for residents. The mealtime was a positive and social event and there was ample seating available for residents to dine together.

The advice of a speech and language therapist formed part of nutritional plans where required. Staff were knowledgeable on these nutritional plans and the support residents required at mealtimes.

Residents' health care needs were met in line with their personal plan. Residents had timely access to appropriate health care professionals such as a physiotherapist, an occupational therapist and a psychiatrist. Personal plans outlined the support required to meet residents assessed health care needs and plans were fully implemented.

Residents had access to a general practitioner who attended the centre three times a week.

**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):**

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

**Findings:**

Overall the inspector found residents were protected by the centre's policy and procedures on medication management however, some improvement was required in the policy relating to administration of controlled drugs, the arrangement for the disposal of medication and in the timely administration of PRN (as required) medication.

The action from the previous inspection had been partially implemented PRN (as required) medication prescriptions detailed the maximum dosage in 24 hours and crushing of medication was not applicable in this centre. However, while the provider had facilitated medication management training for non nursing staff, these staff were not authorised to administer PRN (as required) anxiolytic medication and a nurse was contacted on the occasions the medication was required. The inspector found this posed a potential risk of a negative outcome for a resident, as prescribed medications could not be administered as indicated on prescriptions.

There were policies and procedures relating to the ordering, prescribing and storing of medication however, the inspector found the policy for the administration of medication did not include controlled drugs. However, there were no controlled drugs in use in the centre on the day of inspection.

Medication prescription and administration records were complete in line with national guidelines. The procedure for disposal of medication involved medications being returned to the pharmacy on campus however, the inspector found this was not consistently implemented. In addition medications requiring disposal were not stored separate from regular medications.

Medications were securely stored in a locked trolley and medications requiring refrigeration were suitable stored in a locked fridge.

A comprehensive medication management audit had been completed including prescriptions, administration of medication, storage and medication errors.

Residents availed of the service of a community pharmacy and a pharmacy was also available on campus if required.

**Judgment:**  
Non Compliant - Moderate

#### **Outcome 14: Governance and Management**

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

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

The inspector found the quality of support and the experience of residents was not monitored and developed on an ongoing basis. The management systems in place did not ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored and a number of non compliances were identified during the inspection. Significant improvement was required to ensure social care needs were appropriately assessed and met, and to ensure sufficient and appropriately skilled staff were provided. Fire safety systems and fire training were not adequate and the management of risks in the centre also required improvement. The management of incidents required improvement to ensure recommendations made at a senior management level were communicated back to unit level.

The follow up recommendations arising following an investigation of a safeguarding concern had not been implemented.

An annual review of the quality and safety of care and support had not been completed. Six monthly unannounced visits by the provider had also not been completed.

There was a person in charge appointed to the centre and staff outlined the person in charge attended the centre most days they were on duty. However, the inspector found it was unclear as to how the person in charge was involved in the day to day management of the centre. There were no meetings between the person in charge and the clinical nurse manager, specific to this centre and the person in charge did not attend staff meetings on a consistent basis. Group manager meetings between the person in charge and unit managers were held at approximately two weekly intervals. There was a clinical nurse manager appointed to the centre however, the clinical nurse manager had not protected time in order to complete delegated management responsibilities.

The person in charge outlined plans to recruit a new person in charge with responsibility for this centre. There was a clearly defined management reporting structure. Staff reported to a clinical nurse manager who in turn reported to the person in charge. The person in charge reported to a director of services who in turn reported to the provider nominee.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The inspector found sufficient staff with the appropriate skills were not provided resulting in poor outcomes for residents. Improvement was also required in the detail provided on rosters.

One action from the previous inspection was implemented and the provider had recently introduced supervision for staff. The clinical nurse manager had completed a number of individual supervision sessions with staff which included staff feedback, manager feedback and a development plan to address identified issues. The clinical nurse manager outlined plans to facilitate staff supervision approximately four to six weekly.

One action from the last inspection was not implemented and sufficient staff with appropriate skills were not provided. Three of the four units had a staff on duty in each unit, supported by a staff nurse and a floating care staff. However, the inspector found on a number of occasions only four out of five staff were on duty. On one of the two days of inspection there were four staff on duty, and residents' needs in relation to manual handling and supervision at mealtimes were not met in accordance with personal plans, posing a potential risk for some residents. There were insufficient staff numbers available to engage residents in meaningful activities on an ongoing basis. The inspector also found a risk assessment outlined an additional control measure of 24 hour supervision for a resident however, this unit was not staffed for a number of hours at night time and staffing had not been reviewed to consider if additional staff was required to meet this resident's need.

Some residents required the support of a nurse to access the community however, additional nurse cover was not regularly provided to accommodate these residents' social care support needs. In addition, the inspector found the arrangement for the clinical nurse manager to provide an on call service for the campus while also forming part of the staffing complement in the centre, to be inappropriate.

