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A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd - Kilkenny

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Authors	Kearns, Vincent;Murphy, Kieran
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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by S.O.S. Kilkenny Ltd
Centre ID:	ORG-0008094
Centre county:	Kilkenny
Email address:	lquinn@soskilkenny.com
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	S.O.S. Kilkenny Ltd
Provider Nominee:	Francis Coughlan
Person in charge:	Liam Quinn
Lead inspector:	Vincent Kearns
Support inspector(s):	Kieran Murphy;
Type of inspection	Announced
Number of residents on the date of inspection:	19
Number of vacancies on the date of inspection:	7

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
23 April 2014 08:00	23 April 2014 18:00
24 April 2014 08:00	24 April 2014 15:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

As part of the inspection inspectors met with residents, relatives, the person in charge, provider, and staff members. Inspectors met with the person in charge and discussed the management and clinical governance arrangements and the role of the person in charge. Inspectors met with the person in charge and examined policies and procedure documentation which covered issues such as medication management, accidents and incidents management, complaints and emergency plan. The person in charge informed inspectors that she endeavoured to provide a person-centred service to effectively meet the needs of residents.

The Action Plan at the end of the report identifies areas where improvements are needed to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. These areas include:

- recording of complaints was not adequate
 - management of residents’ finances needed updating
 - there were aspects to a number personal plans that were not adequate
- a number of issues with the premises

- fire and health and safety issues
- prevention of healthcare-associated infections
- management of restraint was not adequate
- issues in relation to assisting residents with eating and drinking
- medication administration
- no recorded performance management of staff
- staff files did not contain all documents as required under schedule 2 of the Health Act 2007.

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

Outcome 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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Residents to whom inspectors spoke stated that they felt safe and spoke positively about their care and consideration they received. Residents described the staff as being readily available to them if they had any concerns. Inspectors observed staff interaction with residents and noted staff promoted residents dignity and maximised their independence, while also being respectful when providing assistance. The person in charge informed inspectors that residents and their representatives were actively involved in the centre. There were a number of options for residents to voice their views including a weekly individual residents' house meetings, through the human rights committee forum, the "my life, my choice" meetings, the advocacy group and residents' "in-line communication" meetings. Inspectors noted visitors attended the centre at different times during the inspection and relatives reported easy access to the centre at all times. The person in charge informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care.

Inspectors noted that there was also a deputy residential manager who visited each house and also monitored the safeguarding practices and systems for ensuring respectful care was provided. Inspectors observed staff endeavouring to provide residents with as much choice and control as possible by facilitating residents individual preferences for example in relation to their daily routine, meals, assisting residents in personalising their bedrooms and choice of activities. During this inspection the central activity centre was closed for Easter holidays; nevertheless inspectors noted that there was plenty of activity in most houses with residents busy getting ready for their day or

busy doing chores such as washing clothes or assisting with meal preparation. Other residents informed inspectors that they were involved in offsite activities such as going shopping, swimming or bowling. A number of residents to whom inspectors spoke stated that they enjoyed living in the centre and stated that they were very happy with the care and consideration shown by staff.

There were copies of easy read residents guide, complaints procedure, and the statement of purpose located in each house. There was a policy on the management of complaints and some residents were aware of how to make a complaint. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. Inspectors noted that in each house there was a one page sheet that contained photographs of the staff including managers, complaints officer and the independent advocate on one side and an easy to read complaint form on the other side of this form. The person in charge stated that she dealt with any complaints as soon as possible and felt that residents were happy with the service they received. The inspectors reviewed the complaints log and noted that this complaints' log recorded the nature of the complaint, the name of staff involved, if the issue was resolved or not, any action taken any strategies taken to prevent a reoccurrence. However, the management of complaints was not adequate for the following reasons:

- the complaints log did not record the complainant satisfaction level
- the complaint policy was not publicly displayed
- there was no second nominated person to respond and maintain complaint records as required under regulation.

