

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002394
Centre county:	Co. Dublin
Email address:	deirdre.bolton@smh.ie
Type of centre:	Health Act 2004 Section 38 Arrangement
Registered provider:	St Michael's House
Provider Nominee:	Maureen Hefferon
Lead inspector:	Sheila McKeivitt
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

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

The inspection took place over the following dates and times

From: 18 June 2014 10:00 To: 18 June 2014 17:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 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 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of the centre by the Health Information and Quality Authority (the Authority). The centre is home to eight residents. Six residents live in the main house and two in the adjoining two bed room apartment. During the inspection the inspector met with some of the residents and staff, observed practices and reviewed documentation such as resident assessments, personal plans, tenancy agreements, the complaints process, fire records, policies and medication records.

Residents spoken with stated they enjoyed living in the centre. The care and welfare of residents was maintained in a safe and secure environment. Staffing levels were good and staff met the needs of residents.

The inspector found that the governance and management structures in place did not provide the person in charge with adequate allocated protective time to allow her to become compliant with The Health Act 2007 (Care and support of residents in designated centres for persons (Children and adults) with disabilities) Regulations 2013.

Ten outcomes were inspected against and non compliances were identified in eight outcomes. Improvements were required in documents such as the statement of

purpose, contracts of care, resident assessments and the development of personal plans. A review of medication policies and practices, risk management policy and complaints policy was required. There was no health and safety statement in place. Refresher training in Safe Administration of Medicines and food hygiene was not in place for a small number of staff.

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

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

Outcome 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

Findings:

The inspector was satisfied that residents had their rights respected, dignity maintained and were consulted with. However, improvements were required regarding the provision of privacy locks on bathroom and bedroom doors and provision of a clear and concise complaints policy.

Residents were consulted with about how the centre was run and their daily routine by using visual prompts, pictorial aids, various gestures and some sign language. Staff determined the residents' requests and preferences through close observation. Staff then planned activities, menu and the shopping lists. Care practices respected residents privacy. This was reflected in each residents intimate care plan. However, the inspector observed that privacy locks and/or keys were not available in all bedroom or bathroom doors.

Residents could invite friends and family members to the house at anytime. They had a small visitors/sitting room where they could receive visitors in private. Staff facilitated some residents to visit their family in the family home by providing transport in the minibus available. There was a portable telephone available in the house which residents had access to.

All residents attended day care facilities during the week and had opportunities to avail of activities of their choice in the evenings and at weekends. Staff facilitated residents to access these activities by providing the transport and accompanying them to venues. For example, staff took residents swimming on a regular basis.

Staff in the house together with allied health care professionals had developed individual visual communication systems to meet the needs of individual residents who communicated through non verbal means. Clear, concise and detailed records were kept of residents finance affairs. Staff assisted residents to manage their finances and the inspector saw that the organisations' policy on the management of residents finances

was followed by staff.

Judgment:
Non Compliant - Minor

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

Findings:

Residents did not have contracts, which included details about of the support, care and welfare of the resident or details of the services to be provided or of the fees to be charged. Residents did have tenancy agreements in place however, these documents did not include any of the above mentioned requirements.

The inspector found there was a criteria for admission and the person in charge had input into the admission of residents into the centre.

Judgment:
Non Compliant - Major

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

Findings:

There were comprehensive assessments and personal plans in place for the eight residents. However, some were incomplete and lacked detail.

New documents for the recording of resident assessments' and personal plans had been introduced in the centre. Staff had completed them in consultation with the resident.

The inspector reviewed three resident files and found that some sections of each residents comprehensive assessment was incomplete and other sections did not reflect the actual needs of the resident. For example, under money management section, nil was written, however, the inspector saw evidence on file that the resident was unable to manage money and required assistance from staff.

Personal plans were in place. Each resident had up to three goals set. However, the personal plans reviewed did not include details of how or who was responsible to complete actions to ensure the resident goals were met within the time frame set.