There was an actual and planned staff rota however, the times staff were rostered to work on night duty were not recorded.

Staff training records were reviewed and mandatory training had not been provided to some staff. Additional training had been provided in basic life support, hand hygiene and person centre planning.

Staff records were not reviewed as part of 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:***

Caroline Vahey  
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 report<sup>1</sup>

<b>Centre name:</b>	Centre A2
<b>Centre ID:</b>	OSV-0005387
<b>Date of Inspection:</b>	30 June 2016
<b>Date of response:</b>	18 August 2016

### 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:**

The arrangement in place for residents to share a bedroom did not ensure their privacy and dignity.

Some personal information belonging to residents in one unit was not secure.

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

**1. Action Required:**

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and 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. The shared accommodation was reviewed post inspection and residents that were sharing on the day of the inspection now have their own separate room in the same bungalow, ensuring the privacy and dignity of each resident.
2. All resident information is now secured in a locked press in the sitting room.

**Proposed Timescale:** 07/09/2016**Theme:** Individualised Supports and Care**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Adequate space was not available for residents who shared a bedroom to store their personal possessions.

**2. Action Required:**

Under Regulation 12 (3) (d) you are required to: Ensure that each resident has adequate space to store and maintain his or her clothes and personal property and possessions.

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

The inadequate storage for residents' possessions has been addressed by providing each resident with their own bedroom, which has adequate space to store and maintain their clothes and personal property and possessions.

**Proposed Timescale:** 07/09/2016**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:**

Signed written agreements were not in place for some residents.

**3. Action Required:**

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

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

1. The contract of care has been reviewed and is currently under revision. 16 September 2016.
2. This revised contract will be discussed with each individual resident and/or their representative and signed with their agreement. 30 November 2016

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

The written agreement was not consistent with residents' assessed needs and the inclusion of a clause in this agreement negated the provider's responsibilities to meet the needs of residents.

**4. Action Required:**

Under Regulation 24 (4) (b) you are required to: Ensure the agreement for the provision of services provides for, and is consistent with, the resident's assessed needs and the statement of purpose.

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

The contract of care has been reviewed and is currently under revision. The contract will clearly state the fees for services to be provided to the individual in accordance with the residents assessed needs and the actual cost of staffing supports for holidays should this be availed of.

The clause within the agreement which refers to the provider's obligations in regards to residential services to be provided as dictated by the needs of the resident is under review. The responsibilities of the service provider is clearly stated in the agreement and is in line with the statement of purpose.

**Proposed Timescale:** 16/09/2016

**Theme:** Effective Services

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

Fees were not clearly set out in the written agreement. The additional fees to be charged were not comprehensively in particular in relation to residents funding staff support for holidays.

**5. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be

charged.

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

The contract of care has been reviewed and is currently under revision. The contract will clearly state the fees for services to be provided to the individual in accordance with the resident's assessed needs and the actual cost of staffing supports for holidays should this be availed of.

**Proposed Timescale:** 16/09/2016

**Outcome 05: Social Care Needs**

**Theme:** Effective Services

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

A comprehensive assessment of residents' social care needs was not in place.

**6. Action Required:**

Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

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

A comprehensive assessment of residents' social care needs will be completed for all residents.

**Proposed Timescale:** 01/12/2016

**Theme:** Effective Services

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

The personal plan did not outline some residents' personal development.

**7. Action Required:**

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

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

Personal plans will be developed for each individual resident, and these will include a personal development focus, in line with the requirements of the regulations.

**Proposed Timescale:** 01/12/2016

**Theme:** Effective Services

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

Some health care plans were not developed.

**8. Action Required:**

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

1. Healthcare plans will be developed for all assessed needs. 17 November 2016
2. Residents and / or their representatives will be involved in the development process.  
Ongoing

**Proposed Timescale:** 17/11/2016

**Theme:** Effective Services

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

Personal plans had not been made available to residents in an accessible format.

**9. Action Required:**

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

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

All residents' personal plans will be provided in an accessible format, in consultation with the speech and language department.

**Proposed Timescale:** 01/12/2016

**Theme:** Effective Services

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

The process in place for review of personal plans had not considered the participation of residents' representatives.

**10. Action Required:**

Under Regulation 05 (6) (b) you are required to: Ensure that personal plan reviews are conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.

**Please state the actions you have taken or are planning to take:**  
Residents' representatives will be involved in the personal plan review process.

**Proposed Timescale:** Ongoing

**Theme:** Effective Services

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

Suitable arrangements were not in place to meet residents' social care needs.

The supports required for some residents to access the community were not put in place.