Inspectors noted that where possible residents retained control over their own possessions and that there was adequate space provided for storage of personal possessions. Residents had easy access to personal monies and where possible control over their own financial affairs in accordance with their wishes. There was a policy on residents' personal property which was centre- specific and inspectors reviewed the local arrangements' to ensure residents' financial arrangements were safeguarded through appropriate practices and record keeping. These arrangements included the allocation of a nominated staff member (key worker) where necessary to assist individual residents in their personal shopping. Inspectors noted that nominated staff were accountable to ensure adequate records and robust accounting procedures were used when handling residents monies. The deputy residential manager informed inspectors that she proactively monitored these arrangements to ensure their effectiveness in safeguarding residents' finances. Inspectors noted that all financial transactions when possible; were signed by residents. In addition all transactions were also checked and counter signed using signatures by staff and written receipts retained for all purchases made on residents' behalf. However, the checking of residents' finances was only conducted following an expenditure; therefore potentially leaving some residents finances vulnerable to exploitation as there may have been long periods when some residents finances had not been checked or accounted for.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There were a number of centre-specific policies in relation to the social care and welfare of residents. These policies included the temporary absence of a resident and internal transfer/transition of resident within the residential service and assessing and management of individual social care needs. Inspectors reviewed a selection of personal plans which were centre-specific. There was evidence of a range of assessment tools being used and ongoing monitoring of residents needs including residents' interests, communication needs and daily living support assessments. There was some evidence of interdisciplinary team involvement in residents' care including nursing, dietician, medical and General Practitioner (GP), dentist and chiropody services. Inspectors were informed that care staff fulfilled the role of individual residents' key workers in relation to individual residents care and support. There were identified key workers responsible for pursuing objectives in conjunction with individual residents within each residents' personal plan. However, there were a number of issues with the personal plans including the following:

- a number of the personal plans did not have agreed time scales and set dates in relation to identified goals and objectives
- in a number of personal plans there was no evidence of residents' or where appropriate their representatives involvement in setting their personal goals
- many of the residents' goals were recorded from a staff perspective and expressed using staff terminology
- there was no indication of whether the individual goals were achieved, with no measurement of success or achievement
- there was no restraint assessment or plan in place for a resident who used bed rails and a lap belt
- for a resident who was non-verbal there was communication plan
- personal plans did not name the persons responsible for pursuing objectives within the plan
- personal plans were not made available in an accessible format, to the resident and, where appropriate, his or her representative.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The centre consisted of four different premises located in the residential suburbs of Kilkenny city. All premises were easily accessible, bright, well ventilated, had central heating and decorated to an adequate standard. Each of the premises was homely and generally met the needs of residents by making good use of soft colours, suitable furniture and comfortable seating. Inspectors noted that the design and layout of each premises was generally compatible with the aims of the statement of purpose.

There were adequate showers and toilets with assistive structures in place including hand and grab rails; to meet the needs and abilities of the residents. There were adequate sitting, recreational and dining space separate to the residents' private accommodation and separate communal areas, which allowed for a separation of functions. Residents that showed inspectors their rooms stated that they were happy with the living arrangements and most had personalised their rooms with photographs of family and friends and personal memorabilia. Inspectors noted that apart from their residents' own bedrooms there were options for residents to spend time alone if they wished with a number of communal sitting rooms available. However, there were a number of issues with the premises including:

- some premises did not provide suitable communal facilities for residents to receive visitors
- some premises were not adequately clean; as inspectors noted that there was dust and cobwebs in a number of locations
- the décor was not adequate in some premises with paintwork and flooring requiring upgrading
- there was inadequate storage in some premises for example there was a hoist stored in one and lack of staff storage facilities.

Laundry facilities were provided within each premises and were adequate. Residents to whom inspectors spoke were happy with the laundry system and confirmed that their own clothes were returned to them. Equipment for use by residents or people who worked in the centre included wheelchairs, hoist and specialised chairs were in good working order and records were up-to-date for servicing of such equipment.