Judgment:
Non Compliant - Moderate

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Findings:
The health and safety of residents, visitors and staff was promoted and protected. There was a good attitude to risk management in the centre. However, the risk management policy in place did not meet the legislative requirements as it did not include measures in place to identify and manage the specified risk of self harm. The person in charge completed risk assessments on a monthly basis and health and safety checks were completed on a quarterly basis with the service manager. Accidents and incidents were reviewed on a bi-monthly basis by the person in charge and the service manager. There was an out-of-date organisation health and safety statement in place, it was last reviewed in 2009. There was no localised health and safety statement in place. The emergency plan in place was detailed and included the procedures to be followed in the event an emergency.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, emergency lighting and the fire alarm had all been tested by professionals within the required time frame. All staff had completed fire training within the past year and those spoken with had a clear understanding of the procedure to be followed in the event of a fire. The inspector saw that each resident had an individual fire evacuation plan in place and records reviewed showed that fire drills were practiced on a regular basis during the day and night by both staff and residents.

Judgment:
Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

Findings:

Residents' were safe and secure in their home. They had access to an enclosed rear garden, a side garden and front garden both of which could also be secured for safe use by residents. All the exit/entry doors could be secure by locking and the house was alarmed.

Staff spoken with had a good theoretical knowledge of abuse and knew the procedure to follow if they witnessed any alleged abuse. Communication between residents and staff was respectful. Two residents who at times displayed behaviours that maybe challenging had detailed, up-to-date wellbeing assessments and behavioural support plans in place. There was two residents' who used a form of restraint. One used a safeguard for the safety belt clip used only on the minibus, the second required use of the restraint when sitting in a chair. Both had risk assessments in place and their was evidence that the restraints used were as minimally restrictive as possible.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Findings:

The health care needs of residents were being met. The inspector reviewed three residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from allied health care professionals when required. For example, one resident had recently been facilitated to visit her general practitioner when feeling unwell. Records were available to reflect this assessment together with records of a recent review by the residents dentist, a speech and language therapist and the psychologist.

One resident spoken with told the inspector they had a choice of food. Staff did most of the cooking, but residents' were enabled to participate if they wished. The inspector saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Snacks were available. One staff member did not have refresher food hygiene training in place.

Judgment:
Non Compliant - Minor

Outcome 12. Medication Management

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

Theme:
Health and Development

Findings:

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

The practices observed in relation to ordering, storing and disposal of medication were in line with the policies. There was a safe system in place for the ordering and disposal of medications and the inspector saw records which showed that all medications brought into and out of the centre were checked by staff. An audit of each resident's medications was completed on a weekly basis by staff; any discrepancies were identified and reported to the service manager by completion of an error form. This was reviewed and recommendations made were fed back to the Social Care Leader who was given a set period of time to implement the recommendations made. Controlled medications were been checked by two staff once per day. The policy stated that two staff were to sign when checked. However, the inspector observed that on a number of occasions only one staff was signing these checks.

The SAM guidelines stated that when medication was discontinued that a pencil should be used to draw a line through it, write D/C and initial. This is not in line with safe or best practice. The inspector reviewed staff training records and found some staff did not have refresher SAM training completed in over 6 years.

Resident medication prescription charts were reviewed and the findings were as follows:

- the residents GP name was not identified on the chart
- the first name of medical officers only appeared on a number of the prescription charts
- each medication was not individually prescribed by either the medial officer (MO) or the residents GP.

The inspector saw that each of the residents had their prescribed medications reviewed by the MO within the past month.

Judgment:
Non Compliant - Major

Outcome 13: Statement of Purpose

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

Theme:
Leadership, Governance and Management

Findings:

A copy of the statement of purpose was given to the inspector on inspection. It included details of the services and facilities provided. It contained the majority of the information as required in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Adults and Children) with Disabilities) Regulations 2013.