Residents did not have access to meaningful activities on a consistent basis.  
Some identified goals were not actioned on a consistent basis.

**11. Action Required:**

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

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

A wider range of suitable arrangements will be put in place, following a) assessment of residents social care needs and the development of plans to meet these needs, and b) following the commissioning and completion of a third party (independent) review of staffing structures, levels and skill mix of the Centre.

**Proposed Timescale:** 31/01/2017

**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:**

Some identified risks were not included on the centre's risk register including lone workers, use of oxygen, manual handling and some challenging behaviour.

Some identified risks such as epilepsy and unsupervised residents did not have a corresponding risk assessment in place.

**12. 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 risk register will be updated and will include the following risks: - lone working, use of oxygen, epilepsy, manual handling and behaviours that challenge.

2. Risk assessments will be completed for residents with epilepsy and for residents who in certain circumstances may be unsupervised at times.

**Proposed Timescale: 30/09/2016**

**Theme: Effective Services**

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

The risk management policy did not include the measures and actions in place to control self harm.

**13. Action Required:**

Under Regulation 26 (1) (c) (iv) you are required to: Ensure that the risk management policy includes the measures and actions in place to control self-harm.

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

The risk management policy has been reviewed to ensure the control of self harm is addressed.

**Proposed Timescale: 07/09/2016**

**Theme: Effective Services**

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

The risk management policy did not include the measures and actions to control accidental injury to residents, visitors and staff.

**14. Action Required:**

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

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

The risk management policy has been reviewed and revised to ensure accidental injury to residents, visitors and staff is addressed.

**Proposed Timescale: 07/09/2016**

**Theme:** Effective Services

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

The actions identified on risks assessments to mitigate risks were not implemented as outlined in the body of the report.

Some risks assessments were not subject to regular review.

The emergency plan did not include arrangements for alternative accommodation for residents should it be required.

**15. 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. All risk assessments will be reviewed and the actions required to mitigate against risk will be completed. 30 September 2016
2. All Risk assessments will be reviewed regularly (at least every 6 months), in accordance with the timescale set out in the risk management plan, or more urgently if required. Ongoing
3. The emergency plan has been reviewed and state the arrangements for alternative accommodations in the event of an emergency evacuation. Complete

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

Satisfactory arrangements were not in place to ensure learning from adverse incidents involving residents.

Appropriate and timely action had not been taken following an adverse incident.

**16. Action Required:**

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

1. The adverse incident has been followed up by the Incident Review Committee with recommendations. Complete

2. The learning outcome following review of this incident will be communicated to the staff by the Person in Charge at the next staff meeting. 23 September 2016
3. All incidents will be reviewed and actioned in an appropriate and timely manner.  
Ongoing

**Proposed Timescale:** 23/09/2016

**Theme:** Effective Services

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

Satisfactory arrangements were not in place for infection control in some kitchen areas.

**17. 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:**

The remedial works required in two kitchen areas regarding infection control have been addressed.

**Proposed Timescale:** 30/09/2016

**Theme:** Effective Services

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

One staff had not received training on fire safety and four staff had not received training on the use of fire extinguishers.

**18. 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:**

These staff have received training on fire safety and the use of fire extinguishers.

**Proposed Timescale:** 14/09/2016

**Theme:** Effective Services

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

Fire drills did not include testing of the arrangements at night time to ensure their effectiveness. A personal emergency evacuation plan was not reflective of the practice in place.

**19. Action Required:**

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

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

1. A night time fire drill will be carried out. Complete for 2/4 locations, remaining by 24 September 2016

2. All personal emergency evacuation plans will be reviewed and reflect individual residents' needs and practice implemented accordingly. Complete

**Proposed Timescale:** 24/09/2016

**Theme:** Effective Services

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

There were no fire doors in three units in the centre.

**20. Action Required:**

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

1. Fire doors will be provided in all units in the centre.

2. In the short term the risk is reduced with all staff being up to date with fire training to include fire extinguisher training. At night all electrical appliances are switched off at the wall socket and doors are closed.

**Proposed Timescale:** 30/11/2017

**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:**

Behaviour support plans did not consistently guide practice in particular in relation to prescribed therapeutic interventions.

**21. 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 reviewed by the Clinical Nurse Specialist in behaviours that challenge to ensure clear guidance in relation to therapeutic interventions. 30 September 2016
2. The Person in Charge will ensure that staff are knowledgeable in relation to prescribed therapeutic interventions. 30 November 2016

**Proposed Timescale:** 30/11/2016

**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 behaviour support and in the use of restrictive practices.

**22. Action Required:**

Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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

All staff will receive training in Positive Management of Violence and Aggression.

**Proposed Timescale:** 30/11/2016

**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 safeguarding.

**23. Action Required:**

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

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

All staff will be up to date with training in safeguarding.