Inspectors noted that in each premises there was an accessible external gardens that

were kept safe, tidy and attractive and inspectors observed a number of residents using these facilities. Generally there was garden seating provided and car parking spaces available in all premises that were accessible for car/mini bus transport.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge outlined the planned actions that would be taken to ensure that a valid certificate of compliance with statutory fire safety and building control requirements would be provided. These actions included significant construction works in relation to a number of premises. Inspectors observed that there were fire evacuation notices and fire plans publicly displayed in each premises. Maintenance records for fire equipment including the fire alarm system, fire extinguishers and fire blankets were available. Inspectors noted that fire training for staff was up-to-date. All staff to whom inspectors spoke gave clear accounts of their understanding of fire procedures in the event of an outbreak of fire. However, there were a number of issues in relation to fire safety including the following:

- there were no individual fire evacuation plans for residents with significant mobility needs
- while an emergency evacuation sheet had been provided for one resident with significant mobility restrictions however, staff stated that they did not know how to apply this sheet to the residents bed, staff had not received instruction in use and staff stated that were did not know how to use in the event of a fire
- a number of designated fire doors were wedged open.

From a selection of personal plans reviewed inspectors noted that individual risk assessments had been conducted and included screening for falls risks, daily living support plans such as swallowing, diet and weight management and behaviours that challenge. There were also assessments of risks associated with supporting positive behaviour and the management of epilepsy, were appropriate. There was a risk management policy however it was not adequate as the policy did not provide the measures and actions in place to control the following specified risks as required by regulation:

- the unexpected absence of any resident
- accidental injury to residents, visitors or staff
- aggression and violence, and
- self-harm.

In addition, the risk management policy did not detail the arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

There was a safety statement that detailed hazard identification which included slips, trips, falls, manual handling risks, assaultive behaviour and included measures aimed to reduce such hazards. However, the hazard identification and assessment of risks throughout the centre was not adequate as the following risks had not been assessed:

- the storage of cleaning fluids in unrestricted laundry room, residents toilets and bathrooms
- unsecured window blind cords
- the storage of latex gloves in shower/bathrooms
- the unrestricted first floor windows
- unprotected first floor stair banisters
- unrestricted access to an attic area.

The person in charge informed inspectors that the décor would be upgraded following the planned remedial works in relation to the aforementioned fire compliance works. Inspectors were informed by the person in charge that the cleaning of each premise in the centre was done by the staff who had a number of responsibilities including meeting the care and welfare needs of residents. There were supplies of latex gloves that were located in a number of areas throughout the centre. However, there were a number of issues in relation to the prevention of healthcare-associated infections:

- there were a number of areas not adequately clean with evidence of dust, cobwebs and stains on floors
- the storage of cleaning mops was inadequate as a number of mops were stored buckets when not in use and both mops for kitchens and toilets were stored in close proximity
- there was a commode unsuitably stored in one premises
- there was no policy available in relation to the management of the use of commodes
- there was a wound dressing storage box unsuitably stored on the floor of one bathroom.

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The person in charge and the deputy residential manager were involved in the management of the day-to-day care provision for residents in the centre. The deputy residential manager informed inspectors that she monitored safe-guarding practices by regularly speaking to residents and their representatives, and by reviewing the systems in place to ensure safe and respectful care. During the inspection the inspectors observed the deputy residential manager and staff interacting and speaking to residents in a friendly, respectful and sensitive way. Residents to whom inspectors spoke confirmed that they felt safe in the centre and spoke positively about the support and consideration they received from staff. Inspectors noted a positive, respectful and homely atmosphere within the premises and residents appeared relaxed positive and generally forthright in speaking positively about staff and living in the centre.

Inspectors viewed policies and procedures for the prevention, detection and response to allegations of adult abuse that had been dated January 2014. Inspectors noted this policy was centre-specific and comprehensive. Inspectors noted from staff files that adult abuse training had been provided and staff also confirmed that they had received training in relation to the policy on identifying and responding to adult abuse. Staff to whom inspectors spoke were able to confirm their understanding of the features of adult abuse.