However, some additional details were required as follows:

- the local organisational structure
- criteria used for admission to the designated centre, does not include involvement of the person in charge
- range of needs of residents the house is intended to meet requires additional details
- the type of nursing care requires additional details
- complaints policy not clearly outlined
- arrangements for review of personal plans not as per legislation

A copy of the statement of purpose had not been made available to date to residents or their representatives

Judgment:
Non Compliant - Minor

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced registered nurse in intellectual disabilities with authority, accountability and responsibility for the provision of the service. She was the named Person in Charge and was employed full-time in the centre. The inspector observed that she was involved in the governance, operational management and administration of the centre on a regular and consistent basis. For example, she explained how she had control of the monthly allocated house budget. Residents knew her well. However, the inspector observed from a review of staff rosters that she did not have consistent protected management time allocated to her to manage the centre. This was evidenced by the fact that the centre was non compliant with six of the ten outcomes inspected against.

During the inspection she demonstrated a good knowledge of the legislation and of her statutory responsibilities. However, her new roles and responsibilities as the now person in charge had not been clearly outlined to her by her employer. She was committed to her own professional development and /was supported in her role within the centre by a team of nurses and social care workers. She reported directly to a Service Manager who reported to a Regional Director (also nominated person on behalf of the provider). She had regular scheduled minuted meetings with the service manager and the nominated person on behalf of the provider attended the centre occasionally.

Judgment:

Non Compliant - Minor

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

Findings:

The staff numbers and skill mix were suitable to meet the assessed needs of residents and the safe delivery of services to residents'. Residents received continuity of care as permanent staff working within the organisation covered vacant shifts, agency staff were only used for unplanned leave. There were no volunteers employed to work in the centre. The planned staff roster was reviewed and reflected this.

Staff knew the residents well, they encouraged and assisted them to maintain their independence and take part in meaningful activities particularly at weekends when they did not attend day care facilities.

Staff confirmed and records reviewed reflected that staff had access to education and training to meet the needs of residents. Staff had up-to-date mandatory training in place. Staff spoken with were confident regarding the procedure to follow in the event of a fire and in the event that they witnessed any form of abuse to a resident.

Staff files were not reviewed on this inspection.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila McKeivitt
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Michael's House
Centre ID:	OSV-0002394
Date of Inspection:	18 June 2014
Date of response:	15 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: Individualised Supports and Care

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

Privacy locks and/or keys were not available in all bedroom and bathroom doors.

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:

Maintenance contacted to fit new twist locks on all bedrooms and bathrooms.

Maintenance confirmed date of completion 10/09/14.

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

Proposed Timescale: 10/09/2014

Theme: Individualised Supports and Care

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

The complaints policy required more detail to ensure the process was clear for residents to understand.

Action Required:

Under Regulation 34 (1) you are required to: Provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure.

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

Person in charge to amend the complaints policy to include more detail in an accessible format for all residents to understand.

Proposed Timescale: 10/09/2014

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:

Residents did not have written agreements in place which dealt with the support, care and welfare of the resident, the services provided or the fee to be charged.

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:

The organisation are currently reviewing and drawing up a contract of services for all in residential settings which will detail the services provided and to be expected.

This will include fees support, care and welfare of the residents and fees to be charged.

Proposed Timescale: 10/09/2014

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:

Comprehensive assessments did not include all details about the resident.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Information has been shared with all staff members and a review of documentation to take place on 16/07/14, staff advised by person in charge of the need to include more detailed information in each assessment of need form.

Key workers to begin work on updating the needs assessments form for review by person in charge.

Comprehensive assessments of need will be updated to include all details about the resident; work will be monitored and review as needs change or annually by the person in charge.

Proposed Timescale: 10/09/2014

Theme: Effective Services

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

Details of those responsible for carrying out specific actions to ensure the residents goals were met within the set time frame was not evident.