**Proposed Timescale:** 16/09/2016

## 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:**

Appropriate practices relating to the disposal of unused medication was not implemented.

**24. 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 medications for disposal will be stored separately from the in use medications.  
Complete

2. The Person in Charge will ensure that the procedure for the disposal of medications will be followed consistently as per policy. Ongoing

**Proposed Timescale:** 07/09/2016

**Theme:** Health and Development

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

Suitable arrangements were not consistently in place to ensure PRN (as required) medications were administered to residents according to the prescription.

**25. 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. The Standard Operating Procedure for PRN administration for SAMS trained staff is under review to ensure it meets the needs of the residents. 30 September 2016

2. The revised procedure will be implemented and staff trained on any revisions. 30 October 2016

**Proposed Timescale:** 30/10/2016

## 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 person in charge was not involved in the operational management of the centre on an ongoing basis.

**26. Action Required:**

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

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

1. A newly appointed Person in Charge commenced 8th August 2016 and is undertaking the role and responsibilities of the Person in Charge in accordance with the requirements of the regulations, with regard to the operational management of the Centre on an on-going basis. Complete

2. Person in Charge supervision meetings will be held monthly with senior management, to provide support and supervision to the Person in Charge. To commence 30 September 2016 and ongoing

**Proposed Timescale:** 30/09/2016

**Theme:** Leadership, Governance and Management

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

An annual review of the quality and safety of care and support had not been completed.

**27. 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:**

An annual review of the quality and safety of care and support will be completed.

**Proposed Timescale:** 30/09/2016

**Theme:** Leadership, Governance and Management

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

There had been no unannounced visits by the provider completed.

**28. 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:**

An unannounced visit by the provider will be completed.

**Proposed Timescale:** 30/09/2016

**Theme:** Leadership, Governance and Management

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

The management systems in place did not ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored.

Appropriate staffing was not provided, social care needs were not appropriately assessed or met and safe fire systems and training were not in place.

The follow up recommendations arising following an investigation of a safeguarding concern had not been implemented.

The clinical nurse manager did not have protected time in order to fulfil their management responsibilities.

**29. 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. A newly appointed Person in Charge commenced 8th August 2016 and is undertaking the role and responsibilities of the Person in Charge in accordance with the requirements of the regulations, with regard to the operational management of the Centre on an on-going basis. Complete
2. Person in Charge supervision meetings will be held monthly with senior management, to provide support and supervision to the Person in Charge. To commenced 30 September 2016 and ongoing
3. The risk register will be updated and will include the following risks: - lone working, use of oxygen, epilepsy, manual handling and behaviours that challenge. 30 September 2016
4. The risk management policy has been updated to ensure it complies with the Regulations (as detailed in actions, 12, 13 and 14 of this action plan). Complete

- 5. Risk assessments will be completed for residents with epilepsy and for residents who in certain circumstances may be unsupervised at times. 30 September 2016
- 6. An unannounced visit by the provider will be completed in line with Regulation 23(1). 30 September 2016
- 7. An annual review of quality will be completed in line with the requirements of Regulation 23(1). 30 September 2016
- 8. A third party (independent external) review of staffing structures, levels and skill mix will be commissioned. 31 October 2016

**Proposed Timescale:** 31/10/2016

### **Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Nursing support was not provided to meet the assessed support required for some residents to access the community.

**30. Action Required:**

Under Regulation 15 (2) you are required to: Ensure that where nursing care is required, subject to the statement of purpose and the assessed needs of residents, it is provided.

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

1. The Person in Charge will review residents assessed support needs to access the community and will source the necessary training for care staff to facilitate community activities
2. A third party (independent external) review of staffing structures, levels and skill mix will be commissioned.

**Proposed Timescale:** 30/10/2016

**Theme:** Responsive Workforce

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

Sufficient staffing was not provided to ensure the safety of residents and to ensure the social care needs of residents were met. Staffing levels had not been reviewed following the development of a risk assessment to mitigate the risk of an adverse incident. The arrangement for a clinical nurse manager to provide an on call service to the campus while also providing direct care was found to be inappropriate.

**31. 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. The on-call arrangements have been revised, resulting in new Person in Charge not being involved in the on-call service to the campus. Complete
2. A third party (independent external) review of staffing structures, levels and skill mix will be commissioned. 31 October 2016

**Proposed Timescale:** 31/10/2016

**Theme:** Responsive Workforce

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

Rosters did not indicate the actual times staff worked during the night time period.

**32. Action Required:**

Under Regulation 15 (4) you are required to: Maintain a planned and actual staff rota, showing staff on duty at any time during the day and night.

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

The rosters include the actual time of staff working hours (day shift and night shift)

**Proposed Timescale:** 07/09/2016