From a selection of personal plans viewed inspectors noted that behavioural interventions records gave clear directions to staff on how best to prevent or appropriately respond to behaviour that challenges. The person in charge outlined arrangements for the training of staff in the management of behaviour that challenges and detailed how an external company had been commissioned to provide this training for all staff. Staff to whom inspectors spoke were able to detail suitable strategies in relation to providing de-escalating and intervention techniques. However, one staff confirmed that she had yet to receive training in the management of behaviour that is challenging.

In relation to restraint practice inspectors noted that there was a low level of restraint in place. However, the management of the use or restraint was not adequate for the following reasons:

- there was no policy available in relation to the management/use of enablers/restraint
- the personal plans did not adequately detail the use of restraint, consent in relation to the use of restraint or the monitoring and observation of a resident while restraint was in use
- there were no records of the use of restraint having been discussed with residents or their representatives as appropriate
- in a number of personal plans there were no records of signed consent from residents (where possible) or no evidence of discussions with residents representatives where appropriate
- there was no recording of the use of restraint.

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were informed by staff that there were a number of options available for all residents in relation to activities. For example in the centralised activation centre there were activities such as, sport, art and creativity, drama, gardening, and photography. There was flip side art studio based in Kilkenny city that was also an option for residents who wanted an alternative outlet from the main campus. During the inspection, inspectors noted that a number of residents participated in their own individualised activities; often on a one to one basis. For example some residents regularly enjoyed relaxing in their home sometimes just watching television or listening to music. Inspectors also noted that a number of residents regularly visited their friends, went to the local shops and attended Mass in the local church on Sundays and religious occasions. Residents to whom inspectors spoke stated that they also enjoyed eating out, going to hurling matches or the cinema, one described enjoying golf and others enjoyed bowling. Inspectors noted from a selection of personal plans there was an established social activities schedule available and evidence of an assessment process that identified each resident's educational, employment and/or training goals. Some residents to whom inspectors spoke outlined that they had regular roles within their house and inspectors noted that such roles formed part of residents' goals in their personal plans. Some residents had specific tasks in their own house or within the activities centre; while other residents had different personal goals to pursue with the assistance of staff. Inspectors noted that residents roles and responsibilities included keeping their house tidy, making their beds, managing laundry, setting tables for meals, participating in food preparation and washing up after their meals. Inspectors were also informed that these roles were adapted to meet the capacity and needs of the individual residents. Inspectors noted that residents had opportunities for new experiences and social participation and residents outlined how they could access appropriate and accessible indoor and outdoor recreational events as outlined above.

Inspectors noted from a selection of personal plans that there were supports identified to assist residents meet these goals and to try realising their potential. In relation to education and training opportunities the provider outlined the following options were open to residents:

- the "vocational, training and opportunities scheme"; that offered participants

opportunities to improve their general level of education, develop their skills and prepare for employment and further education and training

- "word aid" which was an adult learning service where adults get help with reading and writing skills
- "killkenny collective for arts talent" (KKAT); which was an art and study centre giving open access to arts and lifelong learning
- "vocational educational committee" (VEC); offered a variety of night classes
- "waterford institute of technology"; offered a number of courses.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was evidence of some health assessments being used in relation to physical wellbeing, person-centred planning and epilepsy. There were assessments in relation to aggression, unexpected absence of a resident and outburst in public. There were also records maintained of referrals and follow-up appointments in relation to some residents having had neurological, psychological and psychiatric assessments. Staff informed inspectors that in relation to residents accessing healthcare professionals this mainly occurred via the residents GP, public health nurse or any other healthcare appointment as required.

Inspectors were informed that residents' choice in relation to food options was available and any particular dietary needs that they might have were addressed. Staff to whom inspectors spoke stated that the quality and choice of food were frequently discussed with individual residents and changes were made to the menu accordingly. Inspectors noted that residents generally had their breakfast and evening meal in each premise and their lunchtime meal mainly off site. Residents to whom inspectors spoke stated that they enjoyed their meals and that the food was good. Inspectors reviewed the dining experience and noted that meals were well presented and residents requiring assistance from staff were observed providing such assistance in an appropriate manner.