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:

Documents to be reviewed during staff meeting on 16/07/14, Key workers to be made aware of the need for additional information required, change of practice that interventions to support residents to attain their goals are recorded and goals met in a set time frame. Actions will be assigned to a named person responsible to support resident reach their goals. Person in charge will review and monitor as needs change or annually.

Proposed Timescale: 10/09/2014

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

The risk management policy did not include the measures and actions in place to control 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:

Risk assessment for self harm to be completed on 10/07/14.

Contents to be shared with staff at staff meeting on 16/07/14 and discussed.

Person in charge will review and update annually or as needs change.

Proposed Timescale: 16/07/2014

Theme: Effective Services

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

There was no localised health and safety statement in place.

Action Required:

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

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

Localised safety statement to be completed by person in charge and presented to staff at staff meeting on 16/07/14

Proposed Timescale: 16/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

One staff member did not have refresher food hygiene training in place.

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:

Food Hygiene training scheduled for referred to above in September 2014.

Proposed Timescale: 30/09/2014

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:

Medication prescriptions were not completed in accordance with best practice.

Staff were not in receipt of refresher training in the Safe Administration of Medications and the guidelines in place were not reflective of practices.

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:

Organisation currently developing a medical prescription policy.

Refresher safe administration of medication training scheduled for 16/07/14 for one staff member all other staff up to date.

Safe administration of medication policy to be highlighted at next staff meeting 16/7/14 and person in charge to make regular checks that this is being followed.

Proposed Timescale: 18/07/2014

Theme: Health and Development

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

Controlled drug checks were not been signed by two members of staff as per the centres policy.

Action Required:

Under Regulation 29 (4) (d) 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 storage and disposal of out of date, or unused, controlled drugs shall be in accordance with the relevant provisions in the Misuse of Drugs Regulations 1988, as amended.

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

Safe administration of medication policy to be discussed at next staff meeting. Person in charge to check regularly that this is being followed.

Staff will be instructed to follow SAM policy, two staff members must audit and sign medication audits.

Proposed Timescale: 17/07/2014

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

All the details required as outlined in schedule 1 were not included in the statement of purpose.

Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Statement of purpose to be updated by PIC to include all information required:

- The local organisational structure
- Criteria used for admission to the designated centre to include the involvement of the person in charge
- Details of the range of nursing care needs
- Clear outline of the complaints policy
- Arrangements for review of personal plans
- Statement of purpose will be made available residents and their families

Proposed Timescale: 10/09/2014

Theme: Leadership, Governance and Management

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

A copy of the statement of purpose had not been made available in a format assessable to residents and their representatives.

Action Required:

Under Regulation 03 (3) you are required to: Make a copy of the statement of purpose available to residents and their representatives.

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

Organisation developing an accessible version of Statement of Purpose specific to the centre.

Proposed Timescale: 11/09/2014

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:

The person in charge has not had revised roles and responsibilities issued to her by her employer.

Action Required:

Under Regulation 14 (5) you are required to: Obtain the information and documents specified in Schedule 2 in respect of the person in charge.

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

HR Dept to be contacted in relation to providing an updated job description for CNM2 reflecting the changes in responsibility linked to the role and changes in legislation. Same agreed by HR dept on 12/08/14 and in place.

Proposed Timescale: 12/08/2014

Theme: Leadership, Governance and Management

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

The person in charge has not been allocated consistent protected management days to enable her to fulfil her role as person in charge effectively.

Action Required:

Under Regulation 14 (2) you are required to: Ensure that the post of person in charge of the designated centre is full time and that the person in charge has the

qualifications, skills and experience necessary to manage the designated centre, having regard to the size of the designated centre, the statement of purpose, and the number and needs of the residents.

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

Additional management hours have been allocated to the person in charge, the person in charge will protect these hours for management time to enable the person in charge to fulfil her role as person in charge effectively.

Proposed Timescale: 01/08/2014