Inspectors noted that residents had access to refreshments and snacks with a selection of juices and fresh fruit readily available in each premises. Referrals for dietetic reviews had been made, the outcome of which was recorded in the residents' personal plans. Inspectors viewed the policy and guidelines for the monitoring and documentation of residents' nutritional intake and noted that residents' weights were generally checked

regularly and weight records were maintained for most residents. However, in one premises following a review of personal plans inspectors noted for one resident who required assistance with eating and drinking there were a number of issues in relation to nutritional management including:

- staff informed inspectors that this residents ability to eat and drink had recently deteriorated however, a swallowing assessment had not completed
- this residents' personal plan did not detail the assistance required in relation to eating and drinking
- this residents' weight had not been regularly recorded
- staff had not received training in providing assistance with eating or drinking
- in addition, this resident also had a number of identified risk factors in relation to developing impaired skin integrity; for example confinement to bed/wheelchair for prolonged periods of time, significant immobility and incontinence however, these risks had not been address in the residents' personal plan.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific medication policy that detailed the procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. There were records of training of staff in medication management and staff to whom inspectors spoke demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Residents' medication was stored and secured in the staff' office in each premises however, inspectors noted that there were a number of issues in relation to administration of medication including the following:

- residents' medication administration records did not have photographic identification in place
- residents' medication administration records did not contain the residents date of birth
- the actual time of medication administration was not recorded
- there was ink erasing fluid used on one medication administration record viewed
- in a number of records viewed discontinued medication had been crossed off however, there was no record of the GPs' signature on the prescription chart
- there had been some medication errors in the delivery of medications from a pharmacy however, these errors had not been recorded.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a full-time person in charge with the required experience and knowledge to ensure the effective support and welfare of residents in the centre. In the absence of the person in charge, the deputy residential manager undertook her responsibilities. Inspectors spoke to the deputy residential manager who outlined how she supported the person in charge in her role on a daily basis. This support included providing effective supervision in relation to the management of the care and welfare provision within each premises. The deputy residential manager also outlined the out of hour's governance and management arrangements to ensure residents care and safety. The person in charge informed inspectors that she was also appointed as person in charge for a number of other centres. The person in charge stated that she divided her time fairly evenly and spent more time in any one centre as required; depending on the circumstances or issues that required her attention. Inspectors noted that for each other centre there was also a deputy residential manager who regularly reported directly to the person in charge. Inspectors were satisfied that the person in charge provided effective governance, operational management and administration of this centre.

Inspectors noted that there was evidence of a clearly defined management structure that identified the lines of authority and accountability and detailed responsibilities for all areas of service provision. Staff to whom inspectors spoke to were clear on the management and governance arrangements including out-of-hours managerial support. However, the person in charge informed inspectors that they had not effective arrangements in place to support, develop and performance manage staff to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering. Inspectors noted that the person in charge was also supported by the provider who was located on site and was very accessible to the person in charge, the deputy residential managers and staff. The inspectors observed that the person in charge had an inclusive presence in the centre and residents and staff confirmed that she was a committed and supportive manager.

Inspectors noted that residents were familiar with the person in charge and approached her with issues during the inspection. The person in charge outlined to inspectors that there was an open door policy for residents and staff to approach her or any member of the management team. Inspectors noted at the main office near the activities centre; there was a large notice board with photographs of the person in charge and the provider that also indicated if they were currently in the building. This board welcomed residents' feedback and outlined in an easy read format, how to contact any member of the management team. Throughout the inspection the person in charge demonstrated an adequate knowledge of the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) With Disabilities) Regulations 2013 (as amended) and the National Standards for Residential Services for Children and Adults with Disabilities. Inspectors also noted that the person in charge demonstrated a positive approach towards meeting regulatory requirements and a commitment to improving standards of care.

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

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

There was a centre-specific policy on recruitment and selection of staff and the person in charge was familiar with the recruitment process. The person in charge stated that many of the staff had been employed in the centre for significant periods of time and therefore there was a high level of continuity of staffing. Inspectors reviewed the staff roster and noted that it was an accurate reflection of the staffing arrangements. Staff to whom inspectors spoke were able to articulate clearly the management structure and reporting relationships and confirmed that copies of both the regulations and the standards had been made available to them. Inspectors noted that copies of the standards were available in a number of the residents' houses and staff spoken to demonstrated adequate knowledge of the regulations and standards. There was an induction programme for new staff which covered issues including professional practice, policies and procedures, intimate and personal care provision, health and safety and positive behaviour support. Staff to whom the inspectors spoke confirmed that they were afforded protected time and had participated in a structured induction programme. The person in charge demonstrated a willingness and strong commitment to the delivery

of person-centred care and to work towards meeting regulatory requirements. The inspectors noted that ongoing staff training was provided which included the following:

- fire safety training
- adult abuse training
- first aid
- safe carrying and support
- positive behaviour support training
- standards and regulation
- medication management
- Lámh.

Inspectors reviewed a selection of staff files and noted that such files were not adequate for the following reasons:

- not all documents as required under schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres For Persons (Children and Adults) with Disabilities) Regulations 2013 were available.

There was a policy on the management of volunteers in the centre however, it was not adequate as it was dated as being reviewed in 2009 and it did not require that a written agreement regarding the roles and responsibilities were set out in writing. In addition, inspectors were informed by the person in charge that in practice such agreements were not in place.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Vincent Kearns
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 S.O.S. Kilkenny Ltd
Centre ID:	ORG-0008094
Date of Inspection:	23 April 2014
Date of response:	02 July 2014

Requirements

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

Outcome 01: Residents Rights, Dignity and Consultation

Theme: DCAD10 Individualised Supports and Care

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

To ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Introduce new audit sheet to check residents finances weekly regardless of whether there has been any expenditure.

Introduce new managers monthly audit sheet to oversee residents' personal finances.

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

Proposed Timescale: 25/07/2014

Theme: DCAD10 Individualised Supports and Care

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

To display a copy of the complaints procedure in a prominent position in the designated centre.

Action Required:

Under Regulation 34 (1) (d) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints policy is now publicly displayed with the pictures and phone numbers of the nominated persons to whom a complaint can be made.

Proposed Timescale: 30/05/2014

Theme: DCAD10 Individualised Supports and Care

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

To nominate a person, other than the person nominated complaints officer, be available to residents to ensure that all complaints are appropriately responded to and the complaints officer maintains complaint records.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The Quality Officer has been appointed as the second nominated person and the procedures amended accordingly.

Proposed Timescale: 30/05/2014

Theme: DCAD10 Individualised Supports and Care

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

To ensure that the complaint officer maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

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

The complaints procedure has been amended to include the recording of the complainants satisfaction level.

Proposed Timescale: 13/06/2014

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:

To ensure that the personal plan has 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.

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:

A full audit of all current personal plans will be undertaken. Any plans that do not clearly indicate what is required under regulation 05 (6) (b) will be updated with the maximum participation of each resident and/or their representative.

Risk Assessments will be conducted in relation to the use of bedrails and lap belts.

Training has been scheduled (commencing 16th July) to give staff the necessary skills/knowledge to develop communication "toolkits" for residents with communication difficulties.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure that recommendations arising out of a review personal plan shall include—
(a) any proposed changes to the personal plan;
(b) the rationale for any such proposed changes; and
(c) the names of those responsible for pursuing objectives in the plan within agreed time scales.

Action Required:

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

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

A full audit of all current personal plans will be undertaken. Any plans that do not clearly comply with what is required under regulation 05 (7) will be reviewed and updated. New plans will ensure that recommendations arising shall include any proposed changes, the rationale for such changes, the names of those responsible for pursuing objectives and the agreed timescales.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure that the personal plan are made available in an accessible format, to the resident and, where appropriate, his or her representative.

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 personal plans to be amended to ensure they are in an accessible format.

Proposed Timescale: 25/07/2014

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

To ensure that the premise is clean and suitably decorated.

Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

External company contracted to provide a "deep clean" of each premises annually.
New cleaning schedule introduced for all staff.
The decor including paintwork and flooring currently been upgraded.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure adequate space and suitable storage facilities, insofar as is reasonably practicable, for the personal use of residents.

To ensure adequate and suitable storage for equipment and staff belongings.

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:

Suitable storage area/facilities to be installed.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

To ensure suitable communal facilities are available to receive visitors, and, a suitable private area, which is not the resident's room, is available to a resident in which to receive a visitor if required.

Action Required:

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

Architect employed to review structure with a view to developing planned solution and time frames.

Proposed Timescale: 01/10/2016

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:

To ensure that the risk management policy details the hazard identification and assessment of risks throughout the designated centre.

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:

Risk Management Policy being amended to include hazard identification within designated centre.

Risk Assessments currently being undertaken throughout designated centre to identify risks.

Risk Register currently being developed for each location within designated centre to detail hazards and risks identified following risk assessments.

Storage of cleaning fluids will be risk assessed and placed in locked press if required.

All window blind cords will be risk assessed and either removed or made safe.

We will consult with the fire officer in relation to unrestricted first floor windows.

We will risk assess the first floor stair banister and redesign if deemed necessary.

We will risk assess access to the attic area and redesign if necessary.

Proposed Timescale: 01/10/2014

Theme: Effective Services

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

To ensure that the risk management policy contain arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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:

Incident forms to be reviewed to ensure serious incidents and adverse events are captured and recorded appropriately at the time of the event.

Risk Register to identify and define a serious incident or possible adverse events that may occur.

Quarterly audit to be carried out by the Person In Charge on all serious incidents, or adverse events involving residents, staff and visitors. The Person In Charge will have responsibility for organising the review with the management and staff team.

Audit currently being carried out by the Person In Charge of all recent serious incidents and adverse events.

Proposed Timescale: 22/08/2014

Theme: Effective Services

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

To ensure that the risk management policy details the measures and actions in place to control the following specified risk of the unexpected absence of any resident.

Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

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

Each resident to have a risk assessment carried to determine if they are a flight risk or at risk of becoming lost on outings.

Individual plan to be put into place for individuals identified as a flight risk / risk of being lost. Outlining the measures and actions to be taken by staff to reduce / eliminate the possibility of a resident being absent unexplained.

Missing Persons Policy currently active within the designated centre, for review in 2016

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure that the risk management policy details the measures and actions in place to control the following specified risk of the accidental injury to residents, visitors or staff.

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:

Risk assessment to be carried out identifying the potential risk of injury to residents, visitors and staff.

Site specific risk register to be developed containing and outlining the risks identified in the risk assessment, appropriate measures to be taken to reduce the risk identified and actions recorded to control those risks.

Risk Management Policy to be amended to include the above.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure that the risk management policy details the measures and actions in place to control the following specified risks of aggression and violence.

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:

Risk assessment to be carried out identifying the potential risk aggression and violence.
Site specific risk register to be developed containing and outlining the risks identified in the risk assessment, appropriate measures to be taken to reduce the risk identified and actions recorded to control those risks.

CPI training to be provided to staff on the management of aggression and violence.

Risk Management Policy to be amended to include the above.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

To ensure that the risk management policy details the measures and actions in place to control the following specified risks of self-harm.

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:

Individual risk assessments to be carried out on each individual to identify the potential risk of self harm

The residents individual support plan to outline any identified risk of self harm, behaviour support plan to identify and outline the management of the behaviour.

CPI training to be provided to staff on the management of aggression and violence.

Risk Management Policy to be amended to include the above.

Proposed Timescale: 25/07/2014

Theme: Effective Services

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

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.

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:

Cleaning schedule to be introduced in all areas.
External contractor employed to conduct annual "deep clean".
Protocol for the safe storage of mops etc to be introduced.
Location for the safe storage of commodes to be identified.
Policy for the management and use of commodes to be developed.
Location for the safe storage of dressings etc to be identified.

Proposed Timescale: 26/09/2014

Theme: Effective Services

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

To make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

Action Required:

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

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

Personal Emergency Evacuation Plans developed for all residents who require support.
"Ski Blanket" training provided to all staff working in the specific premises.

Proposed Timescale: 13/06/2014

Theme: Effective Services

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

To make adequate arrangements in relation to evacuation, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.

Action Required:

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

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

Personal Emergency Evacuation Plans developed for all residents who require support.
"Ski Blanket" training provided to all staff working in the specific premises.

Proposed Timescale: 13/06/2014

Theme: Effective Services

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

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.

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:

Schedule of Fire Safety training underway across the designated centre.
"Ski Sheet" training to be provided for all staff in designated centre.

Proposed Timescale: 27/06/2014

Theme: Effective Services

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

To make adequate arrangements for containing and extinguishing fires including the suitable management of designated fire doors.

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:

All door wedges to be removed.

Where a resident indicates a preference to keep their bedroom (fire) door open, certified "hold open" devices will be installed.

PEEPs to be completed for all those who require support.

Proposed Timescale: 25/07/2014

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:

To ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

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:

CPI training will be provided to staff identified as not receiving up to date training in the designated centre.

Proposed Timescale: 01/10/2014

Theme: Safe Services

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

To ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and are reviewed as part of the personal planning process.

Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

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

Policy on Consent to be developed.

Proposed Timescale: 01/10/2014

Theme: Safe Services

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

To ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.

Action Required:

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

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

Risk Assessments will be conducted where there is potential for the use of physical, chemical or environmental restraint and/or enablers.

Current draft policy on Behaviour Support to be agreed and disseminated.

Where restraint is used it will be discussed with the resident and/or their representatives in advance (if possible), consent will be sought and noted in their personal plans.

Recording sheets to be developed and utilised to document when, where etc restraint is used.

HSE protocols on restraint/enablers to be adopted.

Proposed Timescale: 25/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

To ensure appropriate health care for each resident, having regard to that resident's personal plan.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A full review of each residents health care plan will be undertaken.

Residents that require assistance with eating and drinking will be referred for an up to date assessment with the speech and language therapist and a swallow care plan introduced if required.

Staff providing assistance (eating/drinking) to residents will be given appropriate training.

Residents whose health could be compromised due to difficulties when eating/drinking will be weighed regularly.

Risk Assessments will be conducted on all residents whose mobility is restricted to identify potential risks to their skin integrity etc and noted in their personal plan.

Proposed Timescale: 25/07/2014

Theme: Health and Development

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

To ensure that where residents require assistance with eating or drinking, that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

Action Required:

Under Regulation 18 (3) you are required to: Where residents require assistance with eating or drinking, ensure that there is a sufficient number of trained staff present when meals and refreshments are served to offer assistance in an appropriate manner.

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

Appropriate training will be provided for all staff supporting residents who require assistance when meals and refreshments are served.

Proposed Timescale: 25/07/2014

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:

To ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing and administration of medicines.

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:

Photographic identification will be added to all medication administration records.

Date of Birth will be added to all medication administration records.

Time of medication administration will be added to medication administration records.

Staff will be informed that eraser fluid can never be used to correct mistakes. Staff will be instructed in the appropriate manner in which mistakes can be highlighted.

Staff will be informed that GPs must sign where amendments to medication administration records are indicated.

Audit process to monitor the delivery of medications from pharmacies to be introduced and policed by the manager and nurse supporting each designated centre.

Proposed Timescale: 25/07/2014

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:

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.

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:

Performance Appraisal to be implemented within designated centre

Training to be provided to all managers on how to deliver performance appraisal systems.

Proposed Timescale: 14/10/2014

Outcome 17: Workforce

Theme: Responsive Workforce

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

To ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.

Action Required:

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

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

All information and documents as specified 2 will be obtained for all staff.

Proposed Timescale: 25/07/2014

Theme: Responsive Workforce

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

To ensure that volunteers with the designated centre have their roles and responsibilities set out in writing.

Action Required:

Under Regulation 30 (a) you are required to: Set out the roles and responsibilities of volunteers working in the designated centre in writing.

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

Volunteer Policy now in place.

Proposed Timescale: 16/06/2014